The Journal of the American Diabetes Association

diabetes

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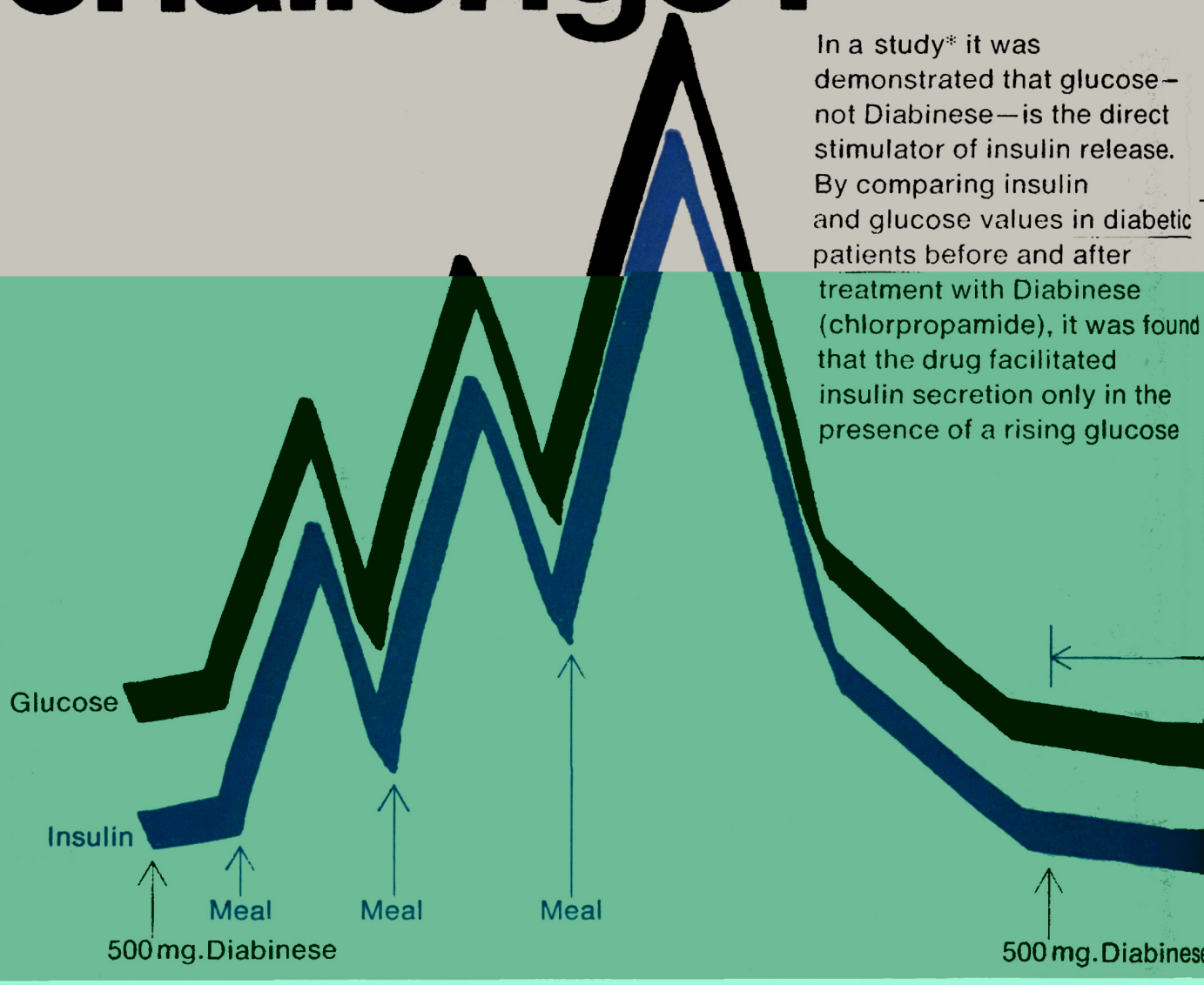
Does Diabinese® work without a challenge?

In a study* it was demonstrated that glucose—not Diabinese—is the direct stimulator of insulin release. By comparing insulin and glucose values in diabetic patients before and after treatment with Diabinese (chlorpropamide), it was found that the drug facilitated insulin secretion only in the presence of a rising glucose



Diabinese® (chlorpropamide) Brief Summary

Contraindications: Diabinese is not indicated in patients having juvenile or growth-onset diabetes mellitus, severe or unstable "brittle" diabetes and diabetes complicated by ketosis and acidosis, diabetic coma, major surgery, severe infection, or severe trauma.

Diabinese is contraindicated during pregnancy. Serious consideration should be given to the potential hazard of its use in women of the childbearing age who may become pregnant.

Diabinese is contraindicated in patients with serious impairment of hepatic, renal, or thyroid function.

Precautions: Use chlorpropamide with caution with barbiturates, in patients with Addison's disease, in those ingesting alcohol, antibacterial sulfonamides, phenylbutazone, salicylates, probenecid, dicoumarol or MAO inhibitors.

Warnings: DIABINESE SHOULD NOT BE USED IN JUVENILE DIABETES OR IN DIABETES COMPLICATED BY ACIDOSIS, COMA, SEVERE INFECTION, MAJOR SURGICAL PROCEDURES, SEVERE TRAUMA, SEVERE DIARRHEA, NAUSEA AND VOMITING, ETC.

HYPOGLYCEMIA IF IT OCCURS, MAY BE PROLONGED.

Chlorpropamide-Phenformin: Dosage of phenformin should be reduced at the first sign of gastrointestinal disturbance. Lactic acidosis and ketonuria without hyperglycemia have been reported with phenformin therapy (see phenformin package insert for complete details).

Adverse Reactions: Usually dose-related and respond to reduction or withdrawal of therapy. Generally transient and not of a serious nature and include anorexia, nausea, vomiting and gastrointestinal intolerance; weakness and paresthesias.

Certain untoward reactions associated with idiosyncrasy or hypersensitivity have occasionally occurred, including jaundice (rarely associated with severe diarrhea and bleeding), skin eruptions rarely progressing to erythema multiforme and exfoliative dermatitis, and probably depression of formed elements of the blood. With a few exceptions, these manifestations have been mild and readily reversible on the withdrawal of the drug.

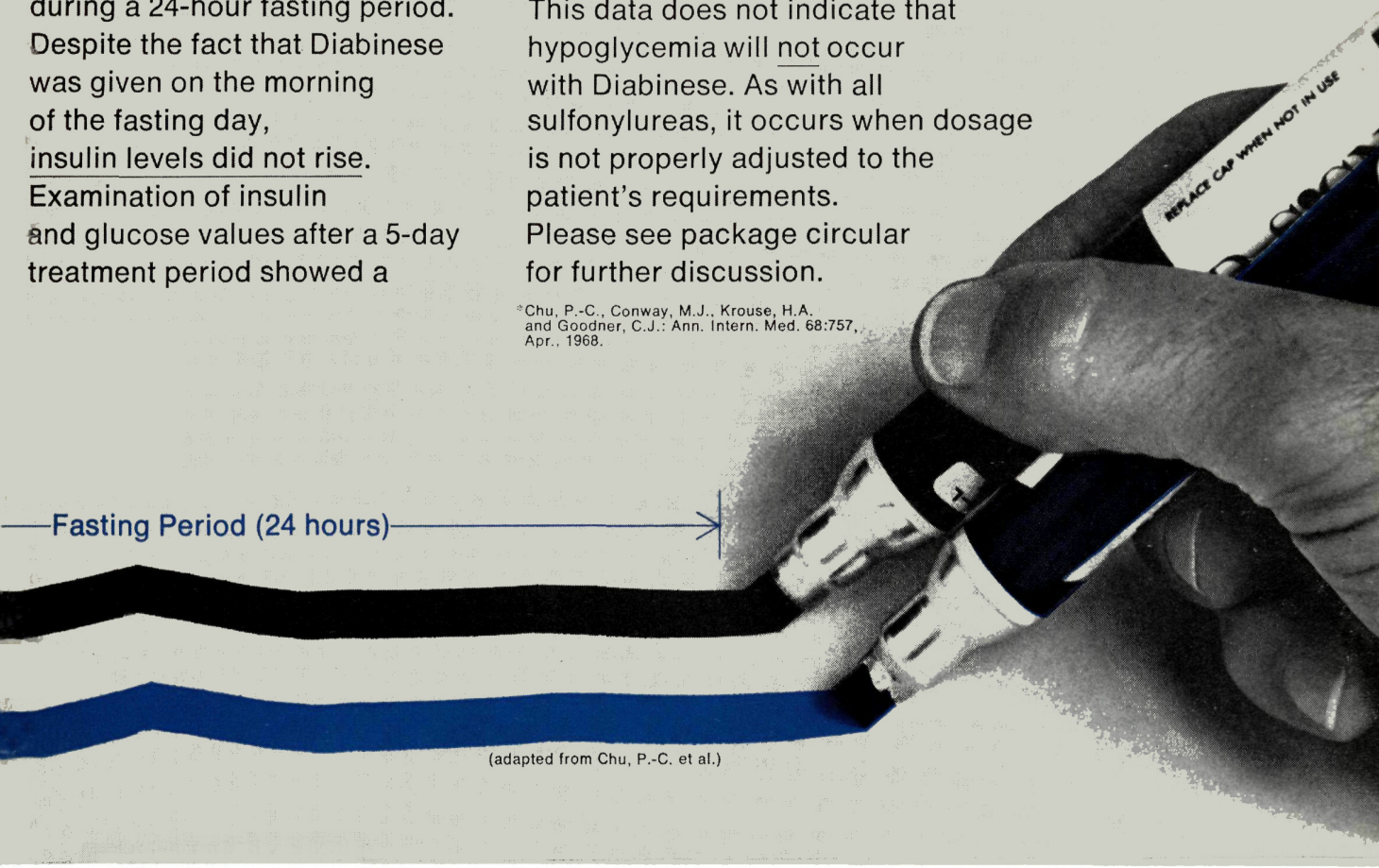
Diabinese (chlorpropamide) should be discontinued promptly when the development of sensitivity is suspected.

Jaundice has been reported, and is usually promptly reversible on discontinuance of therapy. THE OCCURRENCE OF PROGRESSIVE ALKALINE PHOSPHATASE ELEVATION SHOULD SUGGEST THE POSSIBILITY OF INCIPIENT

(chlorpropamide) glucose

level after meals, thus simulating normal metabolic action. Evidence that Diabinese does not significantly influence insulin secretion in the absence of glucose challenge was demonstrated in 11 patients during a 24-hour fasting period. Despite the fact that Diabinese was given on the morning of the fasting day, insulin levels did not rise. Examination of insulin and glucose values after a 5-day treatment period showed a near-normal pattern of insulin secretion. That is, the plasma insulin curve very closely paralleled the plasma glucose curve. This data does not indicate that hypoglycemia will not occur with Diabinese. As with all sulfonylureas, it occurs when dosage is not properly adjusted to the patient's requirements. Please see package circular for further discussion.

*Chu, P.-C., Conway, M.J., Krouse, H.A. and Goodner, C.J.: Ann. Intern. Med. 68:757, Apr., 1968.



(adapted from Chu, P.-C. et al.)

JAUNDICE AND CONSTITUTES AN INDICATION FOR WITHDRAWAL OF THE DRUG.

Leukopenia, thrombocytopenia and mild anemia, which occur occasionally, are generally benign and revert to normal, following cessation of the drug. Rare cases of aplastic anemia and agranulocytosis, generally similar to blood dyscrasias associated with other sulfonylureas have been reported.

BECAUSE OF THE PROLONGED HYPOGLYCEMIC ACTION OF DIABINESE, PATIENTS WHO BECOME HYPOGLYCEMIC DURING THERAPY WITH THIS DRUG REQUIRE CLOSE SUPERVISION FOR A MINIMUM PERIOD OF 3 TO 5 DAYS, during which time frequent feedings or glucose administration are essential. The anorectic patient or the profoundly hypoglycemic patient should be hospitalized.

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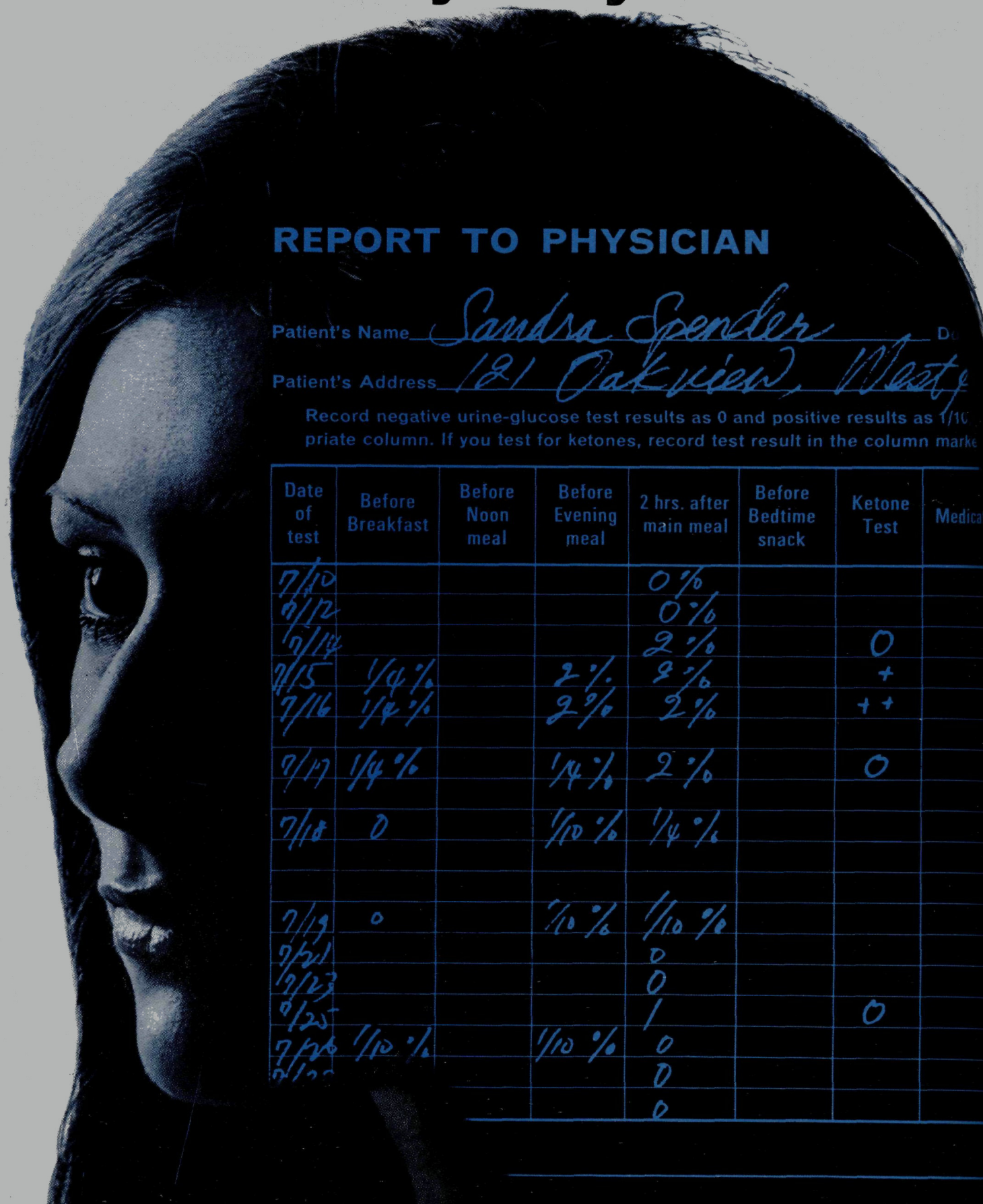

REPORT TO PHYSICIAN

Patient's Name Sandra Spender D

Patient's Address 121 Oakview, West

Record negative urine-glucose test results as 0 and positive results as 1/10 priate column. If you test for ketones, record test result in the column marke

Date of test	Before Breakfast	Before Noon meal	Before Evening meal	2 hrs. after main meal	Before Bedtime snack	Ketone Test	Medica
7/10				0%			
7/12				0%			
7/14				2%		0	
7/15	1/4%		2%	2%		+	
7/16	1/4%		2%	2%		++	
7/17	1/4%		1/4%	2%		0	
7/18	0		1/10%	1/4%			
7/19	0		1/10%	1/10%			
7/21				0			
7/23				0			
7/25				1		0	
7/26	1/10%		1/10%	0			
7/28				0			
				0			

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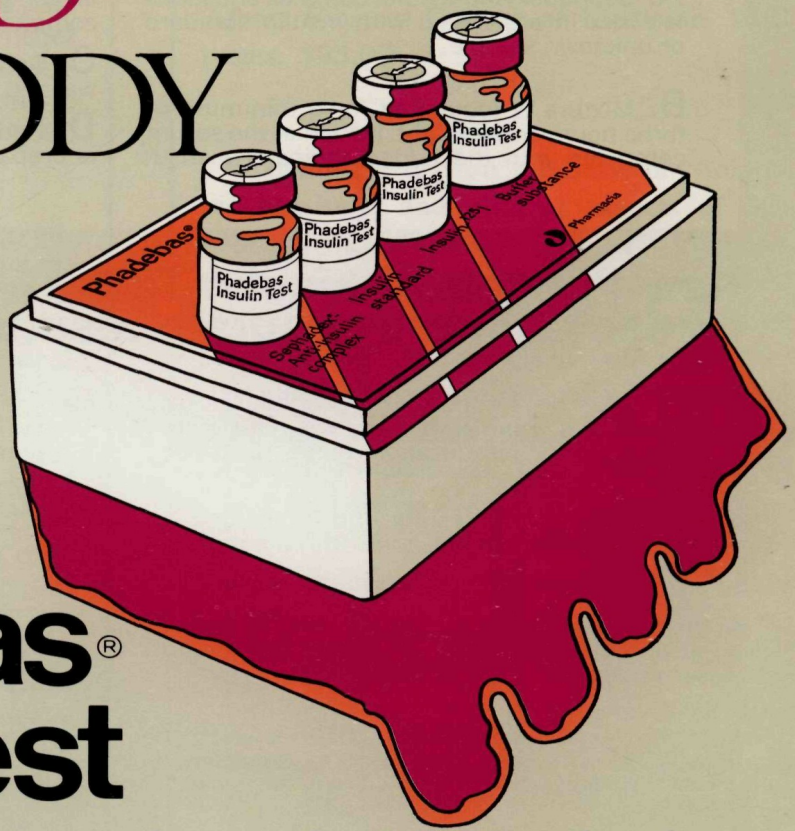

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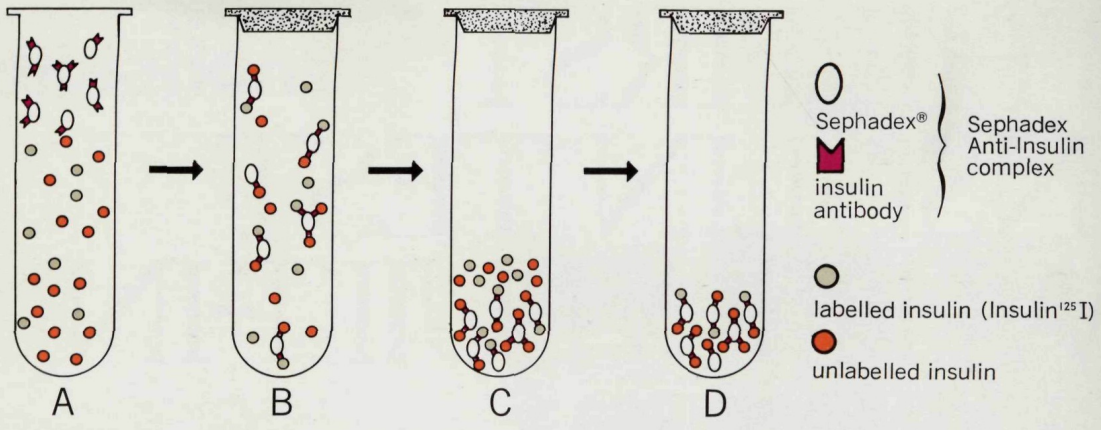

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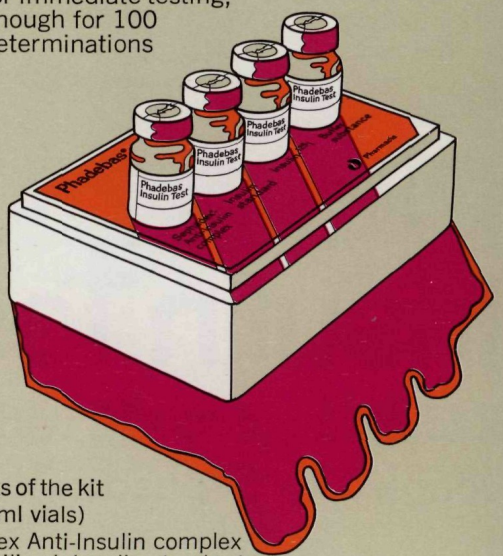

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The twenty-four page booklet, *Meal Planning with Exchange Lists*, was prepared to help diabetics select foods for their meals. It is available at $.15 each; $6.50 per 100 copies and $50.00 for 1,000 copies.

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