

2nd World Congress on Diabetes & Metabolism

6-8 December 2011 Philadelphia Airport Marriott, USA

TITLE

A New Approach to the Care of Hospitalized Patients with Type 2 Diabetes: Use of incretins to control hyperglycemia without undue hypoglycemia

Stanley Schwartz

Affiliate, Main Line Health Systems

The rates of obesity, pre-diabetes, type 2 diabetes are increasing in epidemic proportions. They are associated with microvascular -macrovascular (cardiovascular) disease complications, but it is clear that aggressive control of hyperglycemia can decrease complication rates. Both ADA/AACE organizations recommend aiming for lowest sugar possible without undue hypoglycemia. The same situation obtains for the hospitalized patient with pre-diabetes, stress DM, or DM, with clear epidemiological data showing adverse outcomes are increased in proportion to the degree of hyperglycemia. Though several studies clearly show benefit of tight glycemic control in hospitalized patients, others do not. Most feel hypoglycemia is the main culprit of these negative studies, though clearly other factors may obtain. As such, the glycemic goals in hospital are in debate. Many however believe that tighter control would be a wonderful goal if it could be achieved without (any) undue hypoglycemia. Our presentation reviews incretin-based therapies which may achieve this goal because of: glucose-dependent insulin secretion which results in infrequent hypoglycemia in absence of SU/glinides/insulin, marked benefit in reducing glycemic elevations from two stress hormones- glucagon and corticosteroids (ie: stress diabetes), reduced hypoglycemia even with insulin therapy, decreasing glycemic variability, eliminate need for bolus insulin in some patients even as may need basal insulin, eliminate need for insulin in some, and potential benefit on CV function, even acutely. We offer a simple, practical guideline for using Incretins in concert with previous standard care to improve control without undue hypoglycemia in the hospital.

Biography

Dr. Stanley Schwartz is an Emeritus Associate Professor, University of Pennsylvania, now in private practice. Dr. Schwartz trained at University of Chicago and Penn.

Dr. Schwartz actively lectures nationally and internationally (Istanbul, Switzerland, Belgium, Tunisia and China). He has authored numerous articles, is a co-investigator for many studies (DCCT-EDIC, LOOK AHEAD). He co-wrote the Self-Assessment Program of the ADA and the 2010 AACE Guidelines. He is a member/ fellow of international and national professional societies including the Royal Society of Medicine, EASD, ADA, Endocrine Society and ACP. Though he does research and teaches, most of his time is spent caring for patients.