

GLP-1 to stimulate β -cell insulin. Despite excessive GLP-1 being available, without the presence of glycemia after α -glucosidase inhibition, the insulintropic action can be compromised. This explains the disproportionate findings for the GLP-1 and insulin responses during the 4-hour course of meal test combined with acarbose treatment. Even though acarbose protects against hypoglycemia in the first 4 hours after taking the meal, the delayed peaking of plasma insulin may result in hypoglycemia after 4 hours if the patient is ingesting carbohydrate-rich foods high in glycemic indices. We conclude that dietary therapy in conjunction with the use of acarbose remains the primary management needed to treat reactive hypoglycemia. Acarbose can be a useful adjunct but it has a limit in its effect on suppressing and delaying insulin peaks and the resulting glucose nadirs when eating a mixed meal containing more than 88 g of carbohydrates. A meal test can help identify the risk of reactive hypoglycemia in the elderly, as diabetes often goes undiagnosed and is then present with reactive hypoglycemia because of erratic patterns in insulin secretion.

Amy Lee, MD, FACE
Clinical Associate Professor
Department of Medicine
University of California, Irvine

REFERENCES

1. Lee A. Management of elderly diabetic patients in the subacute care setting. *Clin Geriatr Med* 2000;16:833–852.
2. Mazza AD, Morley JE. Update on diabetes in the elderly and the application of current therapeutics. *J Am Med Dir Assoc* 2007;8:489–492.
3. Imhof A, Schneemann M, Schaffner A, Brundle M. Reactive hypoglycemia due to late dumping syndrome: Successful treatment with acarbose. *Swiss Med Wkly* 2001;131:81–83.
4. Speth PAJ, Jansen JBMJ, Lamers CBHW. Effect of acarbose, pectin, a combination of acarbose with pectin, and placebo on postprandial reactive hypoglycemia after gastric surgery. *Gut* 1983;24:798–802.
5. Gerard J, Luyckx AS, Lefebvre PJ. Acarbose in reactive hypoglycemia: A double-blind study. *Int J Clin Pharmacol Ther Toxicol* 1984;22:25–31.
6. Góke B, Fuder H, Wieckhorst G, et al. Voglibose (AO-128) is an efficient α -glucosidase inhibitor and mobilizes the endogenous GLP-1 reserve. *Digestion* 1995;56:493–501.
7. Seifarth C, Bergmann J, Nauck MA, et al. Prolonged and enhanced secretion of glucagon-like peptide 1 (7–36 amide) after oral sucrose due to α -glucosidase inhibition (acarbose) in type 2 diabetic patients. *Diabet Med* 1998;15:485–491.
8. Lee A, Patrick P, Wishart J, et al. The effects of miglitol on glucagon-like peptide-1 secretion and appetite sensations in obese type 2 diabetics. *Diabetes Obes Metab* 2002;4:329–335.

DOI:10.1016/j.jamda.2010.02.018

ERRATUM

The article, “Hypertension: Is It Overtreated in the Elderly?” that appeared in the March 2010 issue of the *Journal of the American Medical Directors Association* (Vol. 11, No. 3, pp. 147–152) was published with the following errors within the article. On page 148 under the section “Target Blood Pressure,” the sentence in the fourth paragraph should read, “Systolic blood pressure was reduced by 15 mm Hg and diastolic by 6 to 7 mm Hg.” On page 149 under the section “Therapy Failures,” the sentence in the third paragraph should read, “The diagnosis is suggested when the aldosterone-to-rennin ratio is greater than 25 to 1.” Also on page 149 in the fourth paragraph, the sentence should read, “Stiffening of the aorta leads to a fast pulse wave.”