

DIABETIC NEUROPATHY: CLINICAL MANAGEMENT, SECOND EDITION

CONTEMPORARY DIABETES

ARISTIDIS VEVES, MD, DSc

SERIES EDITOR

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DIABETIC NEUROPATHY

Clinical Management, Second Edition

Edited by

ARISTIDIS VEVES, MD, DSc

*Beth Israel Deaconess Medical Center
Harvard Medical School
Boston, MA*

and

RAYAZ A. MALIK, MBChB, PhD

*Manchester Royal Infirmary
and University of Manchester,
Manchester, UK*



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To my wife Maria and my son George.

— *Aristidis Veves*

*To my wife Robina and beautiful
daughters: Imaan, Hana and Ayesha.*

— *Rayaz A. Malik*

PREFACE

It has been almost a decade since the first edition of *Clinical Management of Diabetic Neuropathy* was published. Since then, all societies have seen an explosion in obesity and diabetes. As a result, there is also an explosion in long-term diabetes complications, including diabetic neuropathy. Diabetic neuropathy therefore remains a major health problem that has not only serious consequences for the patient but also carries a significant financial burden for the health care-providing organizations of every society.

Another change that has taken place since the last edition is the accumulation of considerable data that has drastically expanded our knowledge regarding the pathophysiology and natural history of the disease. Unfortunately, this expansion in our knowledge has not been accompanied by success in treating diabetic neuropathy. Thus, considerable clinical research efforts that employed various therapeutic modalities, including aldose reductase inhibitors, nerve growth factor, and PKC beta inhibitors, failed to provide positive results and are currently not expected to gain approval for clinical use.

For *Diabetic Neuropathy: Clinical Management, Second Edition*, we have made every effort to reflect the above changes. We have included new chapters that focus more detail on the pathophysiology of the disease, and we have also expanded the sections regarding the diagnosis and the management of the various presentations of diabetic neuropathy. We feel very fortunate that we were able to recruit all leading authorities in their respective fields, and we believe that this has tremendously increased the quality of this edition. We therefore hope that this edition will be helpful not only to the practicing clinicians but also to researchers who would like to examine this condition in more detail.

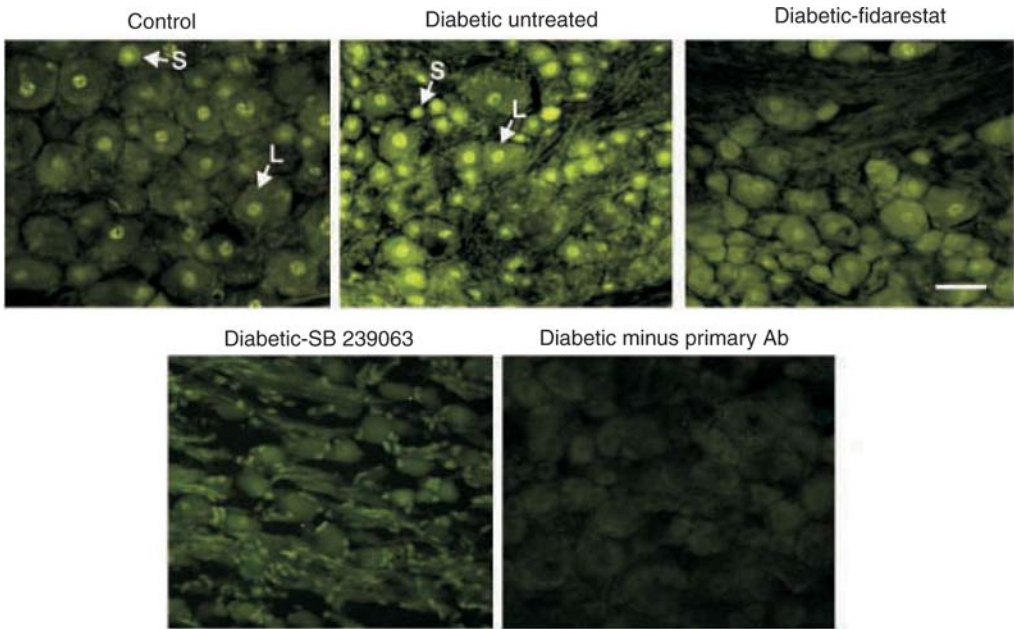
We would like to sincerely thank all of the contributors to *Diabetic Neuropathy: Clinical Management, Second Edition*, as it is their hard work that has resulted in this successful textbook. We would like also to thank Humana Press for their trust in our abilities and all of their help in accomplishing this project.

Aristidis Veves, MD, DSc
Rayaz A. Malik, MBChB, PhD

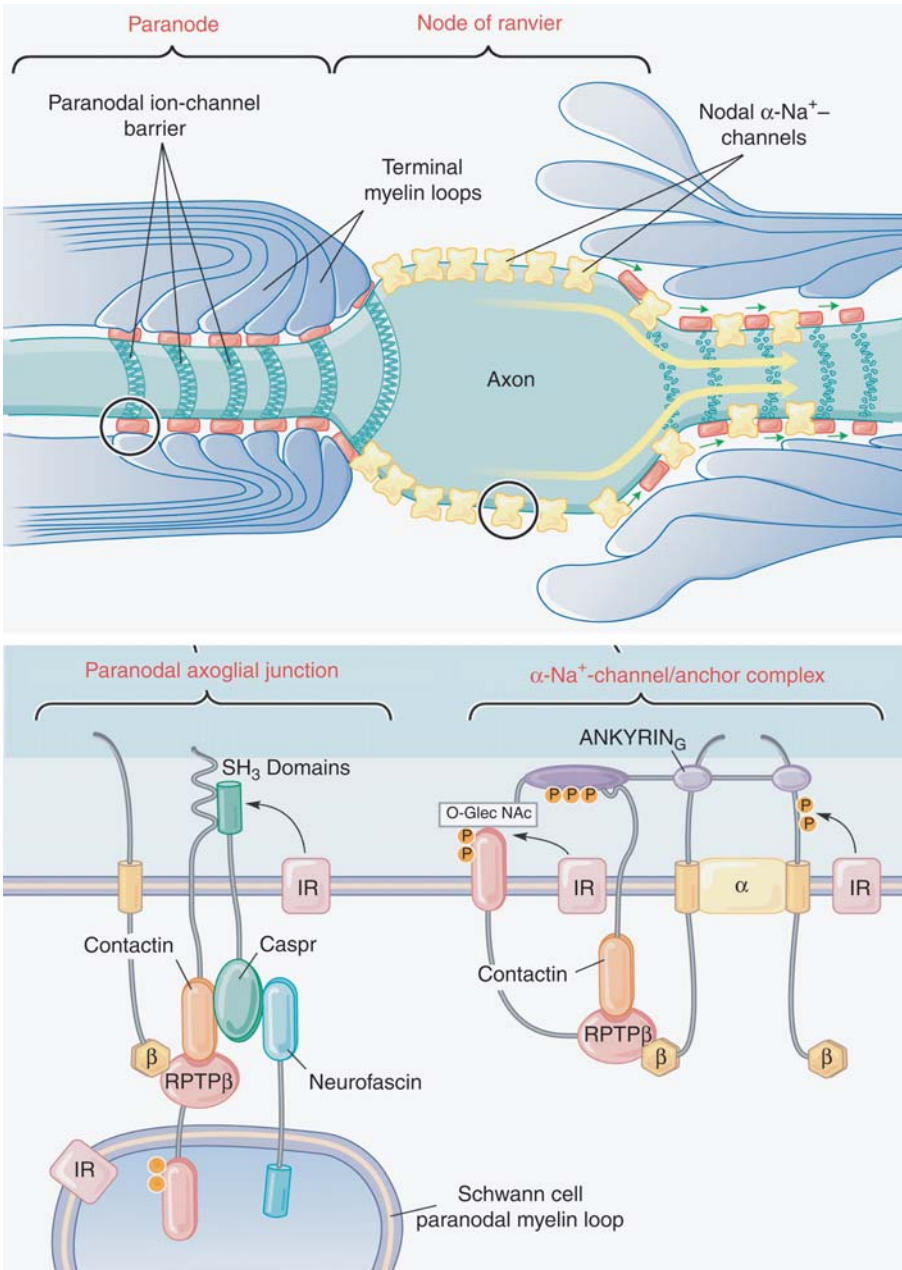
LIST OF COLOR IMAGES

The images listed below appear in the color insert within the text.

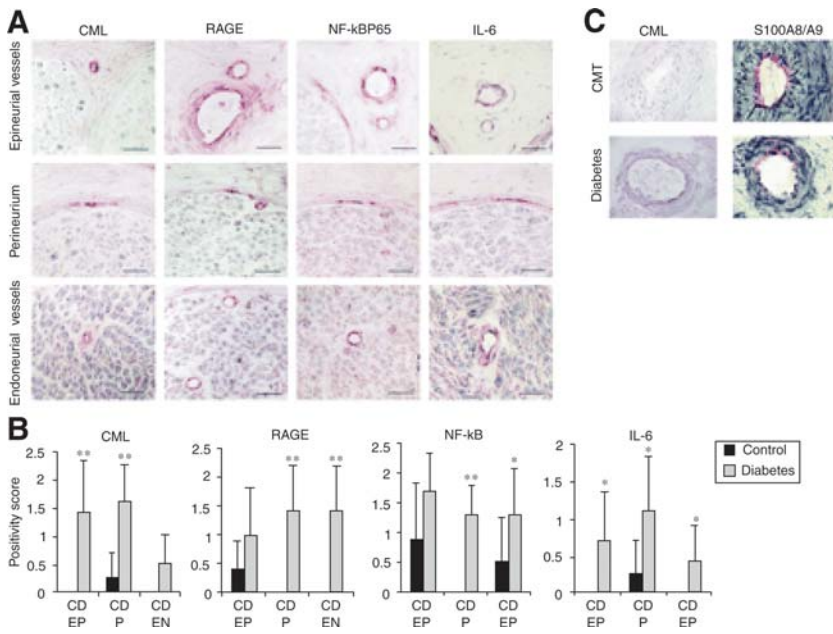
- Color Plate 1.** *Fig. 5, Chapter 6:* Bar charts and Western blots showing the effects of insulin, fidarestat and the p38 mitogen-activated protein kinases inhibitor, SB239063. (*See complete caption on p. 103.*)
- Color Plate 2.** *Fig. 5, Chapter 8:* Axoglial dysjunction is a characteristic degenerative change of type 1 DPN. (*See complete caption on p. 142.*)
- Color Plate 3.** *Fig. 2, Chapter 13:* **(A)** Localization of CML. **(B)** Quantification of staining intensities of epineurial vessels, perineurium, and endoneurial vessels. **(C)** Comparison of the staining intensity for CML and the receptor for advanced glycation end products. (*See complete caption on p. 234.*)
- Color Plate 4.** *Fig. 3, Chapter 17:* Normal human epidermal and dermal innervation visualized with confocal microscopy. (*See complete caption on p. 297.*)
- Color Plate 5.** *Fig. 5, Chapter 17:* **(A)** Method to measure collateral sprouting of human epidermal nerve fibers. **(B)** Example of collateral sprouting. (*See complete caption on p. 302.*)
- Color Plate 6.** *Fig. 7, Chapter 17:* For each subject, a regression line from postcapsaicin time-points is generated and the slope of this line is used as the rate of regeneration. (*See complete caption on p. 304.*)



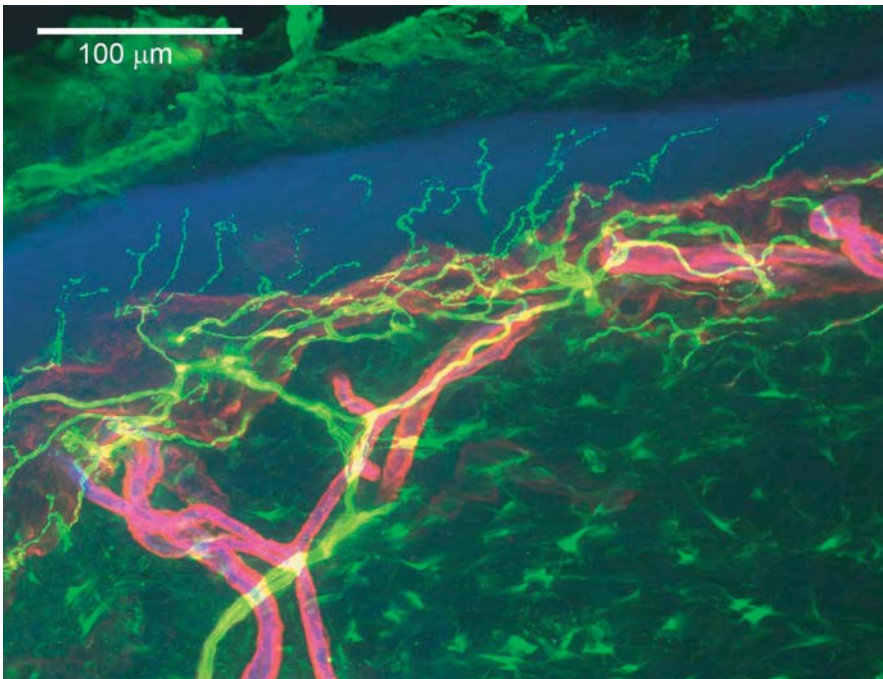
Color Plate 1. Bar charts and Western blots showing the effects of insulin, fidarestat and the p38 mitogen-activated protein kinases inhibitor, SB239063. (Fig. 5, Chapter 6; *see* complete caption on p. 103.)



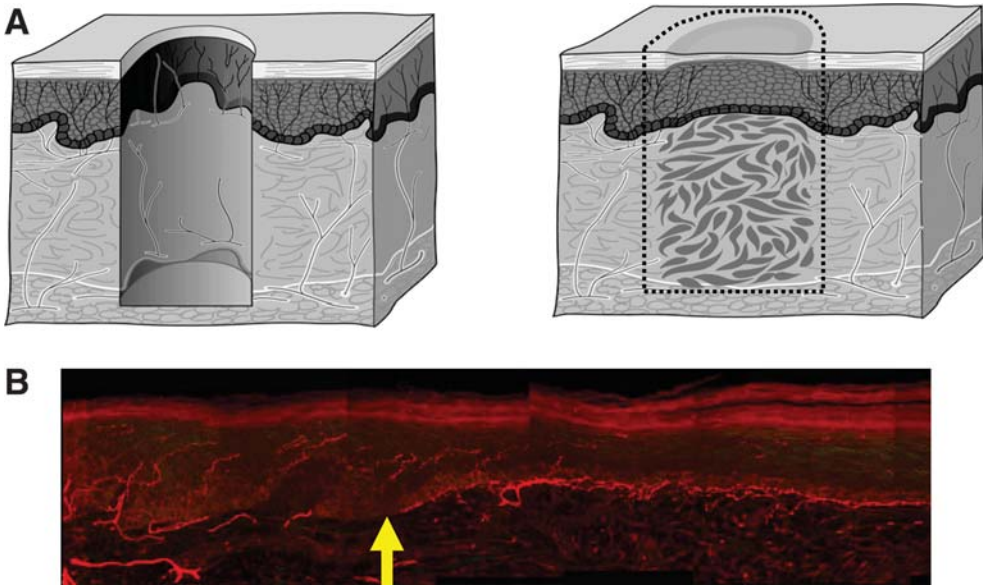
Color Plate 2. Axoglial dysjunction is a characteristic degenerative change of type 1 DPN. (Fig. 5, Chapter 8; see complete caption on p. 142.)



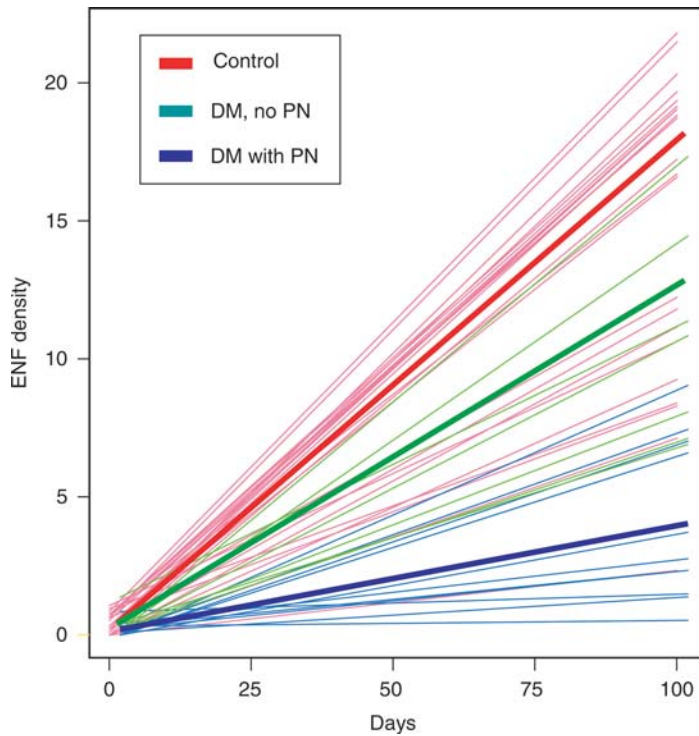
Color Plate 3. (A) Localization of CML. (B) Quantification of staining intensities of epineurial vessels, perineurium, and endoneurial vessels. (C) Comparison of the staining intensity for CML and the receptor for advanced glycation end products. (Fig. 2, Chapter 13; *see* complete caption on p. 234.)



Color Plate 4. Normal human epidermal and dermal innervation visualized with confocal microscopy. (Fig. 3, Chapter 17; *see* complete caption on p. 297.)



Color Plate 5. (A) Method to measure collateral sprouting of human epidermal nerve fibers. (B) Example of collateral sprouting. (Fig. 5, Chapter 17; *see complete caption on p. 302.*)



Color Plate 6. For each subject, a regression line from postcapsaicin time-points is generated and the slope of this line is used as the rate of regeneration. (Fig. 7, Chapter 17; *see complete caption on p. 304.*)

CONTENTS

| | |
|----------------------------|------|
| Preface | vii |
| List of Color Images | viii |
| Contributors | xi |

| | | |
|----|--|-----|
| 1 | Historical Aspects of Diabetic Neuropathies | 1 |
| | <i>Vladimir Skljarevski</i> | |
| 2 | The Epidemiology of Diabetic Neuropathy | 7 |
| | <i>Stephanie Wheeler, Nalini Singh, and Edward J. Boyko</i> | |
| 3 | Genomics of Diabetic Neuropathy | 31 |
| | <i>Andrew G. Demaine and Bingmei Yang</i> | |
| 4 | Transgenic and Gene Knockout Analysis of Diabetic Neuropathy | 51 |
| | <i>Sookja K. Chung and Stephen S. M. Chung</i> | |
| 5 | Hyperglycemia-Initiated Mechanisms in Diabetic Neuropathy | 69 |
| | <i>Irina G. Obrosova</i> | |
| 6 | Effectors—Sonic Hedgehog and p38 Mitogen-Activated Protein Kinase | 91 |
| | <i>Sally A. Price, Rebecca C. Burnand, and David R. Tomlinson</i> | |
| 7 | Neuronal and Schwann Cell Death in Diabetic Neuropathy | 113 |
| | <i>James W. Russell, Rita M. Cowell, and Eva L. Feldman</i> | |
| 8 | Metabolic-Functional-Structural Correlations in Somatic Neuropathies in the Spontaneously Type 1 and Type 2 Diabetic BB-Rats | 133 |
| | <i>Anders A. F. Sima, Weixian Zhang, and Hideki Kamiya</i> | |
| 9 | Experimental Diabetic Autonomic Neuropathy | 153 |
| | <i>Phillip A. Low</i> | |
| 10 | Spinal Cord: <i>Structure and Function in Diabetes</i> | 165 |
| | <i>Andrew P. Mizisin, Corinne G. Jolivald, and Nigel A. Calcutt</i> | |
| 11 | Diabetic Encephalopathy | 187 |
| | <i>Geert Jan Biessels</i> | |
| 12 | Microangiopathy, Diabetes, and the Peripheral Nervous System | 207 |
| | <i>Douglas W. Zochodne</i> | |
| 13 | Pathogenesis of Human Diabetic Neuropathy | 231 |
| | <i>Rayaz Ahmed Malik and Aristides Veves</i> | |
| 14 | Clinical Features of Diabetic Polyneuropathy | 243 |
| | <i>Solomon Tesfaye</i> | |

| | | |
|----|---|-----|
| 15 | Micro- and Macrovascular Disease in Diabetic Neuropathy | 259 |
| | <i>Aristidis Veves and Antonella Caselli</i> | |
| 16 | Clinical Diagnosis of Diabetic Neuropathy | 275 |
| | <i>Vladimir Skljarevski and Rayaz A. Malik</i> | |
| 17 | Punch Skin Biopsy in Diabetic Neuropathy | 293 |
| | <i>Michael Polydefkis</i> | |
| 18 | Aldose Reductase Inhibitors for the Treatment of Diabetic Neuropathy | 309 |
| | <i>Aristidis Veves</i> | |
| 19 | Other Therapeutic Agents for the Treatment of Diabetic Neuropathy | 321 |
| | <i>Gary L. Pittenger, Henri Pharson, Jagdeesh Ullal, and Aaron I. Vinik</i> | |
| 20 | Pathophysiology of Neuropathic Pain | 339 |
| | <i>Misha-Miroslav Backonja</i> | |
| 21 | Treatment of Painful Diabetic Neuropathy | 351 |
| | <i>Andrew J. M. Boulton</i> | |
| 22 | Focal and Multifocal Diabetic Neuropathy | 367 |
| | <i>Gérard Said</i> | |
| 23 | Hypoglycemia and the Autonomic Nervous System | 379 |
| | <i>Roy Freeman</i> | |
| 24 | Cardiovascular Autonomic Neuropathy | 389 |
| | <i>Martin J. Stevens</i> | |
| 25 | Postural Hypotension and Anhidrosis | 413 |
| | <i>Phillip A. Low</i> | |
| 26 | Gastrointestinal Syndromes Due to Diabetes Mellitus | 433 |
| | <i>Juan-R. Malagelada</i> | |
| 27 | Genitourinary Complications | 453 |
| | <i>Dan Ziegler and Christian Stief</i> | |
| 28 | Management of Diabetic Foot Complications | 473 |
| | <i>Thomas E. Lyons</i> | |
| | Index | 507 |

CONTRIBUTORS

- MISHA-MIROSLAV BACKONJA • *Department of Neurology, School of Medicine and Public Health, University of Wisconsin—Madison, Madison, WI*
- GEERT JAN BIESSELS • *Department of Neurology of the Rudolf Magnus Institute for Neuroscience, University Medical Centre, Utrecht, The Netherlands*
- ANDREW J. M. BOULTON • *Department of Medicine, Manchester Royal Infirmary, Manchester, UK*
- EDWARD J. BOYKO • *VA Puget Sound Healthcare System, Seattle, WA*
- REBECCA C. BURNAND • *Faculty of Life Sciences, University of Manchester, Manchester, UK*
- NIGEL A. CALCUTT • *Department of Pathology, University of California San Diego, La Jolla, CA*
- ANTONELLA CASELLI • *Microcirculation Lab, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA*
- SOOKIA K. CHUNG • *Department of Anatomy, The University of Hong Kong, Hong Kong, SAR China*
- STEPHEN S. CHUNG • *Department of Physiology, The University of Hong Kong, Hong Kong, SAR China*
- RITA M. COWELL • *Department of Psychiatry and Behavioral Neurobiology, University of Alabama at Birmingham, Birmingham, AL*
- ANDREW G. DEMAINE • *Molecular Medicine Research Group, Peninsula Medical School, Plymouth, UK*
- EVA L. FELDMAN • *Department of Neurology, University of Michigan, Ann Arbor, MI*
- ROY FREEMAN • *Autonomic Lab, Beth Israel Deaconess Medical Center, Boston MA*
- JOHN W. GRIFFIN • *Department of Neurology, The Johns Hopkins Hospital, Baltimore, MD*
- CORINNE G. JOLIVALT • *Department of Pathology, University of California San Diego, La Jolla, CA*
- HIDEKI KAMIYA • *Department of Pathology, Wayne State University, Detroit, MI*
- PHILLIP A. LOW • *Department of Neurology, Mayo Clinic, Rochester, MN*
- THOMAS E. LYONS • *Division of Podiatric Medicine and Surgery, Harvard Medical School, Beth Israel Deaconess Medical Center, Boston, MA*
- JUAN-R. MALAGELADA • *Digestive System Research Unit, Hospital General Vall d'Hebron, Autonomous University of Barcelona, Barcelona, Spain*
- RAYAZ A. MALIK • *Division of Cardiovascular Medicine, University of Manchester, Manchester, UK*
- JUSTIN MCARTHUR • *Department of Neurology, The Johns Hopkins Hospital, Baltimore, MD*
- ANDREW P. MIZISIN • *Department of Pathology, University of California San Diego, La Jolla, CA*
- IRINA G. OBROSOVA • *Pennington Biomedical Research Center, Louisiana State University, Baton Rouge, LA*

- HENRI PHARSON • *Department of Internal Medicine, Strelitz Diabetes Institutes, Eastern Virginia Medical School, Norfolk, VA*
- GARY L. PITTENGER • *Department of Internal Medicine, Strelitz Diabetes Institutes, Eastern Virginia Medical School, Norfolk, VA*
- MICHAEL POLYDEFKIS • *Department of Neurology, The Johns Hopkins Hospital, Baltimore, MD*
- SALLY A. PRICE • *Faculty of Life Sciences, University of Manchester, Manchester, UK*
- JAMES W. RUSSELL • *Department of Neurology, University of Maryland, Baltimore, MD*
- GÉRARD SAID • *Service de Neurologie and Laboratoire Louis Ranvier, Hopital de Bicetre, Assistance Publique-Hopitaux de Paris and Universite Paris-sud, Paris, France*
- ANDERS A. F. SIMA • *Departments of Pathology and Neurology and The Morris Hood Comprehensive Diabetes Centre, Wayne State University, Detroit, MI*
- NALINI SINGH • *VA Puget Sound Health Care System, Seattle, WA*
- VLADIMIR SKLJAREVSKI • *Lilly Research Laboratories, Indianapolis, IN*
- MARTIN J. STEVENS • *Division of Medical Sciences, University of Birmingham, Birmingham, UK*
- CHRISTIAN STIEF • *LMU University of Munich Hospital, Clinic for Urology, Munich, Germany*
- GORAN SUNDKVIST • *Department of Endocrinology, University of Lund, Malmo University Hospital, Sweden*
- SOLOMON TESFAYE • *Diabetes Research Unit, Royal Hallamshire Hospital, Sheffield, UK*
- DAVID R. TOMLINSON • *Faculty of Life Sciences, University of Manchester, Manchester, UK*
- JAGDEESH ULLAL • *Department of Internal Medicine, Strelitz Diabetes Institutes, Eastern Virginia Medical School, Norfolk, VA*
- ARISTIDIS VEVES • *Microcirculation Lab, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA*
- AARON I. VINIK • *Department of Internal Medicine, Strelitz Diabetes Institutes, Eastern Virginia Medical School, Norfolk, VA*
- STEPHANIE WHEELER • *VA Puget Sound Health Care System, Seattle, WA*
- BINGMEI YANG • *Molecular Medicine Research Group, Peninsula Medical School, Plymouth, UK*
- WEIXIAN ZHANG • *Department of Pathology, Wayne State University, Detroit, MI*
- DAN ZIEGLER • *German Diabetes Center, Leibniz Center at the Heinrich Heine University, Institute for Clinical Diabetes, Düsseldorf, Germany*
- DOUGLAS W. ZOCHODNE • *Department of Clinical Neurosciences, Foothills Medical Center, University of Calgary, Alberta, Canada*