

Over the past year, we have prescribed metformin as adjunctive therapy for five patients with type 1 diabetes (T1DM). The patients were selected because of ongoing difficulty controlling f-BGL without hypoglycaemia. T1DM was diagnosed following hyperglycaemia and positive anti-GAD-antibody 56 U/L (normal <9) (patient 1) or ketoacidosis and undetectable C-peptide (patients 2–5). Relevant patient characteristics are shown in the Box. Four patients experienced mild hypoglycaemia as f-BGL was stabilised over 2–4 weeks. No severe hypoglycaemia occurred.

Adjunctive metformin treatment was associated with significantly reduced

Obesity is associated with insulin resistance, and intensive insulin treatment is associated with weight gain. Hypoglycaemia can also lead to weight gain if episodes are over-treated. Thus, people with T1DM may become overweight and insulin resistant. Metformin may help to break the spiral of weight gain, hyperglycaemia, increased insulin requirements, and further weight gain.²

Two recent, small studies have examined metformin in T1DM. One study, in patients using insulin pumps, showed decreased daily insulin requirements, but no change in HbA_{1c}.³ These patients were initially receiving a mean dose of 0.72 U/kg per day, suggesting

Corrections

Re: the 5 May 2003 supplement to the Journal, *Comprehensive care for people with schizophrenia living in the community* (*Med J Aust* 2003; 178: S41–S80). In some articles, authors have referred, in the text or reference list, to other articles in the same supplement. In a few instances, the page numbers of the cited articles have been omitted. These omissions have been corrected in the version of the supplement that appears on our website (www.mja.com.au). □

Re: “The SARS epidemic: lessons for Australia”, by Cameron PA, Rainer TH, De Villiers Smit P, in the 19 May 2003 issue of the Journal. The Box with the World Health Organization case definitions of “suspected” and “probable” SARS (severe acute respiratory syndrome) was omitted from the print version of this editorial (*Med J Aust* 2003; 178: 478–479), but was included with the rapid online publication on 21 April 2003 (<http://www.mja.com.au/public/rop/cam10220_fm.html>). The case definitions are updated regularly by the WHO and are available at <<http://www.who.int/csr/sars/casedefinition/en/>>. The WHO case definitions for SARS, as at 1 May 2003, are given in the Box on page 556 of this issue of the Journal. □

Patients' characteristics and HbA_{1c} pre and post-metformin treatment

Patient	Age (years)	Duration of type 1 diabetes (years)	Metformin dose (mg/d)	BMI (kg/m ²)	Daily insulin units		Fasting BGL (mmol/L)	HbA _{1c}	
					(U)	(U/kg)			
1	22	2	1500	Pre	25.5	96	1.4	7.0–11	7.1%
				Post	25.0	41	0.6	5.0–6.5	5.8%
2 (PCOS)	28	12	1500	Pre	33.7	67	0.9	6.5–12	10.3%
				Post	32.5	64	0.85	4.5–7.8	9.3%
3	27	8	1500	Pre	30.6	140	1.6	6.8–9.5	7.6%
				Post	29.8	76	0.9	4.8–6.6	7.1%
4	31	14	1000	Pre	24.7	92	1.4	2.1–16.0	8.1%
				Post	24.1	61	0.95	4.5–9.3	7.5%
5	39	22	1000	Pre	23.7	90	1.3	1.9–14.2	8.7%
				Post	23.4	62	0.9	4.2–8.4	7.1%
Mean values ±SD	27	11	1300	Pre	27.6±4.3				8.4±1.2%
				Post	27.0±4.0		1.3±0.3	0.8±0.1	

BMI = body mass index. BGL = blood glucose level; normal range, 3.9–6.1 mmol/L. HbA_{1c} = glycosylated haemoglobin; normal range, 3.3%–5.7%. PCOS = polycystic ovarian syndrome.