

3. If her BMI was 24 would that affect your therapeutic choice?

CASE ONE CONTINUED:

Ms. DM returns two weeks later bringing her glucometer. Her fasting fingersticks run 130-200 and her bedtime glucose is 140. She also complains of diarrhea and crampy abdominal pain.

4. What do you do now?

CASE ONE CONTINUED:

Moving forward, Ms. DM has been on Metformin 2500/mg/day for two years now, and her Hgb A1c has been under 7% until recently. Her most recent A1c was 7.9%, and when she comes in to see you her glucometer shows that her fasting glucose is rarely within the target range.

5. Now what do you do?

CASE TWO:

Ms TT is an obese 62-year-old woman with well-controlled DM, hypertension, and hyperlipidemia who has been seeing you for many years. She takes metformin, glucotrol, and rosiglitazone (Avandia) for her DM, lisinopril for her HTN, and lipitor for her hyperlipidemia. She comes in today because she has heard the news about rosiglitazone, and she's worried about her risk of a heart attack. On exam her blood pressure is 110/70, heart rate is in the 70s, her BMI is stable at 48 kg/m². Her eyes show mild proliferative changes (she sees the ophthalmologist every year who's monitoring this), and her feet look great with only modest loss of sensation and vibratory sense and no lesions or tinea. Her last LDL, which you checked just a couple of weeks ago, is 60 and her Hgb A1c from two weeks ago is near 6%.

- 6. How would you counsel this woman at this time? Would you stop the Avandia? If so, what would you use in its place? In the past you have suggested the addition of insulin, but she's terrified of needles and sees having to use insulin as evidence that she has failed, and her disease has won.**

Primary References:

1. Heine RJ et. al. Management of hyperglycaemia in type 2 diabetes: the end of recurrent failure? *British Medical Journal*. 2006; 333: 1200-1204. (Including appendix available at www.bmj.com.)
2. Nissen SE and Wolski K. Effect of rosiglitazone on the risk of myocardial infarction and death from cardiovascular causes. *New England Journal of Medicine*. 2007; 356: 1-15.
3. Psaty BM and Furberg CD. Rosiglitazone and cardiovascular risk. *New England Journal of Medicine*. May 21, 2007 (10.1056/NEJMe078099).
4. Editorial: Rosiglitazone: seeking a balanced perspective. *Lancet*. 2007. 369 (9576): 1834.

Additional References:

5. McCormack, J, Johns, K, and Tildesley H. Metformin's contraindications should be contraindicated. *CMAJ*. 2005;173:502-504.
<http://www.cmaj.ca/cgi/content/short/173/5/502>
6. Sirtori CR, Pasik C, Re-evaluation of a biguanide: metformin: mechanism of action and tolerability. *Pharmacol Res*. 1994; 30:187-228.

7. Somogyi A; Stockley C; Keal J; Rolan P; Bochner F, Reduction of metformin renal tubular secretion by cimetidine in man. *British Journal of Clinical Pharmacology*. 1987; 23:545-551.
8. Inzucchi S. Oral Antihyperglycemic therapy for Type 2 Diabetes: scientific review. *Journal of the American Medical Association*. 2002; 287:360-372.