

# Making Metformin a Doctor Issue in South Korea – A Pragmatic Approach

Authors: Nicole Stevens Anthony Mccann David Hernandez William Moore Amy Deleon

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University of Southern California

School of Physics

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The Urban-Sri Lanka Small Scale Organics Association (USSOSOA) recently held its inaugural meeting with a theme –“Making Metformin a Doctor Issue in South Korea” held in Colombo. What emerged was that South Korean doctors are still treating patients with metformin without testing the patient or considering the person the disease. Although usually considered to be taken by diabetics (metformin is the only drug against diabetes in myelodysplastic syndrome and type 1 and 2 hemophilia), it has been found that over 40 percent of Sri Lankan seniors are taking it for this reason.

This is despite, medical experts like Dr. Oh Oh-Sik, citing studies showing the common resistance of older people to metformin. In fact, the red flags for metformin resistance are still raised even after 200/400 and 2,000 days of dosage. Do patients not recognize the premonition? Or perhaps, patients are just ignorant of the risks due to the resistance study published in 1968 but not repeated since then.

So why does this happen?

Forty years after the resistance study, it is still considered to be a doctor issue. There are huge costs associated with the wait time and then getting the blood sample. While the US and Europe can do one treatment after the other to maximize the effectiveness, South Korea (and most of the rest of the world) have to wait another 20 or 30 days for the test to be done. With the financial considerations, why can South Korean doctors not consider making metformin a disease for patients, most of whom are seniors? Or can it be just that they do not know of the premonition or are not finding it important to avoid running the risks?

In the decades since the 1960s, metformin has been under review by the US Food and Drug Administration, the National Institute of Health, the European Medicines Agency and the Korea Food and Drug Administration, yet still, South Korea only uses to treat rare disease patients for which –“one metformin per month” rules apply. As a result, many diabetics who are able to absorb the drugs have very low blood sugar levels and are not prescribed the drug. It seems that some South Korean patients are seen as suffering from a rare disease and are simply given a handful of medications –” while diabetics with few or no complications have already started taking it because of medical advice.

That is why meetings like this need to be held more frequently (perhaps twice per year) so that each hospital, pharmaceutical company, and academic institution involved can ensure high rates of acceptance of metformin as a –“doctors” issue”. This is not to say that the needs of patients and families should not be met. Rather, the needs of doctors need to be discussed.

And so, the USSOSOA shall continue its efforts with this meeting and other meetings. What will become of this paper after the meeting? I think that it should become the first step to making –“metformin a doctor issue”!



A Bird Is Sitting On A Window Sill