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Diabetic ketoacidosis – our local experience

Editor – I read with interest the update on management of diabetic ketoacidosis (DKA) by Kate Evans and would like to share our local

perspective on this diabetic emergency.¹ Among our patients admitted for DKA, a larger proportion (up to 60%, unpublished data) have type 2 diabetes often with background of severely uncontrolled hyperglycaemia. Perhaps this highlights further the differences between type 2 diabetes among Asians which tend to occur younger and is associated with early beta cell dysfunction in the setting of insulin resistance.² Upon discharge, they would be given insulin therapy and, in some patients, after the resolution of pancreatic glucotoxicity, insulin can eventually be tapered off.

We also practice continuation of basal insulin during DKA. However, because the availability of long-acting insulin is limited, we administer twice per day dosing of intermediate acting insulin and find this to be equally effective. ■

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