

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

(two stories); islet cell transplants (three stories); insulin pumps; retinopathy; antibody injections to block diabetes' progress; and how walking reduces the risk of developing diabetes (one segment each). Unlike many stories about heart disease and cancer, not one diabetes segment was paired with the obituary of a famous person who had died from that disease.

During the same period, 982 news segments were aired on heart disease and 1016 on cancer. The relative amounts of coverage stayed about the same as were aired the previous 10 yr except for heart disease, which received nearly five times more coverage, probably the result of media interest in the National Cholesterol Education Program and the Surgeon General's war on smoking, which has emphasized cardiovascular risks as much as cancer risks.

What was the source of each diabetes-related story? Seven were picked up from the *New England Journal of Medicine*, two from the *Journal of the American Medical Association*, and one came from *Science*. Only one was based on a presentation at an American Diabetes Association annual scientific meeting.

Nightly news programs are not the public's only source of medical information. Our search of the *Readers Guide to Periodical Literature* revealed that diabetes was mentioned in nearly as many articles as cancer. Unfortunately, 65% of American adults get most of their current events information from television—only 4% use magazines as their news source (4).

News coverage is not always good. For example, one researcher predicted no need for insulin injections before the end of the 1980s. Only three segments stated that more experiments would be required before diabetic persons might benefit from reported findings. Such stories inflate patients' hopes and may make them feel shortchanged to discover breakthroughs first from TV news and not from their health professionals.

Why should the national news concern ADA members? Coverage creates awareness. Awareness of diabetes' seriousness can create advocacy, increasing the likelihood of research and health care funding. No one questions the legitimacy of public attention to cancer and heart disease. Yet, Todd Leigh, former ADA chairman of the board, recently wrote that diabetes is "as dangerous as cancer or heart disease and yet, somehow, the urgency of this situation has never fully been driven home to the American people" (5).

The ADA has launched a new, aggressive, national awareness campaign. Targeting groups at risk, the campaign will focus on early detection, and will attempt to increase awareness of the symptoms and seriousness of diabetes. We applaud this effort. And we call upon media leaders and national television news organizations to bring these critical, life-saving messages to the millions of people they serve.

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Respiratory Function in IDDM Patients

A significant reduction of total lung capacity has been described in nonsmoking IDDM patients (1). Respiratory function impairment has been attributed to the increased thickness and content of collagen and elastin in the alveolar basal lamina, a hypothesis that has gained some credit by the finding of augmented elastic recoil of the lung in IDDM patients (2). On the other hand, other investigators have failed to demonstrate a reduction in lung volumes of diabetic patients (3) or have found reduced pulmonary elastic recoil that was not associated with accelerated aging of collagen (4).

We examined 27 nonsmoking male IDDM patients who had no history of atopy, respiratory disease, cardiac failure or recent respiratory tract infections, or neuromuscular defects. They were not taking any drugs known to interfere with pulmonary function. A group of healthy nonsmoking subjects matched for sex, age, and weight served as control subjects. Volume displacement was measured with a computerized spirometer (Spirograph Multispiro FA/100, Burke & Burke, Milan, Italy): spirometry included measurements of FVC, FEV₁, and their ratio. The measurements are expressed as percentages of the predicted values, according to the European Community for Steel and Coal reference values (5). The presence of diabetic autonomic neuropathy was checked with the classic cardiovascular reflex tests (deep breathing, modified 30/15 ratio, Valsalva maneuver, postural hypotension). Nephropathy was screened by overnight microalbuminuria, retinopathy by eye examination, and macroangiopathy by Doppler examination.

All diabetic patients were free from common major complications. In particular, the autonomic neuropathy score was <2, the overnight microalbu-

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