

6th Global Diabetes

Summit and Medicare Expo

November 02-04, 2015 Dubai, UAE

Control of glucose is determinant of renal preservation in diabetes

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We previously reported that dglucose is a strong predictor of renal function change in diabetes. This study is an expansion of a previous study but with longer duration. Eighty five diabetic patients were treated with a combination of glargine or detemir and regular insulin for $26.3 \pm$ Error! Hyperlink reference not valid.24.6 (SD) months. Blood pressure was controlled by beta blockers, calcium channel blockers, sympathetic inhibitors or a combination, and chlorthalidone in resistant cases. Angiotensin converting enzyme inhibitors and receptors blockers (ACEI/ARB) were excluded. Objectives were to determine if this paradigm of treatment prevents progression of diabetic nephropathy. Fasting (F) and 2-hour postprandial (2hPP), glucose, serum creatinine (Scr) and estimated glomerular filtration rate (eGFR);hemoglobin A1c(HbA1c); and sitting systolic and diastolic blood pressure (SBP) were recorded for first and last visits. Mean blood pressure (MBP) and differences (d, 2hPP-F) were calculated for glucose, Scr, and eGFR. Parameters between first and last visits were compared using a paired t-test adjusted for age, gender and duration of treatment with $P < 0.05$ considered significant. No significant differences were found between first and last treatments for F and 2hPP glucose, F and 2hPP Scr, and F and 2hPP eGFR, and HbA1c. Dglucose, sitting SBP and MBP were significantly lower at last compared to first visit. Combining both visits, dglucose showed a direct and positive correlation with dScr. In conclusion the current study reinforces the importance of control of dglucose (2hPP-F) with insulin and exclusion of ACEI/ARB in achieving renal preservation in diabetes.

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