

In Diabetes

1. Diabetic Autonomic Neuropathy usually occurs in Type1 and Type2 DM of longer duration but it also occur in 9% of prediabetic
2. Earliest features of Diabetic cardiac autonomic Neuropathy is Heart rate variability with deep breathing ,Valsalva , standing.
3. Resting tachycardia is due to vagal denervation in late stages .
4. Fixed heart rate during exercise will limit the exercise capacity
5. Fatal arrhythmia can occur even without ischemia is characteristic of Diabetic Autonomic Neuropathy
6. Nocturnal sweating even without hypoglycemic is a feature of Automatic Neuropathy
7. Upper body hyperhidrosis and lower body anhidrosis is characteristic of Diabetic Autonomic Neuropathy
8. Lower body anhidrosis leads to dry skin and fissures which may be nidus for infections
9. Dependent edema in long-standing diabetes may be due to autonomic Neuropathy secondary to sympathetic denervation of Arteriovenous communications.
10. Postprandial dyspepsia and fullness is feature of Diabetic Autonomic Neuropathy of GIT gold standard diagnostic test is scintigraphy of digestible solids every 15 minutes for 4 hrs.

Effective alternative test is ¹³C octanoic breath test.

11. Erectile dysfunction in diabetes occurs 50 % in men and 30% in women due to autonomic Neuropathy and endothelial dysfunction
12. Sexual stimulation is necessary for the effective Tumescence following PDE 5 inhibitors.
13. Apomorphine centrally acting drug acts at hypothalamus by increasing dopamine levels (D1& D2) agonist useful for Erectile dysfunction.
14. Postural hypotension without appropriate tachycardia is feature of Diabetic Autonomic Neuropathy
15. Aim of the treatment is minimising the postural symptoms not achieving normal blood pressure
16. Treatment of postural hypotension is - Head end elevation , gradual rising from bed , pressure stockings for legs and Abdomen. Fludrocortisone 100micgm qid , Midodrine 2.5 to 10 mg/day, Droxidopa is appo y FDA.

17. Clonidine is used for diabetic diarrhoea may reverse adrenergic nerve dysfunction
18. Gastroparesis in Diabetes is due to relaxation of proximal stomach and abnormal activity of Gastric pacemaker situated at pylorus of the stomach.
19. Apart from prokinetics like metoclopramide, lesuride, cisapride in diabetic gastroparesis. New drug such as SEPIAPTERIN accelerate gastric emptying
20. Pupils in Diabetic Autonomic Neuropathy - Decreased pupil size, Resistance to mydriatic, delayed or absence response to light.
21. High resolution infrared cameras to measure pupillary diameter in dark.
22. ECG finding in cardiac autonomic Neuropathy is QT prolongation and varying RR intervals with respiration

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Diabetes has an impact of both Micro and Macrovascular Complications. But Obesity Studies reveal Maximum body mass index before onset of type 2 diabetes(MBBO) is independently associated with advanced diabetic complications.MBBO is useful to estimate a patient's insulin secretion capacity.

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Mendelian randomization (MR) study reveals causal role of liver fat and pancreas volume in risk of type 2 diabetes and no causal associations with type 1 diabetes. Diabetes Care dc211262

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