

## 2<sup>nd</sup> International Conference on **Endocrinology**

October 20-22, 2014 DoubleTree by Hilton Hotel Chicago-North Shore, USA



### *Anil K Mandal*

University of Florida, USA

#### Renal function is an indicator of glycemic control in diabetes

Fasting blood glucose (FBG)  $\geq 126$  mg/dL (7 mmol/L) and /or glycosylated hemoglobin (HbA1c)  $\geq 6.5\%$  have traditionally been used as a marker for the diagnosis of diabetes and initiation of a treatment plan. Despite the use of these diagnostic markers and a plethora of oral hypoglycemic agents, diabetic complications namely, cardiovascular disorders, renal failure and dialysis, and amputations, are on the rise. Therefore a reasonable concern is that either the definition of diabetes or the prevalent therapy with oral hypoglycemic agents, or both, are faulty. Abundant literature is available regarding the importance of using 2-hour postprandial glucose (2hPPG) in glycemic control for the prevention of diabetic complications. A robust association has been shown between 1-h or 2-h postprandial hyperglycemia ( $\geq 200$  mg/dL; 11.1 mmol/L) and cardiovascular disorders and mortality. Notwithstanding the availability of such important information, 2hPPG control is still under used in clinical practice of diabetes care. Worse than that, popularity of use of FBG and /or HbA1c as a guide for diabetes care has permitted an incorrect diagnosis of Type 2 diabetes in numerous hypertensive patients treated with a thiazide diuretic and having elevated glucose levels followed by mistreatment with oral hypoglycemic agents. The result is subsequent development of overt diabetes in many individuals. Some of them are riddled with numerous complications such as foot ulcer, gangrene, kidney failure or heart disease. This article is dedicated to redirecting the attention from using FBG and or HbA1c to 2hPPG as a fundamental tool for evaluation of diabetes and to focus on therapy encompassing 2hPPG. Evidence has emerged from basic as well as clinical research claiming the importance of control of postprandial hyperglycemia in the prevention of diabetic complications. Prevention of diabetic complications is attainable by control of postprandial hyperglycemia with the prescription of a combination of Glargine insulin twice daily (12 hours apart) and treatment of glycemic excursions with fast-acting insulin.

#### Biography

Anil K Mandal is a native of India and a naturalized citizen of the United State of America. He is board certified in Internal Medicine and Nephrology (not yet recertified in nephrology). Diabetes Mellitus is the most common cause of kidney failure in the USA and worldwide. This strong association between diabetes and kidney failure has inspired him to develop the framework of Mandal Diabetes Research Foundation to assist diabetic patients in living a good life with medical treatment, and avoiding dialysis. He is a published author/editor of 12 books and more than 100 articles on research in diabetes and kidney disease. He is a two-time Fulbright Scholar and a visiting professor of 23 countries which permitted lectures on diabetes, high blood pressure and kidney diseases on five continents of the world. His astute knowledge and total dedication help patients get better and to live a good life. His convictions are that in the office patients come first, at home children come first.

[amandal@med-spec.com](mailto:amandal@med-spec.com)