hypoglycaemic episodes was nocturnal. No major hypoglycaemic events were reported in the glargine or placebo groups. The increase in major hypoglycaemic events with liraglutide was ascribed to the events being present in the glargine or placebo groups. The increase in hypoglycaemic episodes was nocturnal. No major hypoglycaemic events were reported in the glargine or placebo groups. The increase in hypoglycaemic episodes was nocturnal. No major hypoglycaemic events were reported in the glargine or placebo groups. The increase in hypoglycaemic episodes was nocturnal. No major hypoglycaemic events were reported in the glargine or placebo groups. The increase in hypoglycaemic episodes was nocturnal. No major hypoglycaemic events were reported in the glargine or placebo groups. The increase in hypoglycaemic episodes was nocturnal. No major hypoglycaemic events were reported in the glargine or placebo groups. The increase in hypoglycaemic episodes was nocturnal. No major hypoglycaemic events were reported in the glargine or placebo groups. The increase in hypoglycaemic episodes was nocturnal. No major hypoglycaemic events were reported in the glargine or placebo groups. The increase in hypoglycaemic episodes was nocturnal. No major hypoglycaemic events were reported in the glargine or placebo groups. The increase in hypoglycaemic episodes was nocturnal. No major hypoglycaemic events were reported in the glargine or placebo groups. The increase in hypoglycaemic episodes was nocturnal.

Although calcitonin levels increased significantly after 26 weeks in both the liraglutide and insulin glargine-treated groups of patients, the estimated mean calcitonin level at 26 weeks was still within the normal range. Antibodies to liraglutide were present in 10% of patients but did not appear to alter the glucose-lowering effect.

Overall, the LEAD trials have demonstrated the anti-hyperglycaemic efficacy of liraglutide injections at a dosage of 1.2 or 1.8 mg daily in monotherapy and in combination with up to two oral anti-diabetic medications. Additionally, liraglutide added to metformin and sulphonylureas produced significant improvement in glycaemic control and body weight compared with insulin glargine. As with all anti-diabetic medications, hypoglycaemic events can and do occur.

Longer-term outcome trials and post-marketing surveillance will guide clinicians as to how to maximise the advantages of the GLP-1 agonists in the regimen of care of type 2 diabetic patients.

References

**Eating for Sustained Energy 4**

Gabi Steenkamp and Liesbet Delport, both registered dietitians, have recently released **Eating for Sustained Energy 4**, published by Tafelberg.

Gabi Steenkamp has been in private practice for over 30 years, specialising in the nutritional management of diabetes and colon dysfunction. Gabi is at present the voluntary consulting dietitian for the Diabetes Association of South Africa (Diabetes SA).

She has presented many lectures and workshops on various nutrition-related topics, and has also published articles in many journals and magazines. Her involvement in the food industry as a nutrition and food-labelling consultant gives her a unique insight into South African foods and food products. She has written eight books together with several other dietitians.

Liesbet Delport is a founder member of the Glycaemic Index Foundation of South Africa (GIFSA) and a partner in a successful private practice in Nelspruit. She has co-authored seven nutrition-related books and has written articles on various aspects of nutrition for magazines and scientific journals.

**Eating for Sustained Energy 4** is the fourth in a series of low-GI and low-fat recipe books for the whole family. It is filled with modern and traditional everyday and party fare that is quick and easy to prepare as well as being full of good nutrition. It was written in response to a genuine need among Gabi and Liesbet’s patients for a practical, easy way to use slow-release (low-GI) carbohydrates in everyday meals.

The glycaemic index (GI) is a physiological measure of how a carbohydrate food affects blood glucose levels. It is a solid nutritional tool that works best to regulate blood glucose levels, resulting in sustained energy all day long. The more Liesbet and Gabi applied it, the more they realised its beneficial impact in their patients’ lives.

Not only does using the GI markedly improve blood glucose control in those with diabetes, it also curtails hunger in slimmers, combats fatigue, helps children with concentration problems, enhances sports performance, and combats high blood pressure and longstanding excessive weight. In short, everybody should know how to use the GI as a means of attaining optimum health, which can lead to an energetic lifestyle.

To win a copy of **Eating for Sustained Energy 4** in English or Afrikaans, e-mail Wendy on wendy.icon@wol.co.za with your name, language preference, specialty and postal address by 1 August 2010.
Gabi Steenkamp and Liesbet Delport wrote it in response to their patients' need for practical, easy ways to include slow-release carbohydrates in their diet. The glycemic index (GI) is a physiological measure of the effect of carbohydrates on blood glucose levels. It is the perfect instrument for controlling these levels effectively and consistently and what's more, it can help give you sustained energy throughout the day. When we started writing Eating for Sustained Energy 1, we had no publisher and absolutely no idea that recipes of this kind would be so popular. What we did have was lots of enthusiasm and the knowledge that it is not that difficult to compile tasty, healthy recipes. In fact, we were both cooking and baking such dishes for our families every day! 

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