





Letter to editor

Severe hypoglycemia: is it important to take into account the albuminuria value?

Hipoglucemia severa: ¿es importante tener en cuenta el valor de albuminuria?

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Dear editor:

We have carefully read with great interest the article of Grube et al [1] titled *Insuline use in chronic kidney disease and the risk of hipoglycemia events*, where the authors, in a significant cohort of patients with type 2 diabetes (DM2), evaluate the risk of hypoglycemia according to the use or not of insulin and the degree of glomerular filtration rate (GFR) and thus, arrive at very interesting conclusions. We thank the authors for their valuable contribution; however, we consider it important to make certain annotations in order to strengthen the discussion of it.

The authors conclude that in patients with DM2, more advanced CKD was associated with greater insulin use, proposing different explanations of this relationship, however, we consider that in addition to these findings, within the study there are no patients using Dipeptidyl Peptidase-4 Inhibitors (DPP4i), probably by that time they were not being used yet [2]. Therefore, patients with advanced CKD only had insulin as the only option, which explains a greater frequency of its use in this group of patients [3].

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Another important point to consider is the average dose of insulin that was used, because although this study showed that patients in advanced CKD required more insulin, it is not established whether GFR is related to the required dose. It would have been very useful to know the average dose per GFR and establish whether the dose is affected by the degree of GFR.

On the other hand, they also conclude that the use of insulin and advanced CKD behaved as independent risk factors for hypoglycemic events. We believe that it would have also been interesting to have measured the albuminuria variable, in order to confirm whether the degree of albuminuria also behaves as an independent risk factor for hypoglycemia. Jae-Seung Yun, *et al* [4], showed that in patients with DM2 the presence of macroalbuminuria is an independent risk factor for severe hypoglycemia. In conclusion, not only GFR has been validated as renal risk factors for hypoglycemia, but probably also albuminuria, and with respect to the use of insulin, it is also important to validate the dose.

Conflicts of interest

The authors report having no conflicts of interest

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