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Oral Antidiabetic Agents Have a Limited Place in Management and May Be Harmful*

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The manner in which most physicians now manage their patients with adult-onset diabetes might best be termed "benign neglect." In part, this is a consequence of the continuing controversy over the aims and the efficacy of presently available therapy. Just how benign current practice really is remains to be determined; however, it includes certain aspects that are difficult to justify, such as the common misuse of the sulfonylurea compounds and the biguanide derivatives.

The indications for continued medical intervention are not so obvious in adult-onset diabetics as in juvenile diabetics since, irrespective of their age at diagnosis, patients with the adult-onset form of the disease exhibit little tendency to ketoacidosis. There is general agreement that efforts to lower the blood glucose are indicated in patients who are symptomatic as the result of hyperglycemia, and that delay in the effective treatment of symptomatic hyperglycemia in adult-onset diabetics may be a major factor in the development of hyperglycemic non-ketotic coma. At the time of diagnosis, patients with adult-onset diabetes are a heterogeneous group not only with regard to symptoms, but also with regard to the presence of the complications of diabetes and the coexistence of other conditions (e.g., hypertension and arteriosclerotic cardiovascular disease) that might be expected to alter their prognosis. There is little agreement as to benefit of therapy other than that designed to relieve symptoms directly related to hyperglycemia.

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