

explain the weight gain observed with basal insulin therapy?

Before blindly raising the basal insulin dose based on morning fasting glucose, perhaps we should evaluate the effect of late-night eating. Also, with once-nightly basal insulin, we should test plasma glucose during the expected physiologic glucose nadir between 2 and 6 AM (3).

DISCLOSURE

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AACE Comprehensive Diabetes Management Algorithm 2013 Endocrine Practice

To the Editor:

The new Comprehensive Diabetes Management Algorithm 2013, which was recently released by the American Association of Clinical Endocrinologists (AACE), modifies previous recommendations made in the 2012 clinical guidelines published by the American Diabetes Association and the European Association for the Study of Diabetes (ADA/EASD). What makes the 2013 Comprehensive Diabetes Management Algorithm innovative is that it visually facilitates comprehension of management and emphasizes the need for individualized therapy, including specific guidelines for the management of obesity, prediabetes, and comorbidities. However, regarding the oral antidiabetic drug schemes, we believe that it is important to point out the increased risk reported on March 14 of this year by the U.S. Food and Drug Administration (FDA) in relation to pancreatitis and pancreatic neoplasias associated with incretin mimetic therapy.

Although it could well be argued that this information is recent, there are previous publications by the same group of researchers that link this risk with this class of drugs (1). In addition, this association has been described for other drugs, such as thiazolidinediones (2), with metformin use acting as a protective factor (3).

Because of the aforementioned points, we feel that it is necessary to add a column to the Table of the profile of antidiabetic medications, which describes the adverse effects, to mention the relationship between pancreatic tumors and the presence of pancreatitis in an effort to enhance the safety and effectiveness of these medical treatment options.

Finally, some of the drugs reported in the algorithm that represent an alternative to dual and triple therapy that has been recommended in recent years are not available in many countries including our own, such as colesevelam, quick-release bromocriptine, pramlimtide, and sodium glucose transporter-2 inhibitors.

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