Correspondence

Psychological Insulin Resistance in Patients with Type 2 Diabetes Mellitus

**RD Lele**
Director, Department of Nuclear Medicine, Lilavati Hospital & Research Centre, Mumbai, Maharashtra; Emeritus Professor of Medicine for Life, Grant Medical College & JJ Hospitals, Mumbai.

Sir

In the July 2015 issue of JAPI Sujeet Jha et al have written an article “Psychological insulin resistance in patients with Type 2 Diabetes mellitus”. The authors have studied 198 patients out of which 104 (52.5%) patients had Hb A1c < 7%, 49 (24.7%) patients had Hb A1c 7-9, and 42 (21%) had Hb A1c > 9%.

I have been stressing the need to estimate routinely C peptide to determine the need for exogenous insulin, which is totally ignored in this study. It is amazing that the diabetologists are ignorant of this requirement.

I have also been emphasizing the need to routinely measure glucagon which is invariably raised in T2DM and for which glucagon – suppressors have now become available – oral as well as injectable. Even T1 DM who invariably need insulin, have hyperglucagonemia which can be treated by glucagon suppressors. The high cost of oral glucagon suppressor can be overcome by declaring T2 DM as epidemic in India permitting manufacturing of these drugs in India without waiting for the 20 years Royalty period.

The authors talk of educating T2 DM patients about psychological insulin resistance.

I submit diabetologists need education to remove the blind spots in their thinking about exogenous insulin therapy with normal C peptide which only increases the risk of weight gain and hypoglycemia which the patients rightly fears.

Reply from Author

**Sujeet Jha**
Director, Institute of Endocrinology, Diabetes and Metabolism, Max Health Care, New Delhi

Sir,

Whilst the authors greatly appreciate Dr. Lele’s most insightful comments and thank him for taking time to read the article, we would like to point out some glaring mistakes with his basic interpretation of the pathophysiology underlying T2DM and its treatment algorithm.

Firstly, no international guideline suggests guiding management with C-peptide. The use of oral therapy is with the premise that a patient’s underlying pancreatic function is intact to a certain degree. Checking c-peptide levels will only confirm a known fact and raise healthcare expenditure. Worsening glycemic control is a cost effective method of guiding when to give insulin. Or is Dr. Lele suggesting a C-peptide level at which insulin should be given? Secondly, again Dr. Lele seems bent on raising health care costs by suggesting that we check glucagon levels. We would be most curious to understand at what level of glucagon would he add a “glucagon suppressor.” Is titrating medical therapy as per glycemic control and HbA1c not a more economical, validated and internationally accepted method of delivering care?

There is no need to declare that there is a diabetes epidemic in India. This fact is well known. We fail to see how reaffirming this established fact will make the pharmaceutical manufacturers open their hearts, loosen their pockets and slash prices of oral medications. Lastly, there is no data that justified treating type 1 patients with drugs like DPP-4 inhibitors. We hope an eminent Professor like Dr. Lele is not suggesting treating our Type 1 patients with oral medications. This would surely lead to complications like DKA and even loss of life.

Dr. Lele eloquently points out that patients with Type 1 diabetes invariably need insulin. We would like to amend this by stating that patients with Type 1 diabetes always need insulin. The authors would like to thank Dr. Lele again for his most insightful thoughts and comments. We hope we have shed some light on his queries and will be more than happy to do so again if further questions arise.