Strict glycemic control with insulin is mandatory. Oral hypoglycemic agents should be avoided because they cross the placental barrier and may result in prolonged neonatal hypoglycemia. During the second trimester, maternal alpha-fetoprotein levels should be assayed to check for neural tube defects in the fetus, which occur more frequently in diabetic mothers. In the final 3 months, the fetus should be monitored often and, towards term, consideration should be given to amniocentesis for the assessment of fetal lung maturity.

MICHAEL R. JAFF, DO
Director, Vascular Laboratory
St. Vincent Charity Hospital and Health Center
Cleveland

DETECTING GRAVES' DISEASE IN THE ELDERLY

In the elderly and in patients with concomitant diseases, the presentation of Graves' disease usually is very subtle and often mimics the clinical appearance of terminal cancer, resulting in expensive—and inappropriate—workups. These patients may present with one or more of a variety of symptoms, including arrhythmias (occasionally life-threatening), heart failure, persistent diarrhea, and unexplained weight loss. They may have only what looks like a depressive illness. Clinical findings tend to be minimal, often limited to bright, shiny eyes and some lid retraction.

At the Cleveland Clinic, the preferred treatment is radioactive iodine ablation with total destruction of the thyroid gland. Most patients with Graves' disease, no matter how it is treated, have thyroid gland failure necessitating lifelong thyroid hormone replacement. Treatment with antithyroid drugs such as propylthiouracil or methimazole may require 6 months to 2 years for remission. Most patients will respond to drugs, but the real test of success is whether they remain in remission after drug treatment is discontinued.

LARRY M. KOHSE, MD
Department of Endocrinology
The Cleveland Clinic Foundation

ANEMIA WORKUP: FIVE-STEP APPROACH

A simple five-step approach is helpful when working up anemic patients. The first step is the reticulocyte count, used to divide anemic patients into those with a blunted bone marrow response to the anemic state and those with a compensatory marrow response to anemia. The reticulocyte count is low if the bone marrow is not working; the count is elevated in patients with a peripheral destructive process or illness characterized by decreased red blood cell life span.

The second step is to determine the mean corpuscular volume (MCV). If it is above the normal range, megaloblastic anemia should be suspected. If the MCV is low, iron deficiency, thalassemia, and sideroblastic anemia are possible considerations.

The third step is to obtain a history of the patient's hemoglobin status. If the patient has a lifelong anemia, the diagnosis should focus on lifelong disorders, such as the hemoglobinopathies. If the anemic patient's hemoglobin was normal in the past, the clinician should seek another cause, such as a drug effect, infection, or other illness.

Fourth, a detailed history and careful clinical examination are essential. The history should cover such areas as current medications, recent cardiac surgery, changes in bowel habits, abdominal discomfort, and the use of alcohol.

Finally, reviewing the peripheral blood smear is mandatory. One must search for any distortion in red blood cell shape.

ALAN LICHTIN, MD
Department of Hematology and Oncology
The Cleveland Clinic Foundation