

# Brittle Diabetes and Gastroparesis

Jeff H. Ye, MD, PhD

A mid 50-year-old gentleman came to my clinic for help with diabetes. He has had brittle diabetes for several years with blood sugar fluctuating from 20-500 mg/dL. He was frequently hospitalized with severe hypoglycemia and confusion. He has had diabetes since 20's and has been on insulin since. His diabetes was managed by endocrinologist in Nashville. All kinds of treatment were tried without much success. He was on insulin pump and sliding scale regular insulin. He had several episodes of severe hypoglycemia while he was at the Intensive Care Unit. I had to give him low dose IV glucose to prevent hypoglycemia. Factitious hypoglycemia or self-induced hypoglycemia was ruled out.

I suspected diabetic autonomic nerve dysfunction with gastroparesis. Upper endoscopy was performed and confirmed the diagnosis. I tried all medications for the treatment of gastroparesis without much improvement. He continued to have gastroparesis, which I realized was caused by something else, most likely by narcotics he had been using for more than 20 years. I asked him to stop using prescribed narcotics from his pain clinic but he was not convinced of the cause. He had used narcotics for 20 years but his blood sugar problem just started several years ago. He told me that he could not live without pain medication.

To convince him that narcotics-induced gastroparesis is the cause of his blood sugar problem, I referred him to Mayo Clinic, where the diagnosis was confirmed by series tests and procedures performed by top-notch experts in this field. He came back from Mayo Clinic and tried very hard to taper off pain medication but was not successful. He continued to use narcotics and his blood sugar was still uncontrollable. With his agreement, I sent him to Vanderbilt University Medical Center Rehabilitation Center. He stayed there for almost one month and successfully quitted narcotics. He came back to my clinic and told me that he felt like a new man. His blood sugar has been well controlled without hypoglycemia in the following 6 months as long as he did not use any narcotics or recreational street drugs.

Brittle diabetes is a very challenging medical problem caused by multiple factors. Gastroparesis is one of the causes which was difficult to treat by itself. In this area, narcotics-induced GI tract dysfunction is quite common, such as severe constipation, intestinal ileus or gastroparesis. When working with diabetic patient on chronic narcotics, narcotics-induced gastroparesis should be seriously considered and properly treated. If you have difficult diabetes especially brittle diabetes, please contact Dr. Jeff Ye, North Atlanta Medical & Digestive Care at 770-346-0900. We can help!