

Steroids and diabetes

Alabood M, Ling M, Ho K

Glucocorticoid-induced diabetes among people without diabetes: a literature review.

Practical Diabetes 2018; 35: 63-67

'Steroid diabetes' is a well-known term, describing the occurrence of sustained hyperglycaemia in previously non-diabetic individuals exposed to glucocorticoid drugs. This recent article reviews the results of nine papers investigating this syndrome. The authors stress that most studies were retrospective, were of short follow-up, and involved relatively low doses of steroids. The incidence of diabetes varied greatly – from one to 50%. Risk factors included 'pre-diabetes', raised body mass index (BMI), age, family history, glucocorticoid type (dexamethasone seemed particularly likely to raise blood glucose levels), as well as high steroid doses. There was some evidence that steroids increase insulin-resistance, which may be a major mechanism. Larger prospective studies are clearly needed, but for now the message is that blood glucose levels must be monitored closely in patients treated with steroid drugs.

Driving and diabetes

Graveling AJ, Frier BM

Driving and diabetes: are the changes in the European Union licensing regulations fit for purpose?

Brit J Diabetes 2018; 18: 25-31

There are important potential risks in driving motor vehicles for diabetic patients. The concern is of course the occurrence of hypoglycaemia whilst driving, and the risk is therefore for those on insulin treatment – though to some extent also for patients on sulphonylureas. Regulations have been in place in Europe and North America for many decades, aimed at surveillance of insulin-treated diabetic drivers, and withdrawal of licenses in those experiencing frequent hypoglycaemia and/or reduced awareness of hypoglycaemia. This paper reviews recent changes to European Union (EU) regulations, but also makes the point that in many other parts of the world there are no specific regulations at all. This includes much of Africa – in a separate paper in 2015 the same authors comment that 'many developing countries, such as most in sub-Saharan Africa, place no restriction on drivers with diabetes' (*Clin Diabetes Endocrinol* 2015; doi 10.1186/s40842-015-0007-3). This is clearly unsatisfactory and African governments need to address this issue. Road traffic accidents (RTAs) are known to be a major

problem in Africa, and failing to adequately monitor insulin-treated drivers will certainly not be helping this problem.

Metformin and pregnancy

Alqudah A, McKinley MC, McNally R et al

Risk of pre-eclampsia in women taking metformin: a systematic review and meta-analysis.

Diabetic Medicine 2018; 35: 160-172

Metformin is now well-established as a safe and effective treatment for gestational diabetes (GDM). This study looks at the risk of pre-eclampsia in metformin-treated GDM patients. Using a meta-analysis of eight randomized control trials (RCTs) comparing patients treated with metformin or insulin, a reduction in pre-eclampsia occurrence was found in the metformin group – relative risk (RR) 0.68, $p = 0.02$. Weight gain was also less in the metformin group ($p = 0.004$). The paper also examined studies comparing metformin treatment with placebo, and no significant differences were found. However, as the therapeutic choice in GDM normally lies between metformin or insulin, a beneficial effect on pre-eclampsia risk seems to be associated with metformin. The effect is maintained when metformin is used in combination with insulin.

Academic diabetes in Africa

Choukem S-P, Mbanya JC

Diabetes Academy Africa: training the next generation of researchers in sub-Saharan Africa.

Lancet Global Health 2018; 6: e371-e372

Diabetes is a major growing problem in Africa, but the continent has a relatively low diabetes-related research output. In this article, experts from Cameroon describe an initiative aimed at encouraging young researchers in Africa – 'Diabetes Academy Africa'. This was formed in 2015 following a meeting in Cote d'Ivoire, and involves current experienced researchers mentoring young African physicians with an interest in diabetes. Meetings are also held with agreed curricula, and following its inception 27 trainees from eight sub-Saharan African countries were recruited to the programme. The meetings involve lectures by an expert faculty, but with interactive components, discussions and group presentations. Trainees are encouraged to submit research proposals for assessment and comment. The 'Diabetes Academy Africa' is an interesting and encouraging new project which will hopefully ensure the continuation and expansion of academic diabetes in Africa.