TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ BÜLTENİ

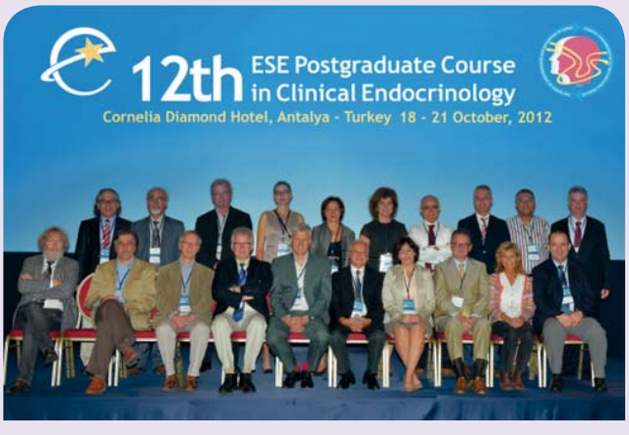
Üç ayda bir yayımlanır • Üyelere ücretsiz olarak gönderilir

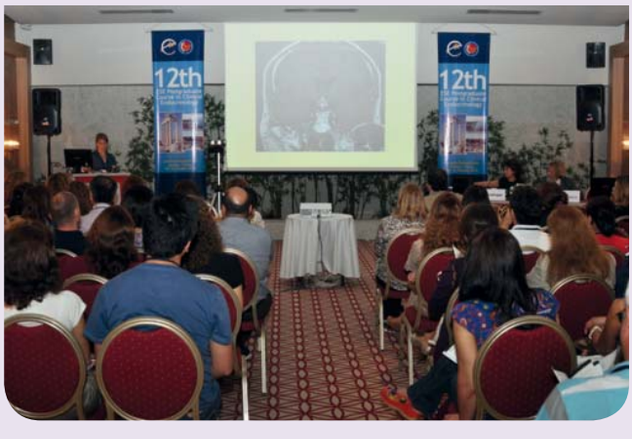
Sayı 40 ● Ekim - Kasım - Aralık 2012

"12th ESE Postgraduate Course in Clinical Endocrinology" başarılı bir şekilde tamamlandı

Avrupa Endokrinoloji Derneğinin önemli bilimsel faaliyetlerinden biri olan Mezuniyet Sonrası Eğitim Kurslarının 12.si, Türkiye Endokrinoloji ve Metabolizma Dernegi ev sahipliğinde 18-21 Ekim 2012 tarihleri arasında Antalya'da gerçekleştirildi. Bu ortak toplantı için her biri alanında Avrupa'nın en önde gelen isimlerinden oluşan 16 yabancı konuşmacı ve aralarında Brezilya'dan Bangladeş'e kadar 20'nin üzerinde değişik ülkeden delegenin yer aldığı 300 katılımcı Antalya'da buluştu.

Avrupa Akreditasyon Kurumu tarafından kredilendirilen toplantı programında 19 konferans ve 4'lü paralel oturumlar şeklinde gerçekleştirilen 16'klinik olgu' çalıştayı yer aldı.





ZONGULDAK OSTEOKURS-1: OSTEOPOROZ VE DİĞER METABOLİK KEMİK HASTALIKLARI KURSU TAMAMLANDI

Bülent Ecevit Üniversitesi Tıp Fakültesi İç Hastalıkları Anabilim Dalı, Endokrinoloji ve Metabolizma Hastalıkları Bilim Dalının ev sahipliğinde düzenlenen *"Osteokurs-1: Osteoporoz ve Diğer Metabolik Kemik Hastalıkları Kursu"*, 3 Kasım 2012 tarihinde, Prof. Dr. Arif Amirov Konferans Salonunda gerçekleştirildi.

Türkiye Endokrinoloji ve Metabolizma Hastalıkları Derneği, Osteoporoz ve Diğer Metabolik Kemik Hastalıkları Çalışma Grubunun destekleri ile düzenlenen Kursa, Batı Karadeniz Bölgesinde çeşitli hastanelerde görev yapan 45 hekim katıldı. Kurs kapsamında metabolik kemik hastalıkları, dört oturumda on bir farklı başlık altında tartışıldı.

Kursun açılış toplantısına Rektör Yardımcısı Prof. Dr. Muhlis Bağdigen, Tıp Fakültesi Dekan Yardımcısı, BEÜ Uygulama ve Araştırma Hastanesi Başhekimi ve BEÜ Sağlık Uygulama ve Araştırma Merkez Müdürü Doç. Dr. K. Varım Numanoğlu katıldı.

Kursa endokrinoloji ve metabolizma hastalıkları, iç hastalıkları, fizik tedavi ve rehabilitasyon, kadın hastalıkları ve doğum, ortopedi ve travmatoloji, aile hekimliği uzmanları ve Sağlık Bakanlığına bağlı olarak aile hekimliği hizmetleri yürüten hekimler ile tıp fakültesi öğrencileri katıldı.

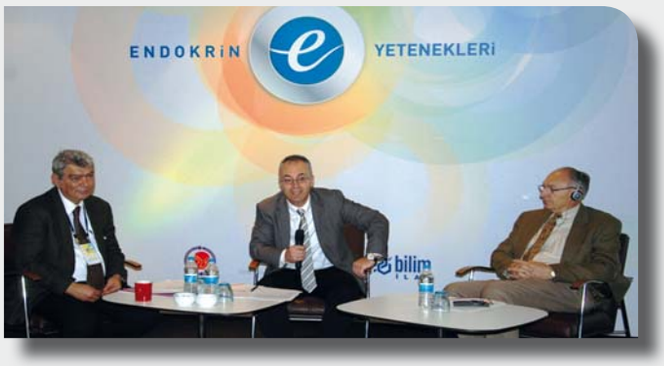
Osteokurs'ta, Osteoporoz ve Diğer Metabolik Kemik Hastalıkları Çalışma Grubu Başkanı, Kıbrıs Yakın Doğu Üniversitesi Tıp Fakültesi öğretim üyesi Prof. Dr. Tümay Sözen *"kalsiyum fazlalığı ve düşüklüğü tanı ve tedavisi"*; İstanbul Üniversitesi İstanbul Tıp Fakültesi öğretim üyesi Prof. Dr. Refik Tanakol *"D vitamini yetersizliği, tedavisi ve olması gereken D vitamini düzeyleri"*; Marmara Üniversitesi Tıp Fakültesi öğretim üyesi Prof. Dr. Dilek Gogas Yavuz "kemik dansitometrisinde doğrular ve yanlışlar ile erkekte osteoporoz"; Marmara Üniversitesi Tıp Fakültesi Öğretim Üyesi Doç.Dr. Dilek Yazıcı *"ilaçların kemikler üzerine etkileri ve magnezyum düşüklüğü tedavisi"*; BEU Tıp Fakültesi öğretim üyesi Doç. Dr. Taner Bayraktaroğlu *"kemik erimesi, osteoporoz, menopoz öncesi ve sonrası kadınlarda osteoporoz tanı ve tedavisi, güncel bilgiler ışığında nasıl yapılacağı, akılcı ilaç kullanımı"* konularında bilgi verdiler.

10. ANKARA DİABETES MELLİTUS GÜNLERİ TAMAMLANDI

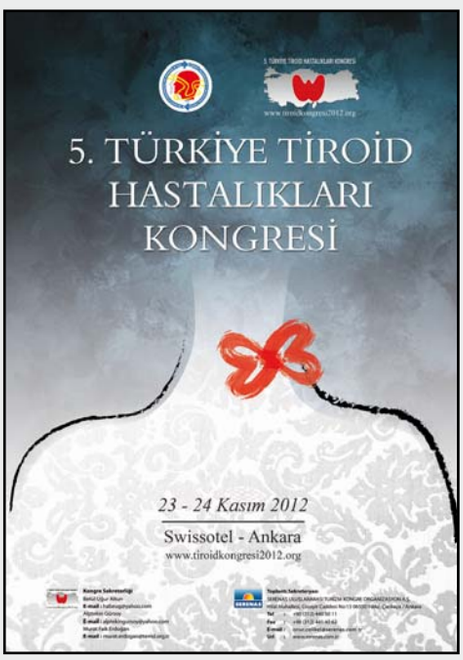
10. Ankara Diabetes Mellitus Gunleri 13-14 Kasım 2012 tarihleri arasında Gazi Universitesi Tıp fakultesi Endokrinoloji ve Metabolizma Bilim dalı tarafından Gazi Universitesi Tıp Fakültesi 75. Yıl Toplantı salonunda yaklaşık 150 meslektaşımızın katılımı il başarılı bir şekilde gerçekleştirildi.

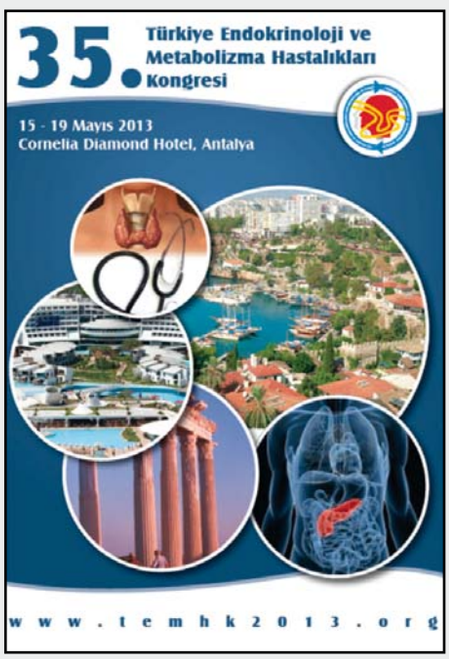
"BİLİMSEL MAKALE NASIL YAZILIR? JCEM'DE NASIL MAKALE YAYINLANIR?" ÇALIŞTAYI YAPILDI. 11-12 KASIM 2012

Endocrine Society ile Türkiye Endokrinoloji ve Metabolizma Derneğinin Bilim İlaç sponsorluğunda düzenlediği "Endokrin Yetenekleri" toplantısı, 10-11 Kasım 2012 tarihleri arasında İstanbul'da yapıldı. Endocrine Society eski başkanı ve "Journal of Clinical Endocrinology and Metabolism"in baş editörü Prof. Dr. Leonard Wartofsy ile aynı derginin Editörler Kurulu üyesi Prof. Dr. Okan Bülent Yıldız'ın konuşmacı olarak katıldığı toplantıda, diğer konuşmacılar Prof. Dr. Sadi Gündoğdu, ve Doç. Dr. Murat Hayran'dı. "Tıbbi araştırma makalesi nasıl yazılır?", "Makalenin önemli bilimsel dergilerde yayımlanması için nelere dikkat edilmelidir?" konularının çalıştay formatında ele alındığı toplantıya katılan 45 meslektaşımıza Endocrine Society ve Derneğimiz tarafından sertifika verildi.



KONGRE VE KURSLARIMIZ





Bilimsel Kongreler ve Uluslararası Sempozyumlar

Ayrıntılara ve 2012 yılına ait Bilimsel Toplantı Takvimine derneğimiz internet sayfasından (www.temd.org.tr) ulaşabilirsiniz.

18-21 Mart 2013
Society for Endocrinology BES 2013
Harrogate, UK
http://www.endocrinology.org/meetings/2013/sfebes2013/index.aspx

17-20 Nisan 2013
European Congress on Osteoporosis and Osteoarthritis (ESCEO13-IOF)
Rome, Italy
http://www.ecceo13-iof.org/

27 Nisan - 01 Mayıs 2013
15th European Congress of Endocrinology
Copenhagen, Denmark
http://www.ece2013.com/

1-5 Mayıs2013
AACE 22nd Annual Meeting & Clinical Congress
Phoneix, AZ
http://am.aace.com/

15-19 Mayıs 2013
35. TürkiyeEndokrinolojiveMetabolizmaHastalıklarıKongresi
Belek, Antalya
http://www.temhk2013.org/

30 Mayıs - 1 Haziran 2013
13th ESE Postgraduate Training Course in Clinical Endocrinology
Kosice, Slovakia
http://www.ese-hormones.org/meetings/

15-18 Haziran 2013
The Endocrine Society's 95th Annual Meeting & Expo (ENDO 2013)
San Francisco, CA
http://www.endo-society.org/endo2013/index.cfm

21-26 June 2013
American Diabetes Association 73rd Scientific Sessions
McCormick Place, Chicago, IL
http://professional.diabetes.org/Default.aspx

07-09 Eylül 2013
37th Annual Meeting of the European Thyroid Association
Leiden, The Netherland
http://www.eta2013.org/

23-29 Eylül 2013
49th EASD Annual Meeting, Barcelona, Spain
http://www.easd.org/easd/

02-06 Ekim 2013
15. Ulusal İçHastalıklarıKongresi, Belek, Antalya
http://www.ichastaliklari2013.org/

16-20 Ekim 2013
83rd Annual Meeting of the ATA, San Juan, Puerto Rico
http://www.thyroid.org/thyroid-events-education-media/83rd-annual-meeting-of-the-ata/

23-26 Ekim 2013
Bridging the World of Endocrinology (ENDO BRIDGE 2013)
Belek, Antalya
www.turkendokrin.org

01-03 Aralık 2013
3rd ENEA Workshop: Hypopituitarism, Tel-Aviv, Israil
http://www.eneassoc.org/meetings.htm

02-06 Aralık 2013
World Diabetes Congress Melbourne (IDF 2013)
Melbourne, Australia
http://www.idf.org/worlddiabetescongress

Literatürden Seçmeler

Elevated circulating levels of YKL-40 are a marker of abnormal glucose tolerance in women with polycystic ovary syndrome.

Celik C, Abali R, Guzel S, Bastu E, Kucukyalcin V, Yilmaz M.
Department of Gynecology and Obstetrics, Namik Kemal University, Turkey. ccelik@nku.edu.tr

Abstract
Objective: This study investigates human cartilage glycoprotein-39 (YKL-40) levels in patients with polycystic ovary syndrome (PCOS) and controls, and tests their relationship with metabolic and hormonal parameters.
design: Clinical study carried out in a university hospital in Tekirdag, Turkey.
patients: Eighty-five women with PCOS and normal glucose tolerance (NGT) and twenty-five women with PCOS and abnormal glucose tolerance (AGT), diagnosed according to Rotterdam criteria, and fifty-nine healthy women.
measurements: YKL-40 levels, fasting hormone levels and metabolic parameters were investigated in all subjects.
results: We showed increased YKL-40 levels in women with PCOS compared to controls. (152•57 ± 3•96 μg/l vs 98•16 ± 1•6 μg/l, P < 0•000). YKL significantly correlated with BMI (r = 0•344; P < 0•000), 2-h glucose (r = 0•193; P = 0•012), HOMA-IR (r = 0•268; P < 0•000) and fasting insulin (r = 0•310; P < 0•000), but not with waist/hip ratio (r = 0•016; P = 0•832) and fasting glucose (r = 0•108; P = 0•832). When ROC curve analysis was used to analyse the suitability of YKL-40 to identify glucose intolerance in women with PCOS, area under curve for YKL-40 was found to be significant (AGT-PCOS: AUC 0•632, P = 0•046).
conclusion: Plasma YKL-40 levels increased in patients with PCOS compared to healthy subjects. Moreover, there was a significant difference in YKL-40 levels between AGT-PCOS and NGT-PCOS subjects. Subsequently, we also found that YKL-40 levels above the cut-off point may help the clinician to predict abnormal glucose tolerance in patients with PCOS.

Insulin gene therapy from design to beta cell generation.

Sanlioglu AD, Altunbas HA, Balci MK, Griffith TS, Sanlioglu S.
Human Gene and Cell Therapy Center, Antalya, Turkey.

Abstract

Despite the fact that insulin injection can protect diabetic patients from developing diabetes-related complications, recent meta-analyses indicate that rapid and long-acting insulin analogues only provide a limited benefit compared with conventional insulin regarding glycemic control. As insulin deficiency is the main sequel of type-1 diabetes (T1D), transfer of the insulin gene-by-gene therapy is becoming an attractive treatment modality even though T1D is not caused by a single genetic defect. In contrast to human insulin and insulin analogues, insulin gene therapy targets to supplement patients not only with insulin but also with C-peptide. So far, insulin gene therapy has had limited success because of delayed and/or transient gene expression. Sustained insulin gene expression is now feasible using current gene-therapy vectors providing patients with basal insulin coverage, but management of postprandial hyperglycaemia is still difficult to accomplish because of the inability to properly control insulin secretion. Enteroendocrine cells of the gastrointestinal track (K cells and L cells) may be ideal targets for insulin gene therapy, but cell-targeting difficulties have limited practical implementation of insulin gene therapy for diabetes treatment. Therefore, recent gene transfer technologies developed to generate authentic beta cells through transdifferentiation are also highlighted in this review.

Low risk of severe hypoglycaemia in patients with type 2 diabetes mellitus starting insulin therapy with premixed insulin analogues BID in outpatient settings.

Pīrāgs V, El Damassy H, Dąbrowski M, Gönen MS, Račická E, Martinka E, Giaconia J, Stefanski A; B001 Study Investigators.
Faculty of Medicine, University of Latvia, Riga, Latvia Ain Shams University, Cairo, Egypt.

Abstract

Aims: The choice of insulin at initiation in type 2 diabetes remains controversial. The aim of this study was to assess the occurrence of self-reported severe hypoglycaemia associated with premixed insulin analogues in routine clinical care.

Methods: A 12-month, prospective, observational, multicentre study in patients starting a commonly prescribed premixed insulin analogue (either insulin lispro 25/75 or biphasic insulin aspart 30/70, twice daily) after suboptimal glycaemic control on oral antidiabetic agents. Treatment decisions were made solely in the course of usual practice.

Results: Study follow-up was completed by 991 (85.5%) of the 1150 patients enrolled. At baseline, mean (SD) age was 57.9 (10.1) years; mean diabetes duration was 9.2 (5.9) years; mean haemoglobin A(1c) (HbA(1c)) was 9.9 (1.8) % and the rate of severe hypoglycaemia was 0.03 episode/patient-year. At 12 months, the rate of severe hypoglycaemia was 0.04 episode/patient-year (95% CI 0.023, 0.055 episode/patient-year) and mean insulin dose was 41.5 (19.4) units. Changes from baseline to 12 months for mean fasting plasma glucose and HbA(1c) were -5.1 mmol/l and -2.5%, respectively.

Conclusions: After initiation of premixed insulin analogues in patients with type 2 diabetes in real-world settings, the incidence of severe hypoglycaemia was lower than expected from previously reported studies.

Oral contraceptive plus antiandrogen therapy and cardiometabolic risk in polycystic ovary syndrome.

Harmanci A, Cinar N, Bayraktar M, Yildiz BO.
Endocrinology and Metabolism Unit, Department of Internal Medicine, Hacettepe University School of Medicine, Hacettepe, Ankara, Turkey.

Abstract

Objective: Oral contraceptives alone or in combination with antiandrogens are commonly used in the treatment for polycystic ovary syndrome (PCOS). We aimed to determine the effects of ethinyl estradiol/drospirenone (EE-DRSP) plus spironolactone therapy on inflammation and cardiometabolic risk in PCOS.

Design: Prospective cohort study.

Patients: Twenty-three lean, normal glucose-tolerant patients with PCOS and 23 age- and body mass index (BMI)-matched healthy control women.

Measurements: Androgens, high-sensitivity C-reactive protein (hsCRP), homocysteine, lipids, fasting insulin, and glucose levels during a standard 75-g, 2-h oral glucose tolerance test were measured. Patients with PCOS were evaluated before and after receiving EE-DRSP (3 mg/30 μg) plus spironolactone (100 mg/day) for 6 months. Healthy controls were evaluated at baseline only.

Results: hsCRP, homocysteine, lipids, insulin and glucose levels were similar between patient and control groups at baseline. EE-DRSP plus spironolactone increased hsCRP and homocysteine levels in patients with PCOS (0•50 ± 0•28 vs 1•5 ± 1•3 mg/l, $P < 0•05$ and 13•1 ± 5•2 vs 17•6 ± 5•3 μm, $P < 0•05$, respectively). BMI, waist-to-hip ratio, LDL, HDL cholesterol and triglycerides, and glucose tolerance did not change. Modified Ferriman-Gallwey hirsutism scores, testosterone levels and free androgen index improved (9•1 ± 4•2 vs 6•2 ± 3•4, $P = 0•001$; 80•6 ± 31•1 47•8 ± 20•3 ng/dl, $P < 0•05$; and 10•5 ± 7•4 vs 1•1 ± 0•8, $P < 0•001$, respectively).

Conclusions: EE-DRSP plus spironolactone therapy in 6 months improves androgen excess in lean PCOS women without any adverse effects on adiposity, glucose tolerance status or lipid profile. However, this combination increases hsCRP and homocysteine levels.

Body composition in lean women with polycystic ovary syndrome: effect of ethinyl estradiol and drospirenone combination.

Aydin K, Cinar N, Aksoy DY, Bozdag G, Yildiz BO.
Department of Internal Medicine, Endocrinology and Metabolism Unit, Hacettepe University School of Medicine, Ankara, Turkey.

Abstract

Background: Limited data are available regarding the potential effects of oral contraceptives (OCs) on body fat distribution particularly in lean women with polycystic ovary syndrome (PCOS). In the current study, we aimed to evaluate the influence of ethinyl estradiol and drospirenone on body composition.

Study design: Participants included 28 lean patients with PCOS and 28 age- and body mass index (BMI)-matched healthy women. The PCOS patients received ethinyl estradiol 30 mcg/drospirenone 3 mg for 6 months. Body composition parameters were assessed by bioelectrical impedance analysis. Serum androgens, lipids, insulin resistance and glucose metabolism measures were also determined.

Results: At baseline, the PCOS patients and controls had similar body composition, lipids, insulin resistance and glucose metabolism parameters. Total and trunk fat percentages were negatively correlated with sex hormone binding globulin and were positively correlated with homeostatic model assessment of insulin resistance and free androgen index in the PCOS group.. After 6 months of treatment in the PCOS patients, total fat percentage increased from 24.5%±7.1% to 26.0%±6.1% (p=.035) and trunk fat percentage increased from 20.2%±8.9% to 22.2%±7.1% (p=.014), although weight, BMI and waist to hip ratio (WHR) remained unchanged.

Conclusion: Lean women with PCOS have similar body composition compared to healthy women. OC therapy for 6 months in PCOS patients results in an increased total and trunk fat percentage despite no change in clinical anthropometric measures including weight, BMI and WHR.

Ethinyl estradiol-drospirenone versus ethinyl estradiol-drospirenone plus metformin in the treatment of lean women with polycystic ovary syndrome.

Cinar N, Harmanci A, Bayraktar M, Yildiz BO.
Endocrinology and Metabolism Unit, Department of Internal Medicine, Hacettepe University School of Medicine, Ankara, Turkey.

Abstract

Objective: Oral contraceptive use might be associated with cardiometabolic risk in PCOS. We aimed to compare the effects of ethinyl estradiol-drospirenone (EE/DRSP) alone versus EE/DRSP plus metformin on clinical and cardiometabolic parameters in PCOS.

Design: Prospective observational study PATIENTS: Forty-five lean PCOS patients who received EE/DRSP (30µg/3mg) (n=25) or EE/DRSP plus metformin (1700mg/d) (n=20) and 45 BMI-matched healthy controls.

Measurement: BMI, waist-to-hip ratio (WHR), hirsutism scores, androgens, lipids, glucose and insulin levels during an OGTT were measured before and after 6 months of treatment in patients and compared to controls.

Results: At baseline, PCOS patients showed similar glucose, insulin and lipids but increased 2h glucose values compared to controls. Hirsutism scores and free androgen index decreased in both treatment groups. BMI and WHR did not show any change in the EE/DRSP group while metformin addition resulted in a decrease in BMI. Lipid levels increased in both groups. Glucose and insulin parameters did not change in any group, but metformin addition compared to EE/DRSP alone significantly decreased waist circumference, fasting insulin and HOMA-IR. After-treatment values for both EE/DRSP alone and in combination with metformin compared to the control group showed increased 2h glucose and increased lipids in PCOS patients.

Conclusion: EE/DRSP alone or in combination with metformin improves clinical and biochemical hyperandrogenism in lean PCOS. Both treatments similarly alter lipid profile. EE/DRSP alone does not affect insulin sensitivity whereas combining EE/DRSP with metformin might improve it.

Pigment epithelium-derived factor increases in type 2 diabetes after treatment with metformin.

Akin S, Aksoy DY, Cinar N, Aydin K, Karaagaoglu E, Ariyurek M, Gulcelik NE, Usman A, Gurlek A.
Department of Internal Medicine, Hacettepe University, Ankara, Turkey.

Abstract

Objective: Pigment epithelium-derived factor (PEDF) has anti-angiogenic, immunomodulatory and anti-inflammatory properties. In addition to the significant role it plays in reducing diabetic complications, PEDF is now used in the treatment of certain cancers. It possibly plays a role in insulin resistance cases, too. However, whether metformin treatment has any significant effects on PEDF levels is not known. In this study, we investigated the regulation of PEDF in type 2 diabetes in relation to fat mass and insulin resistance before and after the use of metformin for treatment.

Design: Prospective cohort study.

Subjects: Thirty-six patients with newly diagnosed type 2 diabetes and 33 healthy individuals.

Measurements: Baseline weight, waist circumference (WC), fasting (FPG) and postprandial (PPPG) glucose, insulin, HbA1c, HOMA, PEDF and total/truncal fat mass were determined both in the diabetic and control subjects. Procedures were repeated in the diabetic group after a 6-month metformin treatment.

Results: Baseline FPG, PPPG, HbA1c, HOMA, weight, WC and truncal fat mass were higher in patients with diabetes whereas PEDF levels were found to be comparable with the controls. We completed the study with 31 of the 36 patients with diabetes we had selected for the study. We observed a decrease in the weight, WC, FPG, PPPG, HOMA, total and truncal fat mass of the patients while there was a significant rise in the PEDF levels (P = 0•002) after the metformin treatment. On the other hand, no significant correlation was observed between the change in PEDF levels and the clinical and laboratory findings.

Conclusion: Our study is the first to identify a metformin-related increase in PEDF levels in diabetes. The increase observed in PEDF levels after the metformin treatment does not seem to be related to the changes in insulin resistance, fat mass or glycemic control. Hence, our results suggest that further investigation is necessary to determine the direct effects of metformin on PEDF gene and protein expression in vitro.

Tolerability and safety of commonly used dietary supplements and nutraceuticals with lipid-lowering effects.

Cicero AF, Ferroni A, Ertek S.
University of Bologna, S. Orsola-Malpighi Hospital, Internal Medicine, Aging and Kidney Diseases Department, Atherosclerosis and Metabolic Disease Research Unit, Via Albertoni, 15, 40138 Bologna, Italy. afgcicero@cardionet.it

Abstract
Introduction: Cardiovascular diseases are one of the highest causes of death and disability in industrialized countries, whereas a large portion of patients in primary prevention have cardiovascular disease risk factors that remain uncontrolled. Lifestyle interventions, including dietary supplementation with natural compounds possessing known lipid-lowering effects, are strongly supported by the international guidelines for cardiovascular disease prevention.
Areas covered: This review provides insights on issues concerning the safety of the most commonly used dietary supplements and nutraceuticals with demonstrated lipid-lowering actions. Soluble fibers, phytosterols, soy proteins, omega 3 polyunsaturated fatty acids, monakolines, policosanols, berberine and garlic extracts are all discussed and a specific focus has been placed on their pharmacological interactions.
Expert opinion: A relatively large amount of preclinical, epidemiological and clinical evidence has demonstrated the tolerability and safety of the most commonly used dietary supplements and nutraceuticals with demonstrated lipid-lowering action. However, for most supplements and nutraceuticals, no evidence is currently available from long-term trials on morbidity and mortality. Detailed knowledge of specific health risks and pharmacological interactions for each individual compound is needed for the management of frail patients, such as children, the elderly, patients with liver or renal failure, high-risk patients, and patients consuming numerous drugs.

Family planning 2011: better use of existing methods, new strategies and more informed choices for female contraception.

ESHRE Capri Workshop Group.
IRCCS Ca' Granda Foundation Maggiore Policlinico Hospital, Milan, Italy. piergiorgio.crosignani@unimi.it

Abstract
Background: This paper explores recent developments in female contraception, using them to illustrate how adaptation of existing methods, improved service delivery and understanding contraceptive behaviour might increase contraceptive uptake and correct and consistent use, and how the development of new methods holds some promise for capitalizing on the potential non-contraceptive benefits.
Methods: Searches were performed in Medline and other databases. Selection criteria included high-quality studies and studies relevant to clinical reproductive medicine. Summaries were presented and discussed by the European Society of Human Reproduction and Embryology (ESHRE) Workshop Group.
Results: The topics discussed include: adapted regimens for combined oral contraceptive pills, non-invasive methods of female sterilization, the need to improve the awareness of pregnancy risk to increase the use of emergency contraception, improvements in the evidence base for the safety and service delivery of intrauterine methods, emphasis on the potential benefits of combined oral contraceptives for women with hirsutism and acne, the potential of female sterilization to prevent ovarian cancer, and the promise of anti-progesterones and new approaches to dual protection.
Conclusions: Although great strides have been made in recent years in increasing contraceptive use among women in many countries where contraceptive prevalence is low or there is a high unmet need for contraception, much more can, and needs to, be done.

Therapeutic potential of VIP vs PACAP in diabetes.

Sanlioglu AD, Karacay B, Balci MK, Griffith TS, Sanlioglu S.
Human Gene and Cell Therapy Center, Akdeniz University Hospitals and Clinics, B Block, 1st floor, Campus, Antalya 07058, Turkey.

Abstract
Type 2 diabetes (T2D) is characterized by chronic insulin resistance and a progressive decline in beta-cell function. Although rigorous glucose control can reduce morbidity and mortality associated with diabetes, achieving optimal long-term glycemic control remains to be accomplished in many diabetic patients. As beta-cell mass and function inevitably decline in T2D, exogenous insulin administration is almost unavoidable as a final outcome despite the use of oral antihyperglycemic agents in many diabetic patients. Pancreatic islet cell death, but not the defect in new islet formation or beta-cell replication, has been blamed for the decrease in beta-cell mass observed in T2D patients. Thus, therapeutic approaches designed to protect islet cells from apoptosis could significantly improve the management of T2D, because of its potential to reverse diabetes not just ameliorate glycemia. Therefore, an ideal beta-cell-preserving agent is expected to protect beta cells from apoptosis and stimulate postprandial insulin secretion along with increasing beta-cell replication and/or islet neogenesis. One such potential agent, the islet endocrine neuropeptide vasoactive intestinal peptide (VIP) strongly stimulates postprandial insulin secretion. Because of its broad spectrum of biological functions such as acting as a potent anti-inflammatory factor through suppression of Th1 immune response, and induction of immune tolerance via regulatory T cells, VIP has emerged as a promising therapeutic agent for the treatment of many autoimmune diseases including diabetes.

Yayınlar

- Celik C, Abali R, Guzel S, Bastu E, Kucukyalcin V, Yilmaz M.Elevated circulating levels of YKL-40 are a marker of abnormal glucose tolerance in women with polycystic ovary syndrome.Clin Endocrinol (Oxf). 2012 Dec;77(6):893-7. doi: 10.1111/j.1365-2265.2012.04437.
- Sanlioglu AD, Altunbas HA, Balci MK, Griffith TS, Sanlioglu S.Insulin gene therapy from design to beta cell generation.Expert Rev Mol Med. 2012 Oct 15;14:e18. doi: 10.1017/erm.2012.12.
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