

## ***INSULIN RESISTANCE***

Hyperglycaemia, new onset diabetes, exacerbation of pre-existing diabetes, and diabetic ketoacidosis (DKA) have all been reported in HIV patients receiving HAART, especially in those receiving PIs. Symptoms of hyperglycaemia have been reported as early as sixty days following initiation of PIs. EFV has also been associated with insulin resistance. Routine fasting blood glucose measurements every three to four months should be performed for patients with no previous history of diabetes that are receiving PIs or EFV. Closer monitoring of glucose levels should be performed for pregnant women receiving PIs. Patients should be counselled to recognise symptoms of hyperglycaemia, such as polyuria, polydipsia, and polyphagia. Insulin resistance is usually treated by either switching to a non-PI-/non-EFV-based regimen (if possible) or by supplementing the HAART regimen with oral hypoglycaemic agents or insulin.