

COMMENTS AND RESPONSES

Assessing Glycemic Control in Maintenance Hemodialysis Patients With Type 2 Diabetes

Response to Kazempour-Ardebili et al.

We read with great interest the article by Kazempour-Ardebili et al. (1), studying the glycemic control in maintenance hemodialysis patients with type 2 diabetes. It was particularly interesting because we recently published an article on the same topic and found quite similar results while using another device for continuous glucose monitoring (2).

Two important points must be acknowledged in this regard: 1) The study by Kazempour-Ardebili et al. did not evaluate the accuracy criteria of GlucoDay in this special population with brittle diabetes. By contrast, in our work (2), we

showed that the continuous glucose monitoring system is an accurate tool in type 2 hemodialysis patients: the relative absolute difference between glucose levels determined by the glucose meter and that determined by the continuous glucose monitoring system did not differ significantly between type 2 hemodialysis patients and nonhemodialysis type 2 diabetic control subjects (9.2 ± 10.5 vs. $8.2 \pm 7.6\%$; $P = 0.165$). 2) The glucose content in the dialysate is clearly different in the two articles. It is interesting that in the article by Kazempour-Ardebili et al., the dialysate contained a low-glucose concentration, while the dialysate glucose concentration in our study was at 5.5 mmol/l (100 mg/dl). This could explain the clear discrepancy between the incidences of hypoglycemia, which were quite frequent in the article by Kazempour-Ardebili et al. and occurred very rarely in our population. We think that hypoglycemia should be considered life threatening in this very fragile population and could be prevented by dialysate with adequate glucose concentration.

To conclude, this article (1) and the very recently released study we conducted (2) both showed the importance of the assessment of glycemic control in type 2 diabetic hemodialysis patients.

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References

1. Kazempour-Ardebili S, Lecomwasam VL, Dassanyake T, Frankel AH, Tam FW, Dornhorst A, Frost G, Turner JJ. Assessing glycemic control in maintenance hemodialysis patients with type 2 diabetes. *Diabetes Care* 2009;32:1137–1142
2. Riveline JP, Teynie J, Belmouaz S, Franc S, Dardari D, Bauwens M, Caudwell V, Ragot S, Bridoux F, Charpentier G, Marechaud R, Hadjadj S. Glycaemic control in type 2 diabetic patients on chronic haemodialysis: use of a continuous glucose monitoring system. *Nephrol Dial Transplant* 2009;24:2866–2871