

# Tuberculosis and Diabetes Mellitus, Tackling Dual Maladies: Comment on Bangladeshi Tuberculosis-diabetes Mellitus Guidelines

Sir,

The national guidelines issued from Bangladesh on the management of diabetes mellitus (DM) in patients who contract tuberculosis (TB) is a reference document for physicians and would aid in the effective management of these patients.<sup>[1]</sup> Further, the article touches on the hurdles in diagnosing TB in patients with diabetes due to atypical presentations and on the negative effects of these diseases on each other. While the authors have covered routine management of DM, stressing the importance of glycemic goals, there are few other aspects which need to be highlighted while treating such patients.

The first of these is the use of steroid therapy for 6 weeks or longer in patients with tubercular meningitis and pericarditis. Some of the patients with diabetes may have a worsening of glycemic control while on therapy while a few diabetes-naïve patients may develop steroid-induced hyperglycemia.<sup>[2]</sup> Both these conditions may need appropriate management with the probable initiation of insulin therapy. When the steroid is stopped, there is also a chance of iatrogenic adrenal insufficiency which may lower blood glucose levels.

The second issue is the steroid insufficiency resulting from rifampicin use, especially in those with underlying adrenal involvement.<sup>[3]</sup> Here, the treating physicians must be cautious of low levels of blood glucose that may ensue. In addition, as antitubercular therapy can alter the metabolism of oral antidiabetic drugs the authors have suggested switching on to insulin therapy. Third, quinolones used as second-line therapy also may also precipitate hypoglycemia.<sup>[4]</sup>

Vitamin D deficiency which has been implicated in both insulin resistance and poor cure rates of TB also needs a mention in this context.<sup>[5]</sup> There may be a case toward treating and maintaining Vitamin D at sufficiency levels in these patients.

The duration of antituberculous therapy in patients with diabetes is currently as recommended for standard therapy. Well-designed studies evaluating the complications and prognosis of patients with these dual diseases should investigate the need for longer or stronger antitubercular therapies.

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## Conflicts of interest

There are no conflicts of interest.

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