Insulin/Sulphonylurea

2nd Symposium on Insulin/Sulphonylurea Combination Therapy in Type-II Diabetes, Munich, October 28, 1986

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Combination Therapy in Type-II Diabetes

Editors
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Drug Dosage

The authors and the publisher have exerted every effort to ensure that drug selection and dosage set forth in this text are in accord with current recommendations and practice at the time of publication. However, in view of ongoing research, changes in government regulations, and the constant flow of information relating to drug therapy and drug reactions, the reader is urged to check the package insert for each drug for any change in indications and dosage and for added warnings and precautions. This is particularly important when the recommended agent is a new and/or infrequently employed drug.

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Preface

Since the early 1980s a combination of insulin and a sulphonylurea agent has increasingly moved into the forefront as an alternative to insulin monotherapy in patients with type-II diabetes and secondary failure to sulphonylureas. The rapid acceptance of this treatment by both doctors and patients prompted us to organize a symposium and once again thoroughly discuss and examine this form of therapy with well known experts.

Three-and-a-half years after our first definitive symposium on this theme, it seemed important to us to evolve guidelines for the use of combination therapy in routine medical practice. The most prominent aspects to be discussed were:

- The selection of, and dosage guidelines for insulin and sulphonylurea preparations used in combination.
- The evaluation and assessment of long-term studies.
- The possibility of estimating the therapeutic results before starting treatment.

Along with the widespread use of this form of therapy, there has been an increase in experimentation with combinations of different insulins with sulphonylureas in recent years. Notwithstanding the need for clinico-experimental studies by experienced scientists, a word of caution is needed for the practicing doctor. A further task of this body of experts ought, therefore, to be the recognition of the possible hazards of combination therapy and the description and avoidance of any drug-induced complications. It is thus worthwhile to point out, and record,

the advantages as well as the hazards of insulin/sulphonylurea treatment in the hope that in the end the possibilities of treatment will be improved and the individual quality and expectation of life of our patients will thus be increased.

Munich, June 1988 W. Bachmann