Back to Oral Hypoglycemic Drugs after Ten Years of Insulin Injections: An Egyptian Case Study

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Editorial

In my clinical practice, the author noticed many diabetic patients who were inappropriately prescribed insulin injections after failure of oral hypoglycemic drugs to maintain adequate glycemic control. In this editorial I’ll present one of these cases addressing briefly the reasons for this malpractice, how to avoid and more importantly how to suspect and manage.

A slim 53 years old Egyptian diabetic female came to my clinic suffering from recurrent abscesses, her diabetic history revealed that she was on different doses of gliclazide and metformin for 8 years and her physicians changed the regimen to be twice daily injections of biphasic isophane insulin 30/70 for ten years. I’ve ordered hemoglobin A1C (HbA1C) and found it to be 9, suffering from infections, some doctors readily prescribe insulin to type 2 diabetic patients immediately after they notice elevation of blood glucose readings and most doctors don’t reconsider their decision after achieving adequate glycemic control. The patient represented in this case was, most probably, suffering from an acute insulin resistance caused by stress hormones and proinflammatory cytokines [1]. Additionally, she's experienced many of the deleterious dietary and emotional stressors encountered in the modern way of life [2] and the psychological stress was also shown to alter hepatic responsiveness to insulin and affect whole-body glucose metabolism [3]. From my point of view as well as my clinical experience, I recommend to carefully monitor every type 2 diabetic patient who is switched to insulin injections and I believe many of them may return back to oral hypoglycemic drugs and it's better to suspect early and manage properly.

References