

BLOGS in ENDOCRINE NEWS

FDA panel votes to recommend approval of new indication for rosuvastatin

Panel recommended use in patients with LDL less than 130 mg/dL and high sensitivity assay C-reactive protein levels at or above 2 mg/L.

Comment by Joseph Chemplavil, MD -- December 20, 2009 09:15 PM

US senators are now blamed for being "bribed" one way or other in the process of passing the health care reform bill. The expense of doing CRP on a wide basis to initiate a specific statin therapy with questionable benefit based on one trial with so many flaws, should be a major consideration for the FDA in its action. Scientific advisory committees should get out of their silos mentality and act appropriately for the common good of the society. They should be able to see through the hidden agenda of patent and profit by the investigators, their institution and the industry, sponsoring clinical trials. Medical community has the moral responsibility to recommend cost effective care that the society can afford, at this time of skyrocketing health care budget leading to rationing across the board.

Debate: Should labs report an estimated average glucose with HbA1c?

by Zachary T. Bloomgarden, MD

Comment by Joseph Chemplavil, MD -- July 19, 2009 08:55 PM

It is ironic and confusing, to say the least, that the same experts, the leader being David Nathan, MD, recommending that HbA1c needs to be replaced by estimated average blood glucose to evaluate the control of diabetes and at the same time promoting HbA1c, instead of blood glucose, to be used to make the diagnosis of it. Is this, change for the sake of change, medical science in progress or research for the sake of research, one would wonder? Mind you, we are bitterly debating even the value of tight blood glucose control to prevent diabetic complications. As a full-time practicing clinician, I have to confess that this will be a bit confusing to the physicians and their patients after they have been taught all these years to understand the HbA1c results. Food for thought for those outside the box but no science to support!

NICE-SUGAR: Intensive glucose control in the ICU increased mortality

Data suggest review of current glucose-lowering guidelines.

Comment by Joseph Chemplavil, MD -- March 29, 2009 08:52 PM

This too exemplifies the basic principle in life including diabetes management, everything in moderation and that too in moderation. We still need to customize our care and use common sense.

RECORD: No overall increase in CV risk with rosiglitazone

Adverse findings include increased risk for fracture in women, heart failure

Comment by Joseph Chemplavil, MD -- June 7, 2009 12:04 PM

We need to remind the clinical practitioners that these trials may not qualify their results to achieve biblical status to be preached for the care of all the diabetic patient population due to the inherent bias and/or flaws in these studies and the confounding co-morbidities these patients have. Flawed randomization can be inherent in clinical trials involving chronic diseases due to unrecognized genetic differences also.
