Introducing Diabetes Reviews

Imagine going to a seminar with the world's leading diabetes investigators ... without leaving your office

If you're like the average clinician treating diabetes, you probably have a tough time keeping up with all of the latest basic and clinical diabetes research. *Diabetes Reviews*, the new quarterly review journal from the American Diabetes Association, can help. In it's pages, top investigators discuss their latest findings, explain how they relate to previous data, and point out the clinical significance of the work. Each issue is like completing a postgraduate course in diabetes.

Contributors are chosen to offer the broadest possible perspective on a given subject. *Diabetes Reviews* will cover the topics that clinicians face most often, including:

- complications of IDDM and NIDDM
- methods of achieving and effects of good glycemic control
- drug treatment, including mechanism of action
- exercise therapy
- management of lipid disorders
- epidemiology of diabetes and its complications and much more

Edited by noted diabetes investigator Ralph DeFronzo of the University of Texas, *Diabetes Reviews* will bring you to the frontiers of diabetes research. It is a must read for any clinician who wants to keep up-to-date on the most quickly advancing areas of clinical and basic research.

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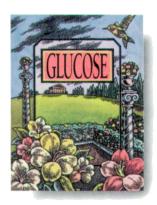
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Diabetes patients reap the benefits when you plant the seeds of risk reduction.



Just as four-o'clock flowers open with regularity each day, regular blood glucose testing opens the way to lowering the risk of diabetes complications.

Frequent testing facilitates intensive control

The landmark Diabetes Control and Complications Trial (DCCT) concluded that intensive therapy reduces the long-term complications of diabetes. And frequent blood glucose determinations are a critical element of intensive therapy.

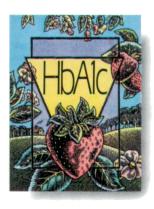
Self-monitoring provides an easy and reliable way to check blood glucose levels throughout the day. At physician office visits and in hospitals, laboratory blood glucose testing remains an important indicator of glycemic control, especially for patients who are just beginning to self-monitor.



Just as the flowers of the morning glory appear before the blooms of many other plants, fructosamine testing provides an early indication of glycemic control.

Monthly testing indicates early treatment response

Fructosamine testing provides an interim measurement of glycemic control to complement daily blood glucose testing and quarterly measurements of hemoglobin A_{lc}. Fructosamine reflects glycemic control over a 2 to 3 week period, so that evidence of hyperglycemic episodes is known within a month of their occurrence. Fructosamine's faster indication of response makes it a valuable enhancement to intensive patient management.



Changing seasons are reflected in the growth stages of the strawberry plant, just as the need for changes in treatment can be reflected by HbA_{Ic} testing.

Quarterly testing signals need for adjustments

The ADA recommends testing hemoglobin A_{1c} every three months. Since HbA_{1c} values reflect average blood glucose over 60 to 90 days, fluctuations during this period can produce an elevated HbA_{1c} result. The DCCT study indicates that the progression of diabetes complications is greater when HbA_{1c} is elevated. Quarterly testing can signal the need for therapeutic intervention to reduce this risk.



As easy as it is to include kidney beans in a bealthy diet, monitoring kidney bealth is equally easy through microalbuminuria testing.

Annual screening detects treatable nephropathy

The DCCT finding that intensive therapy reduces the risk of kidney damage supports the ADA recommendation for annual microalbuminuria (MAU) screening beginning five years after diagnosis. Early detection can identify patients in whom progression to nephropathy may be slowed through intensive therapy.

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