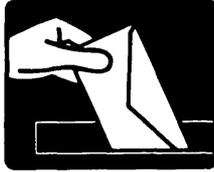

Letters to the Editor and Comments on Practice



Readers will note a change in the title of this section. The intent of this change is to provide a forum for clinical commentary on patient care. As has been the policy with Letters to the Editor, in order to encourage free exchange of ideas, this section will not be peer reviewed. The opinions presented here do not necessarily reflect the opinions of the Editors or the American Diabetes Association.

Diet for Insulin-dependent Diabetic Patients on Continuous Subcutaneous Insulin Infusion (CSII) Treatment

We wish to comment on an article by M. Grinvalsky and D. M. Nathan concerning diet recommendations for insulin pump and multiple daily injection therapy.¹

As food exchanging has been omitted in their statement, it seems to be the authors' opinion that food exchanging according to food-grouping lists is of minor relevance for intensively treated IDDM patients. This view is supported by our experience with well-trained pump-treated IDDM patients.² Although we agree that even pump-treated patients have to follow certain dietary rules,³ we disagree that they in any case should have structured meal patterns. In general, meal planning is not required for successful pump therapy of lean IDDM patients; more than 90% of our approximately 70 pump-treated IDDM patients are having normal HbA_{1c} levels for years⁴ without structured meal patterns. A long-term follow-up in a sample of these patients did not reveal any harmful effects of a liberalization of the diet on blood lipids, body weight, and HbA_{1c} levels.⁵

Finally, as there may be substantial differences between CSII and multiple daily injection therapy,^{6,7} these differences should not be neglected when developing dietary rules.

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Diet for IDDM Patients on CSII: A Reply

We look forward to reviewing the new dietary data from Dr. Chantelau and his group. At present, we are not aware of any prospective, controlled, long-term studies that examine the impact of specific dietary changes on the efficacy and safety of intensive insulin regimens. The previous work by Dr. Chantelau, which we cited in our paper, was a short-term study that was uncontrolled. In that study, when CSII patients chose a less restricted diet, more than 50% of the calories were derived from fat. This is considerably more than is recommended in a prudent diet.