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# Targeting Diabetes and Novel Therapeutics

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## Diabetes and eating disorders

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People with the combination of Diabetes and an eating disorder have a drastically increased risk of developing both the acute and the chronic complications of Diabetes more rapidly, especially when the eating disorder presents as insulin restriction for the purpose of weight management. It is not uncommon for people with Diabetes and an eating disorder to have an A1c in the range of, or often above, 15 to 16 because of the knowledge that restricting insulin usually results in weight loss. The problem is not an absence of knowledge about how to properly manage Diabetes, but rather unwillingness to properly dose because of a fear of weight gain or an absence of weight loss. Because diabetics who restrict insulin are frequently not honest with their endocrinologists about their behaviors, insulin doses may be increased with potential risks if the diabetic begins taking the prescribed dosage. Severe complications in diabetics with an eating disorder are not uncommon in people in their early to late twenties. Traditional treatment for a diabetic in DKA due to insulin restriction typically involves hospitalization with the goal of normalizing blood glucose levels, re-education about Diabetes management, and discharge to the environment in which the eating disorder originally developed. The common result of this approach is return to the eating disorder and extremely poor Diabetes management. Dietary recommendations which may be helpful for the diabetic without an eating disorder can be dangerous for the individual with one, as they often trigger the eating disorder thoughts and behaviors. The mindful eating approach often used to treat people with eating disorders can be extremely effective in treating people with T ype 1 or Type 2 Diabetes. This approach leads to decreased pre-prandial, post-prandial, and random blood glucose levels, significantly decreased A1c levels, and normalization of food behaviors with minimal or no weight gain, and sometimes actual weight loss. It is critical that endocrinologists and Diabetes educators become more effective in diagnosing eating disorders in their diabetic patients and that they develop an approach to treatment which considers the impact of an eating disorder on Diabetes management.

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## OSAS/Sleep disordered breathing and glucose variability

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Many studies in the recent decades proved the existence of an impact of Obstructive Sleep Apnea (OSA) and Sleep disturbances on alterations of glucose metabolism. This phenomenon is evident in Diabetes. Most of the available data evaluated an effect on HbA1c, which in itself is the composite of many different variables, like Fasting blood glucose, Postprandial glucose, Glucose Peaks, Glucose Oxidation, Neoglucogenesis, Insulin Mediated glucose Oxidation, Non-Insulin Mediated Glucose oxidation, and many other less well known components. Among this constellation Glucose Variability seems to be very relevant to the cardiovascular damage of Diabetes. On the other hand OSAS and Sleep disturbances tend to occur together very frequently in the diabetic population and it is difficult to single out their respective roles on the altered glucose variability. We studied the impact of OSAS and Sleep Disturbances on Blood glucose variability, both in the fasting state than on the 7-day glucose variability as recorded with the Continuous Subcutaneous Glucose monitoring. According to these observational studies sleep disturbances are the cause of minor degrees of increased glucose variability, irrespective of the causes. If serious OSA supervenes the variability is greatly exaggerated. Both conditions should be treated, but the presence of severe OSAS is a dangerous condition that should be treated promptly.

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