(a constant feature of diabetic autonomic neuropathy) is a relatively nonspecific finding, although it still serves as a valuable everyday sign when selecting patients for more accurate and time-consuming tests of autonomic nervous function, tests that also demand a skilled staff and good patient cooperation.

Use of the standard EKG should be extended to screening for autonomic nervous involvement in diabetic subjects.

This study was supported by a grant from the Finnish Foundation for Cardiovascular Research.

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PGI_2 May Aid Prevention of Diabetic Retinopathy

Prostacyclin (PGI_2) is a naturally occurring, endogenously generated vasodilator agent[1] that counteracts obstruction of blood vessels by platelet aggregates, fibrin meshwork, and atherosclerotic plaques. The recently published proceedings of a symposium held in September 1983 in Cracow, Poland, to honor the 1982 Nobel Laureates in Medicine highlight the manifold therapeutic potentialities of PGI_2. Salient among the clinical advances reported in this volume is the unprecedented effectiveness of PGI_2 in benefiting patients with central retinal vein occlusion (CRVO).[2]

Consequences of CRVO include retinal hemorrhage, ischemia, glaucoma, macular degeneration, neovascularization, and optic atrophy, all of which conspire drastically to curtail visual acuity. In a clinical trial conducted by the Copernicus Academy of Medicine in Cracow, intravenously infused PGI_2 reversed microvascular hemorrhages, abolished edema, normalized the angiographic appearance of retinal vessels, and improved visual acuity in 12 of 17 treated patients.

The foregoing achievement, to be sure, is far from earth-shaking in its significance. However, since diabetic retinopathy involves pathologic changes similar to those in CRVO, namely hemorrhage, microinfarctions, neovascularization, hard exudate deposition, and, of course, severe diminution of central visual acuity, it is reasonable to hypothesize that such lesions make a compelling new clinical indication for PGI_2 therapy.

Accordingly, in light of the above, and assuming that it has not been done already, I hereby propose that exogenously administered PGI_2 be considered as a new measure for rational prevention and/or treatment of diabetic retinopathy. PGI_2 therapy could supplement control of hyperglycemia and hypertension, and at the same time serve as a noninvasive alternative to laser photocoagulation and vitrectomy for the management of diabetic visual impairment. Dovetailing this option would be the use of drugs specially tailored to raise endogenous PGI_2 levels and thereby counteract the progression of all diabetic angiopathies. However, because PGI_2 is not a drug in the strict sense of the term, it would not be perceived (or misperceived) as a foreign substance, and therefore would be better tolerated than any drug when given exogenously.

Finally, the eventual molecular cloning of the PGI_2 gene would predictably lead to virtually limitless supplies of this vitally important biologic product.

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The above proposal is entirely my own, and does not necessarily reflect endorsement by the National Institutes of Health or any other government agency.

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BG Level and Body Weight at Initial Hospital Visit Correlate Well with Subsequent Development of Diabetic Retinopathy

In the November-December 1984 issue of DIABETES CARE, we reported the prevalence of diabetic complications and