

Ukraine and endocrine drug shortages

Joint Statement from the Ukrainian Diabetology Association and the European Society of Endocrinology

To whom it may concern

The European Society of Endocrinology consulted with the Ukrainian Diabetology Association and is hereby highlighting the following needs with regard to urgent medical drug supply, required to secure the continued care of patients with endocrine disease.

Insulin for the treatment of diabetes – this is life critical. Patients with diabetes mellitus, particularly type 1 diabetes, need unrestricted access to insulin. A shortage of insulin is immediately life-threatening. The supply of long and short acting insulins has to be accompanied by adequate supplies of glucose test strips and glucose measuring devices, as the blood-glucose values form the cornerstone of diabetes self-management. Also, in case of acute stress, infection or trauma and inadequate diet (food supply being difficult during war) the insulin dose may need adaptations and adequate glycemic control is an important healing factor.

There is however also a need for less ‘visible’ hormone products like hydrocortisone, L-thyroxine and desmopressin in the replacement therapy of patients with hormonal deficiencies.

The substitution with **hydrocortisone/cortisone acetate/prednisolone** for patients with adrenal insufficiency is critical. Cortisol is the hormone that allows the body to respond to stress situations. If the body doesn't produce this itself, and if the patient doesn't receive daily substitution with hydrocortisone, cortisone acetate or prednisolone, this will lead to adrenal crisis and death within 24 to 48 hours if not immediately treated with high dose injections of hydrocortisone. Hydrocortisone and cortisone acetate are the first choice product (identical or similar to the natural hormone), whereas prednisolone is a second choice product (synthetic compound) for these patients. In case of adrenal crisis, hydrocortisone injections are needed (if not available prednisolone or methylprednisolone should be used).

Levo-thyroxine is used as substitution therapy in patients with hypothyroidism, the substitution for autoimmune thyroiditis (Hashimoto disease), for the prevention of a recurrence of thyroid cancer, the disease of Graves-Basedow in combination with thyreostatics to maintain a normal thyroid balance. Absence of treatment leads to severe hypothyroidism that might require intensive care unit support could be lethal after 2 to 3 weeks due to coma.

Desmopressin tablets and spray are used in patient with diabetes insipidus. This is a condition that causes the body to lose too much fluid and become dehydrated. Lack of treatment in patients non able to compensate with large amount of water (more than 4 l/day) leads to dehydration in less than 24 hrs and hypernatremia that could be lethal. Because water supply can be problematic during the war this is even more important for the diabetes insipidus patients.

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