

Addressing metformin

I read with interest the Lilly and Godwin article "Treating prediabetes with metformin. Systematic review and meta-analysis"¹ and had several concerns. Lilly and Godwin base their conclusion on treatment of prediabetes (impaired glucose tolerance [IGT] or impaired fasting glucose [IFG]) with metformin on studies of patients with either IGT alone or IGT and IFG. I do not think the conclusions from their meta-analysis can be made for patients with isolated IFG. I was also concerned with their conclusion that treatment with metformin is beneficial for patients with IGT. In the case of prehypertension, for example, treating prehypertension with an antihypertensive medication would likely lower blood pressure with a very low number needed to treat; however, as there are no outcome studies that show treating prehypertension with a blood pressure-lowering agent will prevent complications, we treat prehypertension with lifestyle modification alone. The same is true for prediabetes. Although Lilly and Godwin raise the important issue of using glucose-lowering agents to treat prediabetes in the limitations discussion of their study, it is a serious enough limitation that it should have influenced the conclusion of their meta-analysis. Just because metformin lowers blood sugar (and therefore prevents diabetes) does not mean we should be treating all patients with prediabetes with metformin.

I do agree that prediabetes is a serious medical condition, warning patients that their risk of subsequent diabetes is very high. This is a golden opportunity to maintain *close follow-ups* with patients to ensure they are able to *slowly* make the lifelong lifestyle changes required to prevent diabetes. Just giving metformin to all prediabetes patients will not address this lifelong condition. Any amount of exercise and any amount of weight loss will do the same or more as metformin. Several studies have shown a 60% reduction of diabetes with lifestyle changes, twice as effective as metformin.^{2,3}

There are patients with prediabetes who might require metformin, but these cases should be the exception not the rule.

—David Dannenbaum MD CFPC
Montreal, Que

References

1. Lilly M, Godwin M. Treating prediabetes with metformin. Systematic review and meta-analysis. *Can Fam Physician* 2009;55:363-9.
2. Tuomilehto J, Lindström J, Eriksson JG, Valle TT, Hämäläinen H, Ilanne-Parikka P, et al. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose intolerance. *N Engl J Med* 2001;344(18):1343-50.
3. Knowler WC, Barrett-Connor E, Fowler SE, Hamman RF, Lachin JM, Walker EA, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med* 2002;346(6):393-403.

Merci

Merci Roger. Merci de m'avoir fait connaître, dans ton éditorial du mois de mai, ce livre de Hermann Hesse que je ne connaissais pas.¹ Merci d'avoir traduit en mots ce sentiment intérieur du moi qui n'a pas d'âge biologique. Je suis comme toi ou comme cette femme de plus de 80 ans. Notre joie intérieure, notre regard sur la vie, notre sentiment de participer à la vibration de la vie n'a pas de référence temporelle. Est-ce là où se situe le moi des psychanalystes? Sommes-nous des entités qui viennent vivre une vie terrestre, dans un corps humain, selon les spiritualistes? Je n'ai pas la réponse mais mon bonheur fut réel à te lire et à me reconnaître. Merci et continue à te poser des questions à voix haute.

—Francine Léger MD FCMF
Montréal, Qué

Référence

1. Ladouceur R. Le vieil homme et son médecin [Éditorial]. *Can Fam Physician* 2009;55:459 (ang), 461 (fr).

Make your views known!

To comment on a particular article, open the article at www.cfp.ca and click on the **Rapid Responses** link on the right-hand side of the page. To submit a letter not related to a specific article published in the journal, please e-mail letters.editor@cfpc.ca.

...

Faites-vous entendre!

Pour exprimer vos commentaires sur un article en particulier, ouvrez l'article à www.cfp.ca et cliquez sur le lien **Rapid Responses** à droite de la page. Si vous souhaitez donner une opinion qui ne concerne pas spécifiquement un article de la revue, veuillez envoyer un courriel à letters.editor@cfpc.ca.

