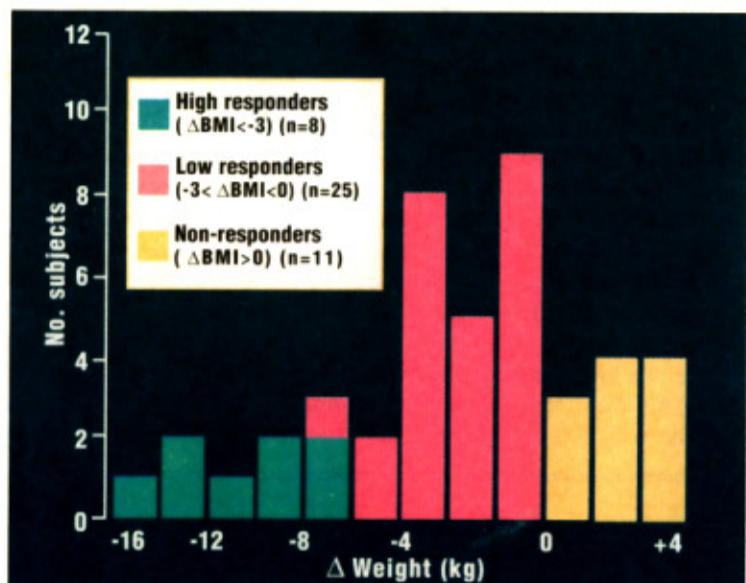


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Insulin level peaked at 1 hour after an oral glucose tolerance test in this patient who lost 40 lbs. in 6 months of octreotide therapy.

BENEFIT AS STAND-ALONE THERAPY

Octreotide Slims Select Obese People

BY BRUCE JANCIN
Denver Bureau

TORONTO — Long-acting octreotide is a highly effective weight loss agent in adults with a specific subtype of obesity, Dr. Robert H. Lustig said at a satellite symposium held in conjunction with the annual meeting of the Endocrine Society.

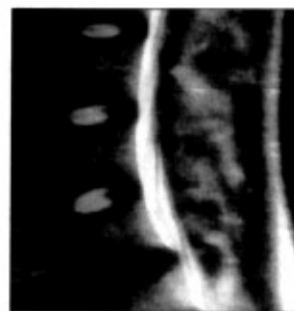
In this select group of patients, perhaps 20% of the obese population, the drug works well even as stand-alone therapy without dieting or exercise interventions, added Dr. Lustig, of the Univer-

sity of Tennessee in Memphis. Octreotide responders have what he termed primary insulin hypersecretion syndrome, marked by beta-cell hyperactivity. They have a rapid rise in insulin, which peaks by 60 minutes and then quickly drops off, in response to oral glucose tolerance testing. In contrast, patients likely to lose little or no weight on octreotide have a slower, more gradual insulin peak and a longer plateau.

"Primary insulin hypersecretion is a diagnosable and treatable subtype of obesity. These patients are

See **Octreotide** page 4

INSIDE



Ultrafast MRI for Radiculopathy

It takes 90 seconds, and the images are adequate.

PAGE 13

Myofascial Chest Pain

Office tests distinguish it from angina in women.

PAGE 18



Intestinal Transplant

Status should no longer be investigational, surgeon says.

PAGE 23

PHASE III TRIAL HALTED EARLY

Parathyroid Hormone Reduced Risk of Fractures

Self injections lowered relative risk of new fractures by at least 65%

BY BRUCE JANCIN
Denver Bureau

TORONTO — Daily self-injection of recombinant parathyroid hormone dramatically reduced the risk of both vertebral and nonvertebral fractures in a large, phase III clinical trial.

"These benefits exceed those reported for any prior therapy," Dr. Robert M. Neer observed during his presentations of the results at the annual meeting of the Endocrine Society.

He reported on 1,326 ambulatory postmenopausal women with fragile bones as demonstrated by a history of at least one prior vertebral fracture. They were randomized to receive

placebo, 20 µg recombinant parathyroid hormone (rPTH), or 40 µg rPTH by daily self-injection in a double-blind study sponsored by Eli Lilly & Co. and conducted at 99 sites in 17 countries.

The study, planned to run for 3 years, was halted after 21 months. During this time, the relative risk of new, radiographically documented spinal fractures was reduced by 65% in the low-dose rPTH group and by 69% in the high-dose rPTH group.

The absolute risk of a new vertebral fracture was 14% with placebo and 4%-5% with rPTH. One vertebral fracture was prevented for every 12 patient-years

See **Hormone** page 5

A 57% REDUCTION IN 5 YEARS

Lifestyle Change Can Prevent Type 2 Diabetes

Finnish study is first to prove benefit.

BY MIRIAM E. TUCKER
Senior Writer

SAN ANTONIO — Type 2 diabetes can be prevented with simple, low-cost lifestyle interventions, Dr. Jaakko Tuomilehto said at the annual meeting of the American Diabetes Association.

The conclusion is not unexpected, but the 5-year study conducted by Dr. Tuomilehto and his associates at the National Public Health Institute, Helsinki, Finland, is the first randomized, controlled trial to actually show it. Moreover, the finding—a 57% reduction in the incidence of type 2 diabetes among 265 adults with impaired glucose tolerance (IGT) who followed an intensive diet and exercise plan, compared with 257 who did not—was

more dramatic than expected. "We were surprised that the effect was so large. It's a wonder that these studies haven't been done earlier," Dr. Tuomilehto said during a press conference.

The 522 adults with IGT in the five-center Finnish Diabetes Prevention Study had an average age of 55 and average body mass index of 31 kg/m². The intervention group received seven dietary counseling sessions during the first year and every 3 months thereafter. They were given individualized dietary advice focusing on weight reduction, reduction of total and saturated fats and total calories, and increased consumption of dietary fiber.

The intervention also included an individualized exercise program. See **Diabetes** page 2

VITAL SIGNS

Salary Trends for Medical Faculty

	Median Pay 1999	Percent Change	
		1998-1999	1995-1999
All Primary Care	\$120,000	0.0	14.3
All Specialists	\$157,269	1.5	8.5
Pediatrics	\$109,877	1.4	12.1
Internal Medicine	\$120,000	1.2	13.6
Psychiatry	\$124,975	-3.1	12.8
Family Practice	\$126,975	-1.1	15.3
Dermatology	\$153,498	8.1	4.6
Ob.Gyn.	\$160,176	-7.0	5.0

Based on a survey of 512 academic departments representing 12,062 full-time faculty members.

Source: Medical Group Management Association

MAILING LABEL

Metformin for Midlife Spread in Women

BY BRUCE JANCIN
Denver Bureau

TORONTO — Metformin may promote long-term weight loss in nondiabetic women with midlife weight gain and hyperinsulinemia, Dr. Harriette R. Mogul said at the annual meeting of the Endocrine Society.

The drug, approved for the treatment of type 2 diabetes, has a synergistic effect when combined with moderate dietary carbohydrate modification, added Dr. Mogul of New York Medical College in Valhalla, N.Y.

She reported on the use of metformin at a mean daily dosage of 1,500 mg in combination with dietary modification in 26 consecutive menopausal women with midlife weight gain. Eighteen of the women were classified as overweight to mildly obese, with a body mass index of 25-32.9 kg/m². The remainder had body mass indexes of 33-37 kg/m².

All had normal blood sugars but were hyperinsulinemic as evidenced by glucose-mediated, area-under-the-curve insulin levels in excess of 100 µU on an oral glucose tolerance test. All of the women had failed to lose weight despite regularly engaging in more than three exercise sessions per week along with self-reported prior attempts at dieting.

In addition to metformin, the women were placed on a calorie-restricted diet of 1,200-1,600 calories per day plus four American Diabetes Association fat exchanges and an equal number of carbohydrate exchanges per day along with elimination of added sweets.

The 18 overweight women lost a mean of 16.5 pounds at 6 months' follow-up and 19.2 pounds at 12 months. The eight obese women lost a mean of 23.8 pounds at 6 months and 33.2 pounds at 12 months. Twenty-four of the 26 women lost a mean of 15% of their baseline weight.

Two years or more of follow-up data were available in 22 of the 24 women who had good responses. Seven continued progressing toward their goal weight. Ten women who reached their goal weight during year 1 continued on metformin in year 2 and maintained their goal weight. Five women discontinued metformin in year 2 after reaching their goal weight. Within 3 months, four of the five regained at least 10 pounds or more than 50% of their lost weight. ■