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***Dakota Diabetes Coalition is proud to offer this column on diabetes and related concerns every other Friday.***



Dr. Johnson is a family practice doctor in Grand Forks with a special interest in diabetes -- and a special knack for writing. As a member of the Dakota Diabetes Coalition, he has generously made himself available to answer questions through our listserv. If you have comments, or questions for Dr. Johnson to address in future columns, please contact [gailhand@q.com](mailto:gailhand@q.com)



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## Diabetes News Briefs

# Safe, well-tolerated and novel... What's not to love?

In the last two weeks, I've been scanning diabetes journals so you can enjoy your vacation on the beach. Turns out that there's been news of interest to those involved in diabetes care. This information likely has - or will have -- relevance in clinical practice.

### **Cast your orbs on ARBS**

Our last column featured **retinopathy screening and treatment**. This week, a very interesting study regarding **ACE inhibitors and ARB medications** in the prevention of retinopathy in patients with type 1 diabetes was published. In the past, we have discussed the indications for the use of these two classes of blood pressure medications in patients with diabetes. The current indications for the use of these medications is of course, hypertension exceeding

>130/>80 and the **presence of microalbumin or gross protein in the urine.**

There has been some controversy over whether these medications should be prescribed to patients with diabetes who do not have these indications, with the thought that the “kidneys will be protected.” This study, published in the New England Journal of Medicine (July 2, 2009) included type 1 patients with normal blood pressure and lack of microalbumin or protein in the urine.

They were placed on either enalapril, an ACE inhibitor, or losartan, an ARB, and followed for five years. Interestingly, **neither medication prevented the progression of nephropathy**, kidney disease, in these patients. However, the incidence of **retinopathy was significantly reduced**. Although not yet indicated for the progression of retinopathy, this may be an important finding with implications for clinicians in the future.

### **Salsalate well worth watching**

Type 2 diabetes is well-known to be a **pro-inflammatory state** leading to cardiovascular complications, heart disease and stroke. Currently, the Targeting Inflammation Using Salsalate for Type 2 Diabetes Study (TINSAL-T2D) is underway to evaluate salsalate, an older, generic, aspirin-like medication to treat type 2 diabetes. **Data show minor reductions in A1C and fasting plasma glucose in treated patients.**

Its role in the treatment of type 2 diabetes has yet to be defined, but a medication with a **novel mechanism of action at low cost** could benefit many patients. Additionally, salsalate has a long safety profile as a rheumatoid drug and is well tolerated.

### **Don't rush to ditch glargine**

Finally, **insulin glargine**, a long-acting basal insulin (brand name: Lantus) is in the news after four published studies in the European Journal “Diabetologia” suggested a possible link between glargine and the development of certain types of cancers. Response to these studies has produced a fair amount of controversy, and the FDA and ADA have issued statements that **these studies are not conclusive** and patients considering any insulin change need to discuss this with their health care providers.

As a class, analog insulins, of which glargine is one type, do not appear to have cancer causing potential. Glargine has been on the

market in the United States since 1999. There is **no recommendation in place that patients discontinue glargine** as a result of this data. Other basal insulins (detemir, NPH) are available if patients are insistent on changing insulin products. But as with all diabetes treatment, individual risks and benefits needs to be considered.

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