

## Glucose self-monitoring: Necessary – or not?

I read the article on glucose self-monitoring (“Glucose self-monitoring: Think twice for type 2 patients,” *J Fam Pract.* 2008;57:731-734) with dismay. As a family physician for 20 years, having patients with newly diagnosed diabetes take ownership of this frightening and debilitating disease is one of the most difficult challenges I face. Your assertion that it is appropriate to ask such a patient *not* to monitor blood glucose levels strikes me as narrow and short-sighted.

Blood glucose readings help patients determine how well their efforts at control are working. If a patient’s glucose level jumps by several points, he or she needs to know why. A patient who can relate such changes to recent meals or activities gains vital information about self-control.

Readings taken by the patient and reported to the physician provide valuable information that can be used to further educate the patient about the effects of daily changes in diet and exercise. Daily readings can also keep the physician from making unwarranted medication changes, and help the patient and the physician focus on other means of achieving glycemic control.

The idea that patients who regularly check glucose levels somehow become more depressed than those who do not seems absurd. I can’t comment further on that aspect of the report without having the study data. I can say, however, that your article completely avoids any acknowledgement of physician-patient

team efforts to control diabetes and shows little regard for the importance of treating the patient as a whole person.

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## Drs. Mendoza and Hickner respond

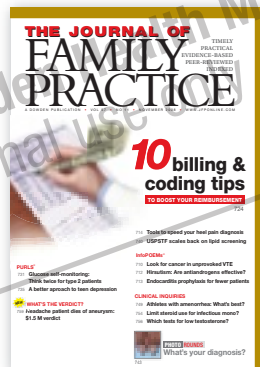
Your perspective is a valuable one, and one that’s shared by many of us when we discover that new scientific evidence does not support something we’ve always done.

We agree that education in self-management should be provided to all patients with diabetes at the time of diagnosis, and as needed thereafter.<sup>1</sup> It seems intuitive that patients with newly diagnosed diabetes would want

to check their blood sugar and that additional information about patients’ blood glucose levels ought to guide medication decisions and improve overall glycemic control.

Yet the ESMON study found otherwise. Contrary to conventional wisdom, this well-done randomized controlled trial showed that routine self-monitoring did not improve patients’ glycemic control, compared to less frequent monitoring at office visits.<sup>2</sup> The study does *not* say, however, that self-monitoring of blood glucose should be tossed out the window, and we did not mean to imply that.

Our point is that self-monitoring need not be *routine*, but that it should be a management option for patients with newly diagnosed non-insulin-requiring diabetes. My practice (MM) has been to recommend self-monitoring only to



## FAST TRACK

**Contrary to conventional wisdom, this well-done RCT showed that routine self-monitoring did not improve glycemic control.**

those who are at greater risk for hypoglycemia. I've found that many patients feel a sense of relief when they learn that they do not have to check blood sugars every day and that, with less emphasis on the numbers, I can address the whole person more effectively. I am able to spend more time addressing patient concerns and providing education on diet, exercise, and related health issues—and patients achieve good blood sugar control without self-monitoring.

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#### References

1. Executive summary: standards of medical care in diabetes—2008. *Diabetes Care*. 2008;31(suppl 1): S5-S11.
2. O'Kane MJ, Bunting B, Copeland M, et al; ESMON study group. Efficacy of self monitoring of blood glucose in patients with newly diagnosed type 2 diabetes (ESMON study): randomised controlled trial. *BMJ*. 2008;336:1174-1177.

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