

to be corrective of derangements resulting from an impaired insulin secretory mechanism, and since its relationship to lactic acidosis is unsettled, there is no valid reason to employ it in these patients.

Summary

The present state of treatment for adult-onset diabetes is admittedly inadequate, except for the prevention of symptomatic hyperglycemia. The data derived from clinical studies and from experimental work provide no basis for excluding the possibility that normalization of blood glucose fluctuations may significantly modify the development and progression of diabetic complications. However, the value of this form of therapy has never been adequately tested, and its immediate aims are difficult to achieve with present methods. It is an approach that should be considered primarily in younger diabetics without evidence of irreversible pathology who are capable of making an informed commitment to this form of treatment.

In the majority of adult-onset diabetics the aim of therapy is of necessity restricted to the prevention of symptomatic hyperglycemia, and irrespective of the arbitrary assessments of "control" employed, most of these patients will have blood glucose levels which persistently fluctuate in the abnormal range. The use of any pharmacologic agent in this group of patients should be justified by excluding the possibility that reduced caloric intake and increased exercise will not remove the threat of symptomatic hyperglycemia.

In present practice the sulfonylureas and the biguanides are often used without adequate indication and under circumstances in which they are unlikely to be of any benefit. In addition, patients are exposed to the expense and potential hazard of prolonged treatment with these agents without adequate concern for their efficacy.

Insulin is the drug of choice when ketoacidosis threatens, or when an acute improvement in symptomatic hyperglycemia is required. In asymptomatic patients with a demonstrated requirement for a pharmacologic hypoglycemic agent, we believe insulin to be preferred, but a well controlled trial of a sulfonylurea is not necessarily contraindicated. Biguanides have no role in the treatment of diabetes mellitus.

References

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