

## Ask The Expert

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A 32yrs old female with history of 2kg weight gain recently & her Thyroid profile revealed normal T3,T4 but TSH 8lu/ml.Should we treat this marginally raised TSH?

This isolated raised TSH should be treated as a case of subclinical Hypothyroidism.

However we should do FT4 & Thyroid peroxidase antibodies in this patient which will help us to follow this patient in long term in terms of prognosis.

It could be hypothyroidism in evolution.

In females it can cause menstrual irregularity & infertility.

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A Diabetic person controlled on Metformin whose recent serum creatinine level is 2mg/dl.

Should we switch over to insulin therapy? Any alternative oral antidiabetic drugs can be given if patient is unwilling for Insulin?

Metformin is known to be substantially excreted by the kidney & the risk of Metformin accumulation & lactic acidosis increases with degree of renal impairment & age of the patient. Thus patients with serum creatinine above the upper limit of normal for their age & sex should not receive Metformin.

Ideally the patient mentioned in the problem should be totally shifted to insulin & all oral antidiabetics should be stopped. one should try to understand the reason why the patient is refusing insulin & address the problem. the most common reasons for refusal to take insulin are

1. Fear of prick.
2. Fear of hypoglycemia.

If the first injection is taken by the patient in the physician's office the fear of the prick can be taken care of. Patient should be explained that with renal impairment , chances of hypoglycemia are more with oral agents & therefore insulin is more advisable.

Alternative to insulin ,OHAs that can be considered are **-glucosidase inhibitors**

( Acarbose, miglitor & Voglibose), Miglitinides (Repaglinide & Nataglinide) and DPP IV inhibitors (Sitagliptins & vildagliptin).

However , adequate glycemic control may not be achieved by these OHAs. Sulfonylureas should be avoided due to increase risk of hypoglycemia, especially glabenzamide (ie. Daonil & Euglucon).

Thus final answer in this situation is switch over to insulin therapy.

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