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# Dr. Modi's Clinic

## Endocrine & Diabetes Centre

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### Prevent Hypoglycemia : Important Clues

- Hypoglycemia is often due to delayed or poor quantity of food:** Majority of the diabetes drugs (SULFONYLUREAS) keep working even if food intake is less or not there. Hence it can be dangerous to delay or avoid food while using these drugs. Timely and disciplined food habits is the key for successful diabetes management.
- Hypoglycemia is common during acute illness like diarrhea or vomiting:** During acute illness blood glucose can increase or reduce. So best way during acute illness is to have extra blood glucose testing and decide. If blood glucose is low (less than 80 mg/dl) it is advisable to reduce or omit diabetes medicine after discussion with your physician.
- Diabetes drug over dosage can result in hypoglycemia:** It's a wrong habit to take extra medicine if you have not followed the diet. Extra drug can cause severe and sustained hypoglycemia.
- Self monitoring of blood glucose(SMBG) with glucometer is an important tool to prevent hypoglycemia:** Home monitoring of blood glucose is the key tool to avoid hypoglycemic emergency. Prompt action can prevent emergency hospitalization.
- Hypoglycemia is common in kidney & liver disease patient:** Majority of the diabetes drugs including insulin are metabolized in liver and then excreted through kidney. So it is prudent to have blood test for liver and kidney function when there is unexplained recurrent hypoglycemia.
- Blood glucose less than 70 is clear hypoglycemia even if you don't have complaints:** This is known as 'hypoglycemic unawareness'. Recurrent episodes of hypoglycemia causes blunting of classical symptoms of hypoglycemia. This invites severe hypoglycemia leading directly to coma without any warning signals. It is better to keep fasting blood glucose little higher (100-120 mg/dl) in these type of patients.
- Night hypoglycemia is more common in type 1 diabetes:** Type 1 Diabetes patients often face this problem. Morning headache, tiredness & restlessness or sweating during sleep indicates this possibility. Reducing evening dosage of insulin can prevent this problem.
- Sweating, palpitation & giddiness are classical symptoms of hypoglycemia:** These symptoms suggest you must have some food (if symptoms are mild) or sweet things/glucose powder (if symptoms are severe). Ignoring these symptoms can lead to coma or some other serious medical problems.
- Mild & severe Hypoglycemia:** When patient can manage himself it is known as mild hypoglycemia while when he/she needs assistance from others or hospitalization, it is known as severe hypoglycemia.
- Elderly patients don't get classical symptoms of hypoglycemia:** Behaviour problems, forgetfulness, irritability and irrelevant talks are common symptoms of hypoglycemia in elderly patients rather than classical symptoms of sweating, palpitation and giddiness.
- Hypoglycemia can precipitate heart problems:** These are newer established facts. This is more common in elderly patients with established chronic heart disease or associated many other risk factors. It is prudent not to aim for tight blood glucose control for heart disease patients or in patients with multiple risk factors for heart disease.
- Different diabetes drugs have different potential to cause hypoglycemia:** Sulfonylurea drugs have higher chances to cause hypoglycemia. Metformin generally does not cause hypoglycemia. Gliptins, a newer group of antidiabetic agents have lesser tendency to cause hypoglycemia. Newer insulin analogues cause lesser hypoglycemia in comparison to standard human insulins. Oral drug induced hypoglycemia can be more serious and sustained in comparison to insulin induced hypoglycemia.