

Urinary Potassium Sheds Light on Diet Quality

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RENO, NEV. — Twenty-four-hour urinary potassium excretion is an effective clinical marker for diet quality and can be used to identify patients with poor diets, Dr. Alexander G. Logan said at the annual meeting of the American College of Nutrition.

Physicians can use 24-hour urinary potassium excretion levels of less than 60

mmol/day in men and less than 41 mmol/day in women as a cutoff point in identifying patients with poor-quality diets.

"This is a simple test that can be done in the office," said Dr. Logan, of Mount Sinai Hospital in Toronto.

Assessing diet quality can be a difficult process, he said, and usually involves the use of 24-hour diet recall, a food diary, or a food frequency questionnaire. But measuring 24-hour urinary potassium

excretion provides an objective marker that can be used in diet counseling, he said.

Dr. Logan and his colleagues enrolled 220 patients from a regional kidney stone center in Ontario. The patients, aged 18-50 years old, had idiopathic nephrolithiasis and were on unrestricted diets. Staff at the kidney center collected information on weight, height, and blood pressure. In addition, the staff collected 24-hour urine samples and administered a structured pa-

tient interview and a food frequency questionnaire. The 166-item food frequency questionnaire was used to derive the patient's diet quality score.

Dr. Logan and his colleagues found that diet quality scores increased as urinary potassium values increased. Patients who had the lowest levels of urinary potassium had an average dietary quality score of 34, compared with a score of 76 among individuals with the highest urinary potassium levels. ■

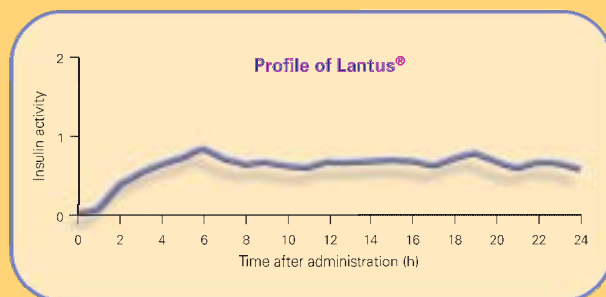
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Lantus® closely mimics physiologic basal insulin secretion.^{5,6}

Physiologic basal insulin is secreted continuously over 24 hours, at a rate of approximately 0.5 IU/h, to meet between-meal and overnight glucose-regulating requirements and to suppress excess hepatic glucose production.⁶ Past attempts at creating an insulin to mimic this profile have resulted in agents that have wide variability in their absorption and length of effect. Lantus® demonstrates a low rate of variability in its action, with a relatively flat, predictable profile after only 1 injection that lasts for a full 24 hours.^{2,7,8} Additionally, in a crossover study of healthy volunteers, no differences in absorption rates were observed whether Lantus® was injected into the leg, arm, or abdomen.^{2,9}



Physiologic basal profile means patients are better able to plan when to eat—because they don't have to contend with insulin peaks.⁶ That can help patients by not requiring them to eat or snack at a specific time to balance a peak. In fact, Lantus® is associated with a low rate of hypoglycemia. It also has a neutral effect on weight.

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It's what you've *shown* us by making Lantus® the #1-prescribed insulin.

Lantus® is the only once-daily, 24-hour basal insulin with no pronounced peak, and it closely mimics physiologic basal insulin secretion.²

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24-HOUR
LANTUS®
insulin glargine [rDNA origin] injection

Important Safety Information

Lantus® is indicated for once-daily subcutaneous administration, at the same time each day, for the treatment of adult and pediatric patients (6 years and older) with type 1 diabetes mellitus or adult patients with type 2 diabetes mellitus who require basal (long-acting) insulin for the control of hyperglycemia.

LANTUS® MUST NOT BE DILUTED OR MIXED WITH ANY OTHER INSULIN OR SOLUTION. If mixed or diluted, the solution may become cloudy, and the onset of action/time to peak effect may be altered in an unpredictable manner.

Lantus® is contraindicated in patients hypersensitive to insulin glargine or the excipients.

Hypoglycemia is the most common adverse effect of insulin, including Lantus®. As with all insulins, the timing of hypoglycemia may differ among various insulin formulations. Glucose monitoring is recommended for all patients with diabetes. Any change of insulin type and/or regimen should be made cautiously and only under medical supervision. Concomitant oral antidiabetes treatment may need to be adjusted.

Other adverse events commonly associated with Lantus® include the following: lipodystrophy, skin reactions (such as injection-site reaction, pruritus, rash), and allergic reactions.

Please see brief summary of prescribing information on adjacent page.

*Based on PNRx, IMS Health, National Prescription Audit Plus™, September 2003 – December 2005.

References: 1. American Diabetes Association. *Diabetes Care*. 2005;28(suppl 1):S4-S36. 2. Lantus Prescribing Information. 3. Data on file, sanofi-aventis U.S. LLC (CSR HOF901/5001). 4. Data on file, sanofi-aventis U.S. LLC (CSR HOF901/5024). 5. Nathan DM. *N Engl J Med*. 2002;347:1342-1349. 6. Guthrie R. *Clin Diabetes*. 2001;19:66-70. 7. Scholtz HE, Pretorius SG, Wessels DH, Becker RHA. *Diabetologia*. 2005;48:1988-1995. 8. Fanelli CG, Pampanelli F, Porcellati P, et al. Poster presented at: 38th Annual Meeting of the European Association for the Study of Diabetes (EASD); September 1-5, 2002; Budapest, Hungary. 9. McKeage K, Goa KL. *Drugs*. 2001;61:1599-1624.