Book review

CE Mogensen (ed): The kidney and Hypertension in Diabetes Mellitus. Kluwer Academic Publishers; 1994; 547 pp, 53 tables

Diabetic nephropathy is probably one of the hottest issues in the diabetes field and the number of published papers is so large that it is impossible even for specialists to keep abreast. On the other hand, books tend to become easily dated and frequent editions are necessary.

The second edition of "The kidney and hypertension in diabetes mellitus" is essentially a clinical book and most chapters have been written by people personally involved with the different issues. This gives "first hand" and very up-to-date information (in some chapters the references have been updated to 1994) but, inevitably, sometimes the point of view is slightly biased, since authors are reluctant to criticise their own work. However, the editor has done an excellent job in making a relatively compact book without missing any of the relevant points. Importantly, some space is given to updated definitions of normo-albuminuria and incipient nephropathy, and the final chapter reports the guidelines for the prevention of diabetic renal failure according to the St. Vincent declaration. Diabetic nephropathy in non-insulin-dependent diabetes and the vascular involvement in diabetes are well treated in two different chapters whilst four chapters are concerned with antihypertensive treatment and angiotensin converting enzyme (ACE) inhibition in diabetic kidney disease. Unfortunately, due to the enormous size of the research in this field, these latter chapters may already appear a little dated, whilst other chapters are of a lesser standard. For example, I noticed that in the chapters concerning urinary tract infections, renal papillary necrosis, contrast media and problems related to initiation of dialysis all the references are pre-1990. The excretion of tubular proteins in diabetes, a topic that has somehow failed to arouse enthusiasm in the last decade, was only hastily and briefly discussed. The different tools available in order to prevent the progression of diabetic nephropathy (diet, glycaemic control and anti-hypertensive treatment) have been dutifully treated, although I would have appreciated finding some less scholastic insight into the future trends of the research in this field. Pregnancy, microalbuminuria and diabetic nephropathy have been treated in two excellent and very updated chapters. I was impressed to find six chapters devoted to end-stage renal failure in diabetes. I felt, however, that this information was excessively fragmented, i.e. some information was repeated whilst other subjects worth discussing were missing. For example, I would have appreciated some space in these chapters being devoted to the classification of diabetes in end-stage renal disease (is it worth it? what are the implications?), to the concomitant presence of diabetes in end-stage renal disease patients with different kidney diseases, and to the ethical problems related to the selection and discontinuation of treatment, an issue that probably will become of dramatic actuality in Europe in the next few years.

All in all, this is a good general reference book for both diabetologists involved with kidney disease and nephrologists interested in diabetes, and can even constitute a training book for doctors doing their postgraduate training in kidney and diabetes.

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Erratum

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Long-term recovery from unawareness, deficient counterregulation and lack of cognitive dysfunction during hypoglycaemia, following institution of rational, intensive insulin therapy in IDDM

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Due to an unfortunate error a part of Fig. 5 was missing. The complete figure is shown here.

Fig. 5. Autonomic and neuroglycopenic symptom score responses in the stepped hyperinsulinaemic-hypoglycaemic clamp in the non-diabetic subjects and 16 IDDM patients of the experimental group studied at entry (basal), and after 2 weeks, 3 months and 1 year of meticulous prevention of hypoglycaemia