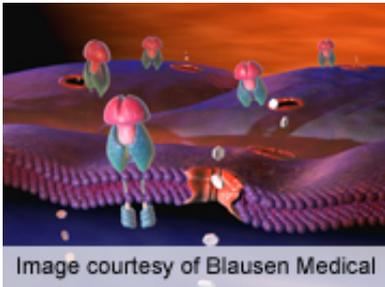


# Intensive insulin rx lowers glycemic variability in early DM

15 April 2014



"It thus emerges that early in the course of T2DM, glucose variability is a modifiable parameter for which intervention may mitigate future risk of adverse outcomes," the authors write.

Two authors disclosed financial ties to Novo Nordisk, which funded the study.

**More information:** [Abstract](#)  
[Full Text \(subscription or payment may be required\)](#)

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(HealthDay)—Short-term intensive insulin therapy (IIT) can improve  $\beta$ -cell function in type 2 diabetes mellitus (T2DM) in association with decreased glycemic variability, according to a study published in the April issue of *Diabetes Care*.

Caroline K. Kramer, M.D., Ph.D., from Mount Sinai Hospital in Toronto, and colleagues examined whether  $\beta$ -cell functional recovery induced by short-term IIT correlated with glycemic variability. Sixty-one patients with T2DM (mean duration, three years) underwent four weeks of IIT.  [\$\beta\$ -cell function](#) was assessed with the Insulin Secretion-Sensitivity Index-2 (ISSI-2) before and after IIT. Glucose variability was measured in the first and last week by the coefficient of variation of capillary glucose.

The researchers found that 55.7 percent of [patients](#) had a reduction in their glucose variability between the first and last week on IIT. There was a negative correlation between change in glucose variability and the change in  $\beta$ -cell function ( $P = 0.008$ ). The only factor independently associated with the change in glucose variability was percentage change in ISSI-2 ( $P = 0.03$ ). Patients with a 25 percent or higher increase in ISSI-2 had a reduction in glucose variability, compared with their peers who had virtually no change ( $P = 0.041$  versus  $P = 0.0002$ ;  $P = 0.006$ ).

APA citation: Intensive insulin rx lowers glycemic variability in early DM (2014, April 15) retrieved 25 May 2022 from <https://medicalxpress.com/news/2014-04-intensive-insulin-rx-lowers-glycemic.html>

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