

Short Communication
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Use of Glargine u 300 in Insulin Nieve Patients..... Use of basal Insulin in Young Newly Detected T2DM in OPD during Covid 19 Pandemic

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Introduction

The New Onset Diabetes was very common finding in young obese persons who presented with very high sugars and weight loss as a prominent symptoms. Due to Lockdown and the FEAR of COVID 19 infection, everyone was afraid to go even near to any hospital. Similarly these persons with new severe Hyperglycemia were not willing for Hospitalisation due to fear of Covid infection.

Due to loss of jobs and near zero earning, the financial status of families had collapsed. In such situations we had no other option but to convince them for single prick Insulin and also teach SMBG in Clinics. Checking for Dehydration and presence of any infective focus was also very important clinical checklist. This article describes the learning of managing severe Hyperglycemia in New Onset Diabetes in limited resource settings.

Clinical Observations

SGC

42/M, RWC • 19/08/21-- Wt Loss (76-59.8 KG) , Polyuria, Polyphagia, wkn *3mths • Family History: Father DM expired. Ht 160cm. BMI -23.35

- Painter assistant: Low Socioeconomics, Slum Dweller.
- NOD 18/08/2021, Hb 15.9 GM% WBC 5570, plt 254000, Urine Pr. Neg, Sug 3+, No ketones ,PC 1-2, EC 1-2.
- F426.30, PP 577.60. • HbA1c 14.9%.
- What to do ? DARE TO FIGHT on OPD basis ..?
- Reluctance for Hospitalisation, No Insurance, Fear of Covid 19.
- Multi Prongs Approach: Basal Insulin, Pio, Gliclazide, Metformin, Vilda.
- SMBG Mandatory Daily.
- F/up 1: 24/08: F 123 , PL 143, PD 123. • F/up 2: 23/09: F 92, PL 86, PD 140
- F/up 3: 23/10: F110, PL 90, PD 88 • F/up 4: 22/01/22: 106, PL 94, PD 96 , HbA1c : 5.8 %.

NNR

- 39/M, RWC • 26/05/21: NOD F368, PP 623. A1c 12.9 %, Wt loss: 80—74.6 KG.
- F H: GM DM, Ht 170 cm, BMI 30.04 Driver—Wadapaav—Jobless.
- C/o Polyuria, Polydipsia, Acidity, Wt loss 6 kg in ONE month, Insomnia.
- Lab : Hb 16.7, WBC 9900, Plt 296000, Urine Pr Ab, Sug 3+, PC/EC oc.
- TG 253, TC 184 , LDL 90.66, BUL 21, S Cr 1.27. • Reluctance for Hospitalisation, No Insurance , Fear of Covid 19.
- Multi Prongs Approach :Basal Insulin, Pio, Gliclazide , Metformin, Vilda. • SMBG Mandatory.

Contrasting Economics

These are real world cases (my clinic experiences):

- this is not to criticise anyone (not against corporate hospitals)
- open for discussion and criticism for healthy and joyful clinical practice and betterment of human life.

Indian Scenario

Slum Diabetes Millionaire (Slumdog Millionaire):

- Post Covid social status 2020—2021.
- Disturbed Family and Individual Economics.
- Younger New Onset Diabetics (REAL WORLD CASES). Reluctance of Hospitalisation in spite of SEVERE Hyperglycaemia.
- Learning from COVID 19.

Lessons Learned & Discussion

- Reality LEARNING
- FOR HCP
- Early Use of BASAL in T2DM with avoidance of Hypoglycemia
- SMBG ENFORCEMENT with FREE Glucometers
- Spend TIME with Patient and Relatives (MANDATORY) FOR POLICY MAKER • FREE Medicines, Glucometers,

Education

- Role of Social Media TV

Smbg for Hyperglycemia

Date	Fasting	Prelunch	Predinner
21/08/2021	208	230	168
22/08/2021	143	142	118
23/08/2021	124	143	123
24/08/2021	123		
20/09/2021	92	86	140
23/10 /2021	110	90	88
22/01/2022	106	94	96

Conclusion

- Early , appropriate & JUDICIOUS use of BASAL INSULIN in Type 2 DM cases with severe HYPERGLYCEMIA., is the need of TIME in INDIA and Developing countries.
- Saves patient & family for expenses of Hospitalisation and STRESS.
- Word of Caution: Need to R/o Infective Focus & Dehydration state with Thrombogenic tendency.
- Blessings from POOR

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