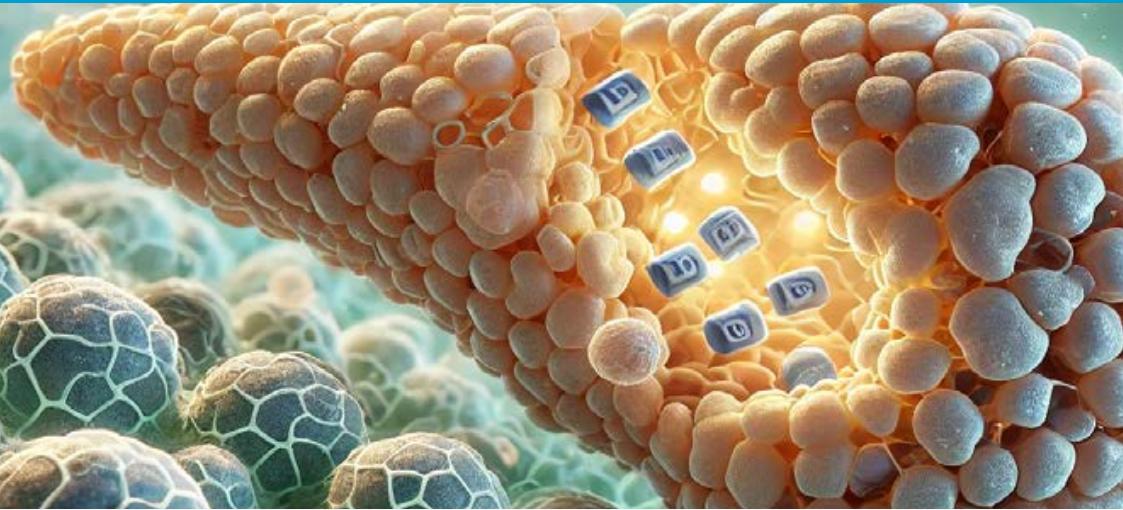


Case report ReNew

Patient, male, commercial pilot, 48 years old at first presentation in September/2012, known type 2 diabetes for 4 years, BMI: 26.4 kg/m², HbA1c: 7.3% under therapy with Metformin 1000 mg (1-0-1) & Glimepirid 3 mg (1-0-0). The aviation medical service plans to administer basal insulin, but this would lead to a ban on flying.



Values with us:

- HbA1c: 7.2 % (standard value (sv): < 6.4 %)
- intact proinsulin: 13.2 pmmol/L (sv: < 7 pmol/L)
- Adiponectin: 1.7 mg/dL (sv: > 6 mg/dL)
- hsCRP: 2.3 mg/L (sv: <1 mg/dL)

Diagnosis:

- β-cell dysfunction in stage III
- pronounced insulin resistance
- chronic systemic inflammation / moderate CHD risk

ReNew therapy for 12 weeks:

- Insulin glargine 10 U (0-0-0-1)
- Liraglutide 0.6 mg (1-0-0)
- Pioglitazone 30 mg (1-0-0)
- Metformin 500 mg (1-0-0)

Re-presentation after 3 months (1 week after discontinuation of all medication):

- HbA1c of 5.7 %, all other parameters also within the normal range
- After that, only lifestyle therapy (diet and exercise) for 2 years
- Since then, repeat DET (for 6 weeks with SGLT-II inhibitor instead of Metformin) every 12-24 months in consultation with the aviation medical service if an increase in proinsulin indicates the return of type 2 diabetes (see figure).

This therapy has been successful to date (2025) and the pilot will certainly be able to fly until retirement.

(Pfützner A, Rose D. *Diabetes Stoff. Herz*, 28 (2019) 181 – 186)



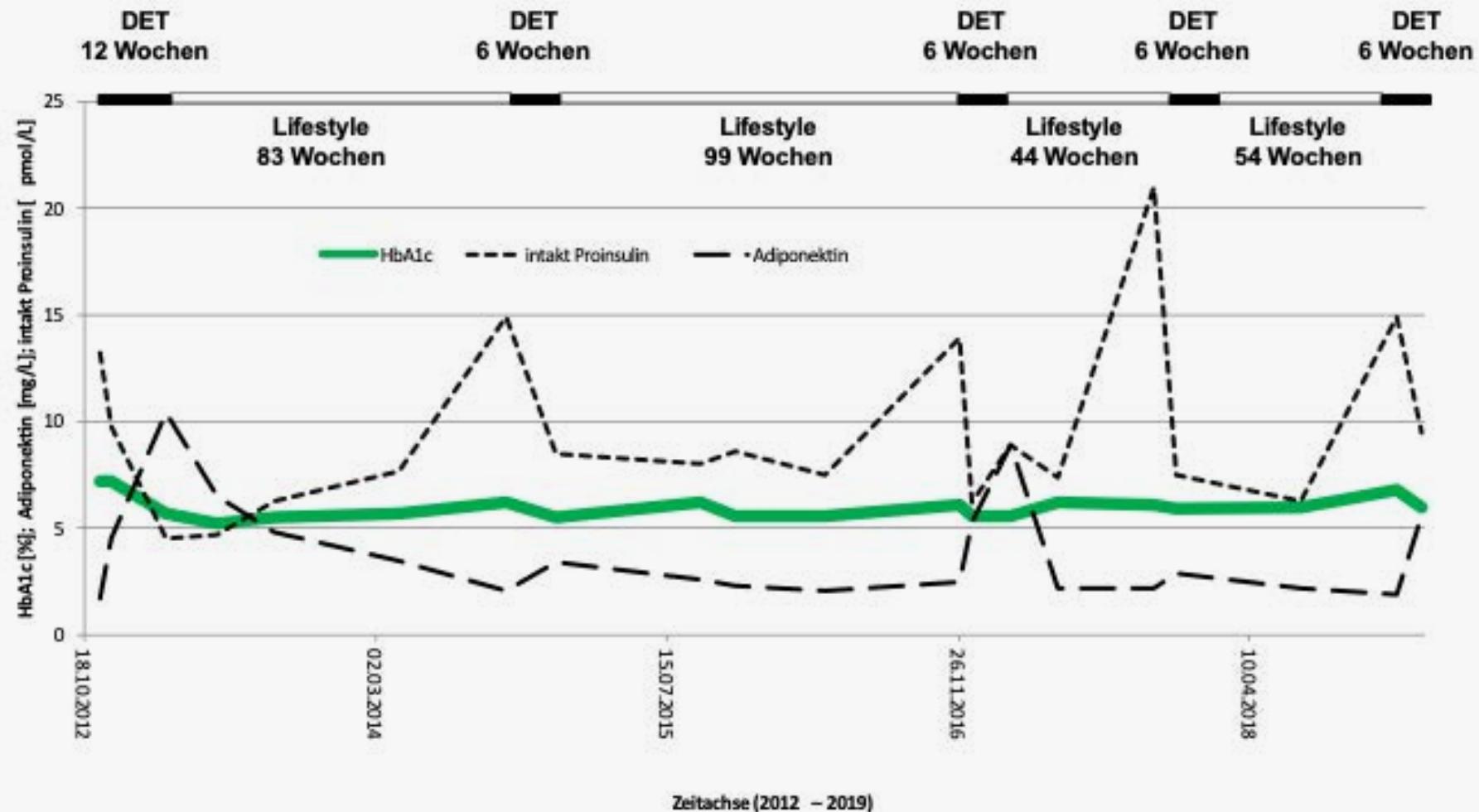
Personalized and
innovative diabetes treatments

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