JUNE 1984 VOLUME 33 NUMBER 6

diabetes

A JOURNAL OF THE AMERICAN DIABETES ASSOCIATION®

Glibenclamide stimulates and glucose inhibits glucagon release induced by calcium deprivation V. GRILL, A. NYLÉN, C.-G. ÖSTENSON, AND S. EFENDIĆ 505

Is somatostatin a true local inhibitory regulator of insulin secretion? A. KANATSUKA, H. MAKINO, M. OSEGAWA, J. KASANUKI, T. SUZUKI, S. YOSHIDA, AND H. HORIE 510

Differential sensitivity to β-cell secretagogues in "early," type I diabetes mellitus O. P. GANDA, S. SRIKANTA, S. J. BRINK, M. A. MORRIS, R. E. GLEASON, J. S. SOELDNER, AND G. S. EISENBARTH 516

Thyroid function and prolactin levels in insulin-dependent diabetic children and adolescents S. SALARDI, A. FAVA, A. CASSIO, A. CICOGNANI, P. TASSONI, P. PIRAZZOLI, E. FREJAVILLE, A. BALSAMO, E. COZZUTI, AND E. CACCIARI 522

Assessment of perfusion in the diabetic foot by regional transcutaneous oximetry C. J. HAUSER, S. R. KLEIN, C. M. MEHRINGER, P. APPEL, AND W. C. SHOEMAKER 527

Inhibition of heparin-catalyzed human antithrombin III activity by nonenzymatic glycosylation: possible role in fibrin deposition in diabetes M. BROWNLEE, H. VLASSARA, AND A. CERAMI 532

Gastric inhibitory polypeptide (GIP) and insulin release in the obese Zucker rat C. B. CHAN, R. A. PEDERSON, A. M. J. BUCHAN, K. B. TUBESING, AND J. C. BROWN 536

Total lymphoid irradiation prevents diabetes mellitus in the Bio-Breeding/Worcester (BB/W) rat A. A. ROSSINI, S. SLAVIN, B. A. WODA, M. GEISBERG, A. A. LIKE, AND J. P. MORDES 543

Effect of somatostatin and atropine infusion on intestinal transit time and fructose absorption in the perfused human jejunum G. J. KREJS 548

Decreased synthesis of interleukin-2 (IL-2) in insulin-dependent diabetes mellitus K. S. ZIER, M. M. LEO, R. S. SPIELMAN, AND L. BAKER 552

Contrasting patterns of insulin biosynthesis, compartmental storage, and secretion: rat tumor versus islet cells G. GOLD, M. L. GISHIZKY, W. L. CHICK, AND G. M. GRODSKY 556

Localization of aldose reductase in the human eye Y. AKAGI, Y. YAJIMA, P. F. KADOR, T. KUWABARA, AND J. H. KINOSHITA 562

The influence of genetic background on the susceptibility of inbred mice to streptozotocin-induced diabetes J. WOLF, F. LILLY, AND S.-I. SHIN 567

Alterations in rat pancreatic B-cell function induced by prenatal exposure to cyproheptadine S. A. CHOW AND L. J. FISCHER 572

Protein phosphatase-1 and -2A activities in heart, liver, and skeletal muscle extracts from control and diabetic rats J. G. FOULKES AND L. S. JEFFERSON 576

Preceding hyperinsulinemia prevents demonstration of insulin effect on fat-induced gastric inhibitory polypeptide (GIP) F. STÖCKMANN, R. EBERT, AND W. CREUTZFELDT 580

Superoxide dismutase in diabetic polymorphonuclear leukocytes N. NATH, S. N. CHARI, AND A. B. RATHI 586

Serum somatomedin-C concentrations in a rabbit model of diabetic pregnancy A. J. D'ERCOLE, C. L. BOSE, L. E. UNDERWOOD, AND E. E. LAWSON 590

Marked improvement in carbohydrate and lipid metabolism in diabetic Australian Aborigines after temporary reversion to traditional lifestyle K. O'DEA 596

RAPID PUBLICATION

Glomerular polyol accumulation in diabetes and its prevention by oral sorbinil A. BEYER-MEARS, L. KU, AND M. P. COHEN 604

DIAEAZ 33(6) 505-609 (1984)
ISSN 0012-1797

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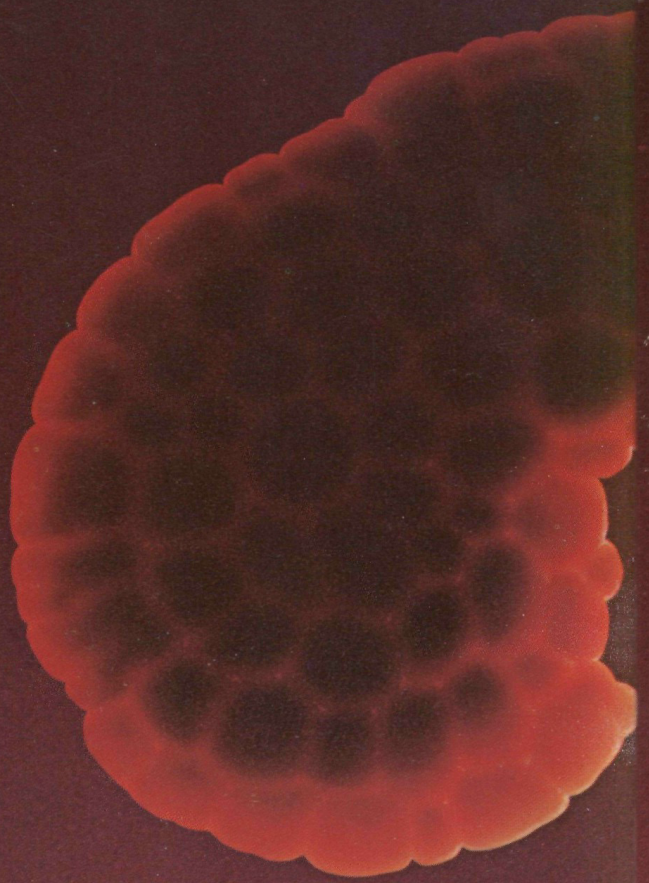
(tolazamide)

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.

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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.

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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.

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

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