

Not a 'Cookbook Approach'

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AACE members and journal subscribers in July (Endocr. Pract. 2007;13[Suppl. 1]), and are a result of almost 3 years of work by the task force, which was made up of endocrinologists specializing in diabetes, Dr. Rodbard said. The final recommendations in the guidelines represent a consensus among the task force members, and were also approved by the AACE board of directors.

These guidelines are distinct from the "Road Maps for the Prevention and Treatment of Type 2 Diabetes" recently released by AACE. The road maps are not guidelines, but instead provide specific treatment algorithms and focus on glycemic control.

The guidelines include a section on the medical management of diabetes, which contains reviews of the different drugs available, their indications for use, their advantages and disadvantages, and their expected impact on reducing HbA_{1c} levels. The guidelines do not specifically recommend any one drug or class of drugs as a first-line treatment, but instead, they focus on the importance of individualizing treatment, Dr. Rodbard explained. "We don't have a cookbook approach because every patient is different. We list the

different medications, the indications for each drug, and which subset of patients can benefit from one versus the other medication."

That approach contrasts with the American Diabetes Association, which last year endorsed a consensus algorithm that recommended metformin along with lifestyle interventions for newly diagnosed type 2 diabetes. "That may be appropriate for many, perhaps most patients with type 2 diabetes, but definitely not for everybody," Dr. Rodbard noted. "It is up to the judgment of the physician to make a decision about whether metformin would or would not be the right drug for an individual patient." The ADA "algorithm" did not consider a number of the newer medications, she added.

The AACE task force was able to add a statement close to the publication date regarding a recent meta-analysis reporting an increased risk of myocardial infarction associated with rosiglitazone therapy (N. Engl. J. Med. 2007 [Epub doi:10.1056/NEJMoa072761]) and related editorials in the New England Journal of Medicine and The Lancet. Despite the controversy over the meta-analysis and the unresolved issues, "we felt we had to

say something about it. We tried to keep a very balanced opinion in that regard, and we are not recommending that patients stop the medication," Dr. Rodbard said. The statement, which appears in the glycemic management section of the guidelines, indicates that definitive resolution regarding the magnitude and statistical and clinical significance of these findings will require further analyses, including the results of an ongoing phase III study expected to be completed in 2009.



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advocated in the past. The glycemic goals in the guidelines are consistent with previous AACE consensus conferences and a position statement regarding these targets, said Dr. Paul S. Jellinger, a task force member and a past president of both AACE and the American College of Endocrinology, who is in private practice in Hollywood, Fla.

The guidelines are a "useful blend of evidence-based and evidence-ranked statements, which also reflect the extensive clinical

experience of the task force members," Dr. Jellinger added. Written with the clinician in mind, "we expect this will be a source of valuable information" for any clinician involved in the care of people with diabetes, he said.

The American Association of Clinical Endocrinologists last issued diabetes guidelines in 2002. There are plans to release an update of the guidelines next year as new data become available, according to Dr. Rodbard.

The guidelines are available online at www.aace.com/pub/pdf/guidelines/DMGuidelines2007.pdf.

Reteaching Insulin Injection Improves Glycemic Control

BY TIMOTHY F. KIRN
Sacramento Bureau

CHICAGO — Many patients with diabetes probably could benefit from a refresher course in how to inject insulin properly, according to a report presented at the annual scientific sessions of the American Diabetes Association.

In a trial of an education program for diabetes patients, 87 adult patients who had been using insulin for at least 3 years were evaluated and then retaught how to inject, based on what they did not seem to know. The mean hemoglobin A_{1c} (HbA_{1c}) level in the group dropped from 6.94% at baseline to 6.28% at 4 months after the new training.

The trial showed that more than half of these highly experienced patients had a "poor" or only "moderate" understanding of how best to treat their insulin and give themselves their injections, said Dr. Mihoko Matsumura, of the department of endocrinology and metabolism at Dokkyo University, Tochigi, Japan.

At the beginning of the trial, patients were given a detailed test of their knowledge. They were asked more than 20 questions, including:

- ▶ How they stored their insulin.
- ▶ At what temperature they stored it.
- ▶ What type of needle they used.
- ▶ Whether they were satisfied with the

type of needle they were using.

- ▶ If they reused needles.
- ▶ If they knew the principle of how deep they should be injecting.
- ▶ Whether they pinched-up the skin and fat to avoid intramuscular injection.
- ▶ What angle of the needle they used when injecting.
- ▶ Whether they used the same injection site repeatedly.

More than half of these highly experienced patients had a 'poor' or only 'moderate' understanding of how to give themselves injections.

The test results were then scored and grouped according to whether the patients had poor, moderate, or good understanding. After the test, all patients were given an explanation sheet, which included the correct answers. They also received a 10-minute review of their test with a physician.

Only 28 of the 87 patients were found to have "good" understanding on the test, defined as answering more than half the questions correctly. Another 38 had "moderate" understanding, defined as answering about half the questions correctly. And 21 had "poor" understanding, getting fewer than half the answers correct.

One of the most common problems the patients had was that they tended to inject repeatedly in the same location, Dr. Matsumura said.

The patients with the poorest understanding had the most improvement in HbA_{1c} level at 4 months after the test, dropping from a mean of 7.03% before the test to 6.26% after, she noted.

