

Preview__dominic_d'agostino_-_q&a_(san_diego_2017)_1_960x540

Dr. Eric Westman: There is a clinical issue in the management of diabetes that I'm worried about and it's the state of pharmacologic ketosis using powerful drugs. I have heard this term used now in the endocrinology world and there are these drugs called SGLT-2 inhibitors. Can you shed any light on the idea that you can have ketoacidosis with normal glycemia?

And I've never seen ketoacidosis with nutritional ketosis in 10 years of clinical practice until one of my patients was on one of these SGLT-2 inhibitors and I'm concerned that there's an underlying disaster waiting to happen and we need to know why these drugs do what they do and until we have more research I advise people not to take those medications.

Dr. Dominic D'Agostino: Yeah, that's really interesting to hear. You know as of now we don't do any research on that so I'm usually hesitant to talk about things that don't directly study, but it does sound like it's... So you saw ketoacidosis in a patient, normal glyceimic, but something... what was their insulin levels?

So that's an important question because, you know, insulin really parallels... insulin is low, Ketogenesis goes up and vice versa. Like you saw the study with fasting patients when you inject someone who's fasting no food coming in, their glucose goes down and their beta hydroxybutyrate goes down because...

But you can have runaway Ketogenesis if your insulin... Like I have a student that's type 1 diabetic and he follows interestingly a low-carb ketogenic diet and he can cut his insulin by like 70% or 80%.

He does much better, I feel much safer with him being on it, he has much less lows and much less, you know, highs and if we look at his Dexcom instead of going like this, it's like this. You know it's like really tight.