

LETTERS

DIABETES CONTROL IN OLDER PEOPLE

The usefulness of metformin for diabetes control in older people

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McLaren and colleagues argue pragmatically and coherently against aggressive target driven strategies for lowering glycated haemoglobin (HbA_{1c}) in older people.¹ The one exception, however, is patients with normal renal function who are receiving metformin monotherapy.

In these patients (as with patients treated with diet alone), there is no risk of hypoglycaemia or weight gain with lower HbA_{1c} values, or any of the concerns about potential hepatotoxicity or pancreatic toxicity that apply to newer agents.²

Thus, the metformin dose is titrated up gradually only to minimise gastrointestinal side effects and does not need to be adjusted according to HbA_{1c}.³

Indeed, full dose metformin has long been used to treat normoglycaemic women with polycystic ovary syndrome,⁴ and

it will probably soon enter the therapeutic armamentarium for non-alcoholic fatty liver disease.⁵

Competing interests: None declared.

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