

# BOOK REVIEW

## PROCEEDINGS OF DIABETES MELLITUS UPDATE, 1991\*

Vishakapatnam, Sept. 14-15th, 1991

This is a treatise on diabetes covering various aspects from epidemiology, clinical presentation, treatment and complications of this disorder.

It is framed well and gives useful update information on different aspects with some inputs here and there of diabetes on the Indian scene and some personal experiences.

This review highlights the important points in the book or some significant omissions in each contribution. Contributors are scientists of repute in the country and have been engaged in clinical practice or research in the field of diabetes.

### Epidemiology of Diabetes

Overall a trend in rise of NIDDM in India is forthcoming. There is suggestion that incidence of FCPD is on the decline especially in Indonesia and Kerala while in Madras, Cuttack and other areas, it continues to be widely prevalent.

### Etiogenesis

Emphasis is on interaction of genetics and nutrition. Over-nutrition and under-nutrition both are diabetogenic risk factors. PDDM entity is unique in some aspects in some geographic areas but not accepted by many as distinct clinical types. In this type there seems to be some identifiable hormonal change. Glucagon levels are high but suppressible, again growth hormone values are high at basal state and paradoxically rise following OGTT.

### Clinical patterns of diabetes mellitus

A look beyond the conventional classification of DM, as IDDM and NIDDM is presented, highlighting variations observed in clinical practice, and its course being progressive or non-progressive. Glucose intolerance in pregnancy has been considered under 5 subtypes. Brittle diabetes is extended to occur both in IDDM and NIDDM (not specific to insulin dependence). Similarly,

remission is referred to occur both in IDDM and NIDDM (not relating to status of beta cell).

### Dietary Management of Diabetes

Broad principles are reiterated but practical aspects are lacking i.e.

- a) Frequency of meal for those on insulin therapy is not commented upon.
- b) Value of natural foods, and how preparation of certain items will alter the caloric value.
- c) Need for dietary modifications in the presence of complications of diabetes has not been mentioned.

### Monitoring

No mention is made of monitoring of the body weight. It is probably the single most important index of patient's response to treatment. Similarly there is no importance given to physical status evaluation in monitoring i.e. examination of peripheral pulses, status of feet, or when to recommend ECG or TMT or X-ray chest, or parameters for annual review.

### Oral hypoglycaemic agents

There is greater need to caution doctors on the risk of hypoglycaemia in patients on OHA, but all may not agree that all patients with sulphonylurea induced hypoglycaemia should be hospitalised and maintained on continuous 5% glucose drip and observed for at least 48-72 hrs. Again the statement on increase in dose of sulphonylurea at intervals of 2 to 3 wks until control is achieved may not be agreed to by all. Time of administration of OHA i.e. 1/2 hr before breakfast/dinner has not been elaborated. Practical points regarding use of biguanides have been probably over-looked.

Biguanides are hardly a success as monotherapy. These agents should not be employed in lean or under weight maturity onset (Type II) diabetes.

Biguanides produce a metallic taste and borborygmi and thus many patients discontinue this drug after sometime.

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\* Available free of cost from Dr. C.R. Sridhar, Endocrine and Diabetic Centre 15-12-16 Krishna Nagar, Vishakhapatnam a.P. 530002.

## Childhood Diabetes

Role of education of children and parents or survival skills regarding diabetes care has not been touched upon. Instruction on social events, i. e. attending a birthday party, travelling or stress during annual examinations has not been elaborated.

Some inputs on growth development, sexuality and career planning should have been incorporated.

## Diabetes in pregnancy

Risk associated with ketonuria in pregnancy should have been emphasised. Value of monitoring pregnancy by ultrasonography regarding congenital abnormalities, size of fetus or cardiophographic evaluation for fetal stress is not mentioned.

Again care during labour and immediately after delivery (especially insulin dose) or care of the newborn has not been brought out.

## Diabetic Retinopathy

Scope of the treatment with laser photocoagulation should have been elaborated in detail. It halts this process but may not lead to recovery. So overall visual acuity is not improved. Relation of retinopathy to HbA<sub>1C</sub> should have been brought out.

## Nephropathy

It is worth reiterating that in about one third of the diabetic patients with albuminuria, lesion is due to a non-diabetic cause. Again value of creatinine clearance as a parameter to assess progress of nephropathy is not brought out. Indications for dialysis and transplantation's are not stated.

## Sexual dysfunction

Problem of retrograde ejaculation (part of autonomic dysfunction) is not mentioned. Wasteful use of androgens in such instances should have been commented upon.

## Yoga

Yoga brings a certain discipline to daily life and so diet and exercise become regulated. The author should have elaborated on components of stress management by yoga and its effect on blood glucose level. Yoga practice involving the valsalva maneuver should be avoided in diabetes with retinopathy.

Promotion of current information in the practice of diabetes is very essential to improve the quality of life for a diabetic.

-- M.M.S.A.