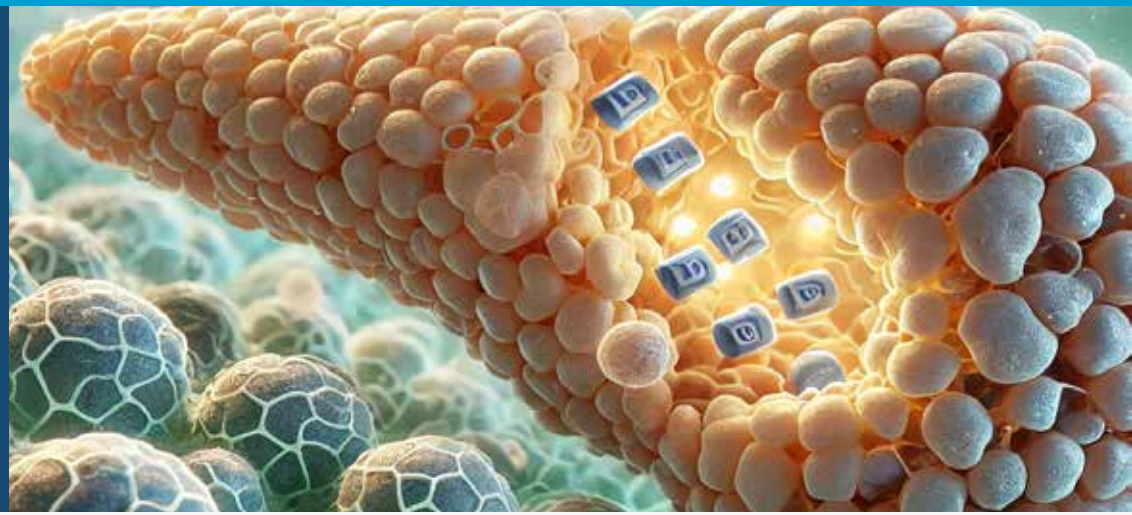
Case report **ReNew**

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
- Thereafter, only lifestyle therapy (diet and exercise) for 2 years
- Since then, repeated 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

Private practice Prof. Dr. Dr. Andreas Pfützner
Haifa-Allee 18
55128 Mainz

Tel. +49 6131 5884640
Fax +49 6131 5884644

info@pfuetzner-mainz.com
www.pfuetzner-mainz.com

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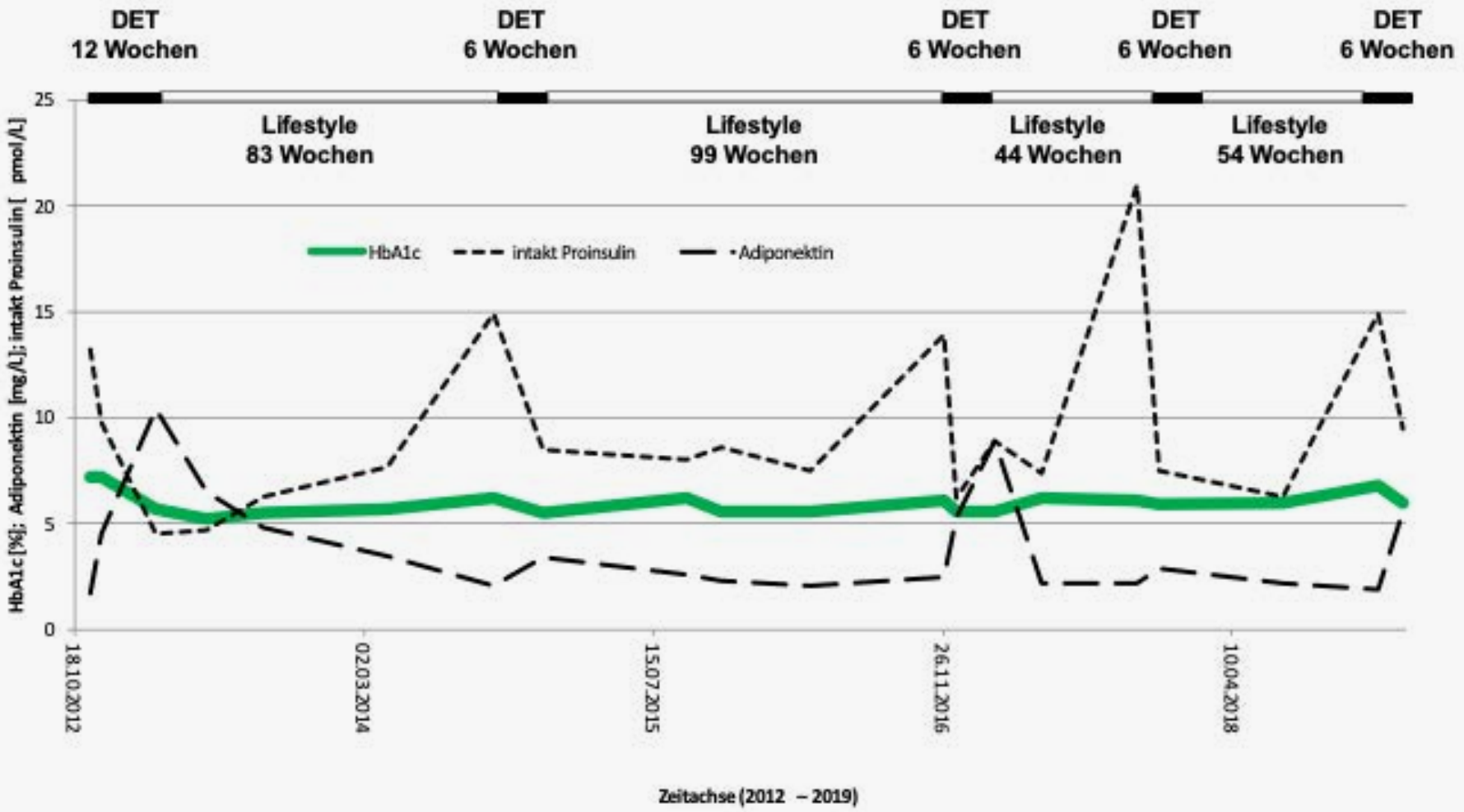

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