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diabetes

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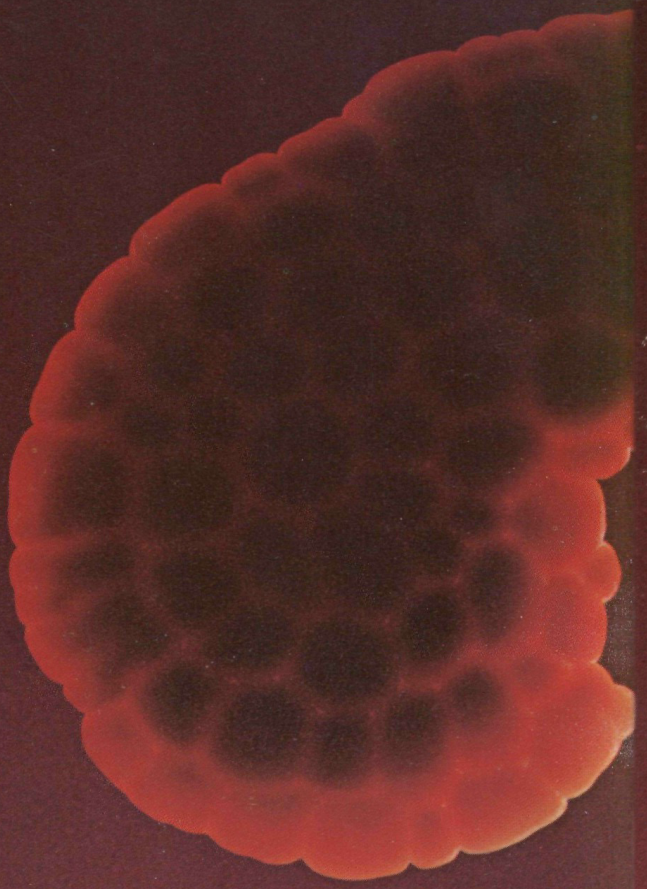
Tolinase® Tablets and diet help put the
(tolazamide)

In most type II diabetic patients, insulin levels may be normal or even elevated, but glucose metabolism is less than normal. Tolinase Tablets pharmacologically influence the way the body metabolizes glucose.



The insulin paradox

The coexistence of normal or elevated insulin levels and elevated glucose levels is a common paradox in patients with type II (non-insulin-dependent) diabetes. This condition suggests a lack of tissue sensitivity to endogenous insulin–a phenomenon many investigators today refer to as cellular insulin resistance.

The failure of normal or above-normal amounts of endogenous insulin to produce a normal response in terms of glucose metabolism is believed to result most often from one or more underlying factors, such as beta-cell defects (inadequate or delayed initial response), defects at the cellular receptor and/or postreceptor level, or hepatic defects.

Initial therapy: A rational approach

Since insulin insufficiency is probably not the basic problem in type II diabetes, diet and exercise are considered the cornerstones of therapy because they help correct the cause of the underutilization of insulin (eg, receptor defect) and may help lower blood glucose. If diet and regular exercise fail to control glucose levels adequately, **Tolinase** Tablets are an appropriate addition to the regimen.

How Tolinase Tablets influence glucose metabolism

The primary mode of action of **Tolinase** Tablets is to lower serum glucose in responsive patients by stimulating the release of additional insulin **(1)**. As therapy continues, it is believed that **Tolinase** promotes peripheral glucose metabolism by helping to correct defects at the cellular receptor **(2)** and postreceptor **(3)** level. In this environment, tissue sensitivity and responsiveness to insulin increase, glucose levels decrease, and insulin levels frequently return toward normal.

Once-a-day dosage with Tolinase Tablets

has been shown to be just as effective as a divided dose in the treatment of non-insulin-dependent diabetes.

As with all sulfonylureas, hypoglycemia may occur. No sulfonylurea should be given to patients with serious kidney, liver, or endocrine disease. **Tolinase** is not indicated in patients with a history of repeated ketoacidosis or coma.

Tolinase® 100, 250 & 500 mg table
(tolazamide)

Once a day

For a brief summary of prescribing information, please turn the page

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