

Recognizing Type 5 Diabetes: A Distinct and Urgent Clinical Challenge

The International Diabetes Federation's official recognition of the disease Type 5 diabetes represents a great stride forward toward addressing a long-ignored type of this disorder, one that primarily affects malnourished people in developing and underdeveloped countries. [1] For decades misdiagnosed, this type of diabetes, sometimes thought to be MODY5, is now finally getting some long-deferred attention in the clinic.

Hyperglycemic young and lean adults suffering from early malnutrition are primarily affected by the Type 5 variety. These patients have impaired insulin secretion without insulin resistance, typically with associated pancreatic atrophy and renal cysts. A 2022 study of 61 patients from China described common HNF1B mutations and found the high occurrence of hypomagnesemia and kidney anomalies, supporting the notion that this is indeed a genetic and systemic disorder. [2]

The very first avenue of the challenge is erroneous labels. Patients are more commonly—and falsely—labeled Type 1 diabetes and commenced on insulin, sometimes with harmful objectives. Case description reported a wonderful response to Liraglutide, a GLP-1 receptor agonist that stimulates endogenous insulin production and obviates the use of exogenous insulin.[3] Therefore, it highlighted the importance of sophisticated diagnostics and patient-tailored treatment.

Type 5 diabetes has stealthily hit millions in the regions of Africa and Asia, where access to diagnostic testing is limited and malnutrition is widespread. The very existence of these patients remains unseen to national diabetes programs, and they stand at risk of poor outcomes due to an inappropriate form of treatment without proper recognition and customized care.

With an official classification of Type 5 diabetes now made, awareness-raising with an eventual rollout of screening protocols and treatment guidelines should follow on the part of medical professionals and public health authorities. Investment in areas such as affordable genetic testing, clinical training for endemic areas, and access to therapies other than insulin could have far-reaching impacts on improving the outcome.

The recognition of Type 5 diabetes is consequently not an issue of clinical precision but rather a moral and public health issue concerning inequality in the care provided for diabetes worldwide.

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