Sulfonylureas: Asset or liability?

Sir,

We read with great interest the editorial on the role of sulphonylureas (SUs) in the present day scenario by Kalra et al.[9] SUs are fast falling out of favor in many western countries, however they continue to be essential medications in the fight against diabetes in developing countries like India, because of its lower cost, unquestionable efficacy, and easy accessibility. As fellow crusaders in the fight against diabetes, we generally disfavor the use of SUs in our own clinical practice for reasons we shall point out in the letter.

There are broadly two aspects of use of SUs in current clinical practice. One is use of SUs as first-line therapy in treatment naïve type 2 diabetics (in addition to diet and exercise) and second being the role of SUs as add-on therapy to metformin in those poorly controlled on metformin monotherapy.

Most international guidelines advocate the use of metformin as the first-line therapy over other agents like SUs.[2,3] Metformin offers a wide range of benefits over SUs which are familiar to most physicians. In addition, metformin monotherapy is as cost effective as SUs monotherapy and hence ideal for a developing nation like India. Many of the studies (including the controversial University Group Diabetes Program study which was pointed out by Kalra et al.), which have questioned the cardiovascular safety of SUs, are studies where SUs is used as monotherapy or
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In the end, we would like to thank Kalra et al. for an important editorial that lays the premise for a healthy debate on the current role of SUs in clinical practice.

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Insulin injection: cutaneous adverse effects

Sir,

We read with great interest the article published in May–June 2015 issue by Tandon et al. titled “The Indian recommendations 2.0, for best practice in insulin injection technique 2015.” [1]

Authors have nicely highlighted the correct insulin injection techniques and its importance. Proper insulin administration is equally important as the correct type and dosage of insulin. In routine practice this vital aspect of demonstrating the technique of insulin injection and counseling of the patients if often overlooked. The inappropriately administered insulin not only leads to deranged blood glucose but can lead to many cutaneous adverse effects.

Local dermal reactions at the site of insulin therapy occur at some point of time in about half of all diabetes patients. [2]

Apart from the mentioned adverse effects, some other cutaneous adverse effects needs to be highlighted. Acanthosis nigricans localized at the site of insulin injection is one of the commonly observed adverse effect over sites such as abdomen and arms. [3]

Acanthosis nigricans co-localizing with amyloidosis have also been reported following insulin injections. [4]

Postinflammatory hyperpigmentation is also one of the common cutaneous adverse effects following insulin injections, which can have at times a very bizarre presentation. We observed a young female having a whorled pattern postinflammatory hyperpigmentation over abdomen and buttocks, the site of insulin injections [Figure 1a and b]. The patient used to get insulin injections (premixed insulin [human mixtard 30:70]) through her father, reutilizing the needles several times. Multiple use of needles makes the needlepoint blunt. This blunt tipped needle produces more micro-trauma leading to postinflammatory hyperpigmentation. This strange pattern of pigmentation caused a serious cosmetic...