

Glucose control for diabetic hemodialysis patients

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Strict glucose control is a key component of reducing the risk of microvascular as well as macrovascular complications in diabetic patients not on dialysis. However, the effect of strictly controlling glucose levels on preventing diabetes related complications in patients receiving dialysis is not clear. Management of diabetes in patients undergoing dialysis is complicated compared to treating non-dialysis patients. This is mainly due to the changes in glucose homeostasis, uncertainty of HbA1c on representing the overall glucose level, and uncertain pharmacokinetics of glucose-lowering medications. In addition, a considerable number of patients undergo a phenomenon called “Burnt-out diabetes” where spontaneous resolution of diabetes is found after the onset of dialysis. The clinical implications and pathophysiology of this phenomenon is still not fully understood. Due to these characteristics, the concern of hypoglycemia induced adverse effects is higher in dialysis patients, and therefore a consensus on the optimal glycemic target in this population is not made yet. In this context, recent clinical studies investigating the consequences of different glucose management goal in dialysis patients will be reviewed. In addition, information to help clinicians decide the appropriate goal for diabetes treatment in patients on dialysis will be provided.