

consideration when autonomic function is assessed in diabetes, particularly in newly diagnosed diabetic patients.

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IDDM, INSULIN-DEPENDENT DIABETES MELLITUS; NIDDM, NON-INSULIN-DEPENDENT DIABETES MELLITUS; GDM, GESTATIONAL DIABETES MELLITUS; ALD, ALCOHOLIC LIVER DISEASE.

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Marked Decrease in Serum HDL Cholesterol Levels by Combined Probucol-Pravastatin Treatment in Hypercholesterolemic NIDDM Patients

We report two cases of NIDDM patients who showed marked decrease in serum HDL-cholesterol levels by combined probucol-pravastatin treatment.

Case 1 was a 70-yr-old woman who had been diagnosed with NIDDM 15 yr previously. She had been treated with diet alone (prescribed diet was 1440 kcal/day), and she had no diabetic retinopathy or nephropathy. As shown in Table 1, probucol treatment did not change serum levels of TC, TG, or HDL cholesterol. Then, pravastatin was added. Five months after combined probucol-pravastatin treatment, TC, and TG did not change, whereas HDL cholesterol decreased markedly. This decrease in HDL cholesterol continued during combined probucol-pravastatin treatment for 9 mo. After the cessation of pravastatin administration, the HDL-cholesterol level increased.

Case 2 was a 47-yr-old woman who had been diagnosed with NIDDM 7 yr earlier; she had been treated with diet (prescribed diet was 1440 kcal/day) and tolbutamide 250 mg/day. She had diabetic retinopathy and nephropathy. As shown in Table 1, probucol or pravastatin treatment did not change serum levels of TC, TG, or HDL cholesterol. Then she was treated with combined probucol-pravastatin. Combined probucol-pravastatin treatment did not change serum TC or TG levels, whereas the HDL-cholesterol level decreased markedly.

In these two NIDDM subjects, a marked decrease in HDL cholesterol was observed 4-5 mo after the combined

probucol-pravastatin treatment, but without a change in serum TC and TG levels. Physical and laboratory examinations revealed no intercurrent illness that caused the low HDL-cholesterol concentrations during follow-up. Although it is not clear why pravastatin alone did not decrease the plasma LDL-cholesterol level, ~10% of hypercholesterolemic NIDDM patients did not respond to pravastatin in our clinic. Because the analysis of serum lipid revealed no change in TC, TG, or HDL cholesterol 2 mo after combined probucol-pravastatin treatment, long-term administration of combined probucol-pravastatin may be necessary to decrease the HDL-cholesterol level. Although it has been reported that either probucol (1,2) or pravastatin (2,3) is a useful drug for treating hypercholesterolemia associated with NIDDM, careful observation is needed during combination therapy of probucol and pravastatin in hypercholesterolemic NIDDM patients.

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HDL, HIGH-DENSITY LIPOPROTEIN; NIDDM, NON-INSULIN-DEPENDENT DIABETES MELLITUS; TC, TOTAL CHOLESTEROL; TG, TRIGLYCERIDE; LDL, LOW-DENSITY LIPOPROTEIN; VLDL, VERY-LOW-DENSITY LIPOPROTEIN; CV, COEFFICIENT OF VARIATION.

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Table 1—Clinical course of two NIDDM patients

CASE 1		PROBUCOL		PROBUCOL PLUS PRAVASTATIN		PROBUCOL
START OF DRUG ADMINISTRATION		2/27/91	5/29/91			2/26/92
BLOOD TEST	1/31/91	4/24/91	7/17/91	9/4/91	11/27/91	5/28/92
BODY WEIGHT (KG)	50	50	50	51	51	52
HbA _{1c} (%)*	5.6	5.9	5.7	5.8	5.9	5.9
LIPIDS (MG/DL)						
TC	316	324	308	312	347	326
TG	128	164	171	158	200	118
HDL	48	42	40	11	14	43
LDL	242	249	234	269	293	259

CASE 2		PROBUCOL	PRAVASTATIN	PROBUCOL PLUS PRAVASTATIN		
START OF DRUG ADMINISTRATION		5/16/90	11/21/90	4/18/91		1/21/92
BLOOD TEST	3/7/90	8/8/90	2/13/91	6/11/91	10/19/91	12/16/91
BODY WEIGHT (KG)	45	44	43	44	45	44
HbA _{1c} (%)*	5.9	6.6	6.1	6.7	6.8	6.6
LIPIDS (MG/DL)						
TC	332	365	348	320	369	351
TG	171	140	132	156	165	200
HDL	34	31	34	35	19	17
LDL	263	306	288	254	317	294

Probuco (500 mg daily); pravastatin (10 mg daily). Cholesterol (4) and TG (5) were determined enzymatically. HDL cholesterol was determined by measurement of the lipid in the supernatant after precipitation of VLDL and LDL cholesterol in 1 ml of serum with 50 μ l of 2M manganese chloride and 50 μ l of sodium heparin. The Friedewald calculation (6) was used for LDL cholesterol. Intra- and interassay CVs were 4 and 9% for cholesterol, 5 and 10% for TG, and 5 and 9% for HDL.

*Normal range is 4–6%.

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Give Diabetes More National TV News Coverage

Millions of Americans get virtually all their current events information from the national nightly news (1). From 1971 through 1981, the network news programs aired only 32 diabetes-related stories, compared with 215 about heart disease and 925 on cancer (2). Diabetes was portrayed more as

an inconvenience than a killer, so it seemed less serious, and perhaps less newsworthy, than heart disease or cancer (2).

We employed the same procedures used to compile the first report to learn whether diabetes news coverage has changed since 1981. Every nightly television news program broadcast by the three commercial national networks from 1982 through 1991 was searched for diabetes-related segments via the indexes of the Vanderbilt Television News Archives (3).

Over these 10 yr, the networks broadcast only 12 diabetes news segments, totaling 20 min 17 sec of air time. All three networks aired stories about the University of Minnesota's 1983 glycemic index study, telling us that "... diabetics can safely eat sweets if they don't overdo it." Other segments covered nasal insulin