Islet Cell Test 'Critical' in Obese Diabetic Teens

BY BRUCE JANCIN

Denver Bureau

KEYSTONE, COLO. — Making the diagnosis of type 2 diabetes in adolescents is a trickier matter than many physicians realize, Dr. Philip Scott Zeitler cautioned at a conference on the management of diabetes in youth.

"Testing for islet cell antibodies is critical. You cannot make the diagnosis of type 2 diabetes in kids clinically," accord-

ing to Dr. Zeitler of the University of Colorado, Denver.

Yet physicians often attempt to do so anyway.

"In our national study," he recalled, "we screened more than 600 adolescents, all of whom were considered to have type 2 diabetes by a pediatric endocrinologist. Fifteen percent of these patients had islet cell antibodies."

Islet cell antibodies indicate type 1 diabetes and rule out type 2 disease. "I

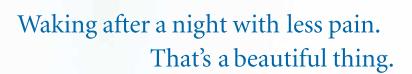
would argue in favor of doing antibody tests as soon as possible because it'll take a while to get the results back," said Dr. Zeitler.

"The important thing is, don't get sucked into clinical phenotype as your diagnostic criteria.

"There are many, many overweight patients who are Hispanic or Native American who have type 1 diabetes," the physician explained at the conference which was sponsored by the University and the

Children's Diabetes Foundation, Denver.

Dr. Zeitler said that patients with type 2 diabetes should not perfom frequent daily self-monitoring of blood glucose levels if they are not on insulin. Twice-a-day fingerstick measurements 3-5 days per week and when ill are fine. Asking kids to check their blood glucose level four times daily when they're not going to change anything based on the results—assuming they're not on insulin—is "a recipe for burnout," he said.



Now there's help for your patients with diabetic peripheral neuropathic pain (DPNP).

Nighttime can be anything but restful for those suffering from the stabbing, shooting pains associated with DPNP. That's where Cymbalta can help. As early as week one, Cymbalta significantly reduces the pain, ** so many patients may feel more comfortable and have fewer interruptions to their days and nights. For some, that's a dream come true.

To learn more, please visit www.insideCymbalta.com/DPNP



are severe, sudden, or were not part of the patient's presentation. If discontinuing treatment, taper the medication. Cymbalta should not be administered to patients with any hepatic insufficiency or patients with end-stage renal disease (requiring dialysis) or severe renal impairment (CrCl < 30 mL/min).

Postmarketing, severe elevations of liver enzymes or liver injury with a hepatocellular, cholestatic, or mixed pattern have been reported.

Cymbalta should generally not be prescribed to patients with substantial alcohol use or evidence of chronic liver disease.

Most common adverse events (≥5% and at least twice placebo) in MDD premarketing clinical trials were: nausea, dry mouth, constipation, fatigue, decreased appetite, somnolence, and increased sweating. Most common adverse events in diabetic peripheral neuropathic pain (DPNP) premarketing clinical trials were: nausea, somnolence, dizziness, constipation, dry mouth, increased sweating, decreased appetite, and asthenia.

See Brief Summary of full Prescribing Information, including Boxed Warning, on adjacent page.

DD 39344 0206 PRINTED IN USA © 2006, ELI LILLY AND COMPANY. ALL RIGHTS RESERVED. Cymbalta is a registered trademark of Eli Lilly and Company.

