with regard to hypoglycemia and long-term glucose control.

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**[One of the authors responds:]**

I appreciate the concerns raised by James McCormack and Ken Bassett. It is difficult to write about an emerging literature, particularly when many of the articles are in abstract form.

The fact is, however, that there is a lot of interest in the new insulin analogues, of which there are now almost half a dozen either newly on the market or undergoing clinical testing.[1] This interest clearly indicates that we have not yet found the best means to replace physiologic insulin.[2]

As pointed out by McCormack and Bassett, one of the greatest hazards of present-day intensive therapy for diabetes is hypoglycemia, which

was of concern in the Diabetes Control and Complications Trial[3] and has also been discussed in a recent meta-analysis.[4] In the latter study, it was found that the odds ratio for hypoglycemia was 2.99 for intensive treatment (with regular insulin) relative to conventional treatment, and there was a significant relation ($p$ = 0.005) with the degree of reduction in level of hemoglobin $A_{1c}$.

It is this context in which the information on hypoglycemia associated with insulin lispro must be interpreted. I hope that our paper was not misinterpreted as implying that hypoglycemia is not a risk with this therapy. However, the concept of a ratio between hemoglobin $A_{1c}$ and hypoglycemia is an important one, particularly if the reduction in hypoglycemia for the same level of hemoglobin $A_{1c}$ can be achieved with respect to severe hypoglycemia, coma or overnight hypoglycemia, as reported by Holleman and associates.[5]

In this era of evidence-based medicine, it can be difficult to express qualitative views, let alone to quote experience, so I dare say that McCormack and Bassett might also be sceptical of the extensive published and unpublished "evidence" that patients like insulin lispro and that they usually choose to continue taking this drug at the end of clinical trials because it gives them more flexibility and is more reliable in its effect on hypoglycemia. Hypertensive patients may not be able to assess whether a particular drug is more or less protective with regard to cardiovascular outcomes, but when it comes to the subjective experience of hypoglycemia, might diabetic patients know best?

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## Assessing osteoporosis risk

In reply to a letter from a participant in the BC Study of Osteoporosis Risk[1] David Kendler[2] states that the review of bone mineral density testing