

Self-monitoring of blood glucose

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Diabetes patients should always control their own blood sugar values if this leads to improvements in their treatment. This is the view advocated by Michael Nauck of the Bad Lauterberg Diabetes Center and his coauthors in the current issue of *Deutsches Ärzteblatt International* (Dtsch Arztebl Int 2009; 106[37]: 587-94), who discuss sensible approaches to blood glucose self-monitoring.

On the basis of their analysis, the authors make differentiated proposals for the cost-efficient self-monitoring of blood glucose in a manner appropriate to the patient's individual needs.

About 40% of patients with type 2 [diabetes](#) are treated with oral antidiabetic agents or dietetically. It is controversial whether regular glucose self-measurement can improve the patient's metabolic status.

In combination therapy with oral antidiabetic agents and the daily injection of low acting [insulin](#), the drug dose must be consistently adapted. For these patients, it is recommended to measure fasting [blood sugar](#) twice weekly.

Conventional insulin therapy is suitable for about 10% of patients with type 2 diabetes. This uses a mixture of rapid and long acting insulin and provides metabolic control for up to 16 hours. Deviations in blood sugar do not have to be controlled. There have been a variety of different recommendations for the self-monitoring of blood sugar values in these patients.

Intensified insulin therapy is the standard treatment for patients with type 1 diabetes. Its objective is that the metabolic status should be near normal, and it requires frequent [blood glucose](#) measurements.

The authors recommend that an individual therapy regimen should be developed and implemented for each patient.

More information: www.aerzteblatt.de/v4/archiv/pdf.asp?id=65973

Source: Deutsches Aerzteblatt International

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