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Editorial

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Prediabetes not Requiringmet form in Assumption, According to a Metrological Study

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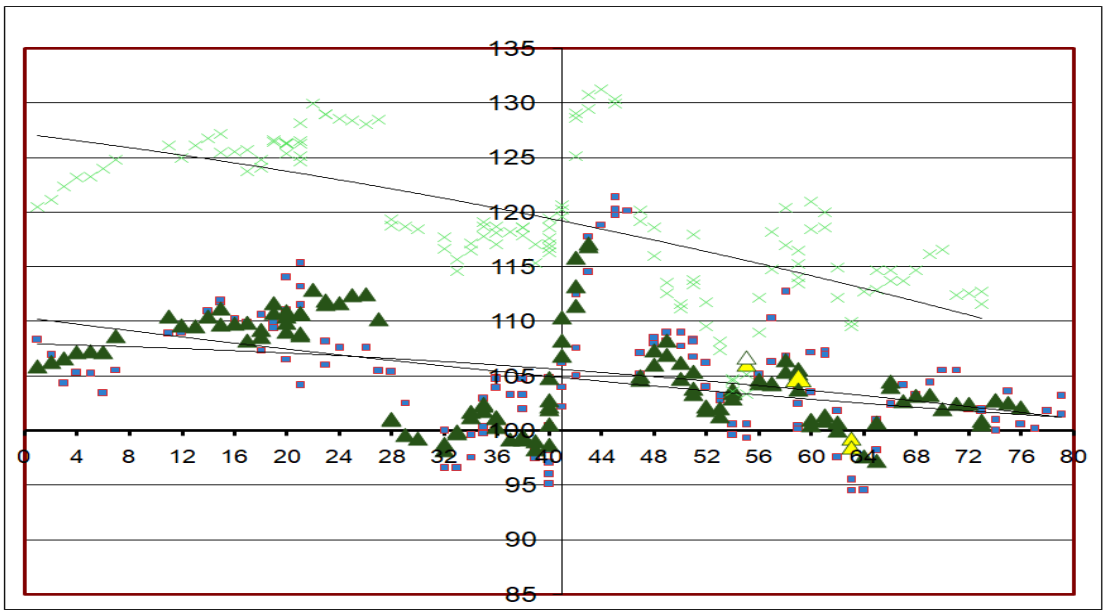
Editorial

Figure shows a difference in glucose concentration in capillary blood of a patient (the author) affected by pre-diabetes after 8 years assumption of a metformin, for latter period with no metformin nor any drug assumption: from #48 tests from middle October 2025 to middle February.

Period #28—#38: using a strip batch with≈10% lower indications while assuming proteomic pump inhibitor. Period #41—#47: no diet. Tests around #95, #111, #121: diet irregularities effect during holidays. X: *uncalibrated indications*; Red triangles: *after strip-batch calibration*, 5-days running *mean*; Square: *calibrated* 10-days running *mean* with different tester. Yellow triangles: Christmas #55 & Epiphany #63; #59 start of 2026.

No metformin necessary. Obviously, the author cannot assess that such a situation could be valid for any other patient, where medical assistance only can help in that respect. In addition, not being a medical doctor, the author cannot provide a *general* statement about the *lack of need* for the metformin administration. However, the results obtained by the author brings evidence of a need that could be useful to doctors, to avoid *automatically* prescribing metformin to pre-diabetic patients, by possibly performing an initial study of this case about the real needs [1].

Disclaimer: The author, in this case, has a specific professional expertise in measurement science (metrology) making a better and reliable quality of the results of experimental work conducted on himself as being also the patient, though not pretending to be typical nor valid in general, as explicitly indicated. Therefore, no ethical issues related to the coincidence of the patient with the expert performing the scientific tests and analysing the results can be considered biasing the report.



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1. Franco Pavese. A pre-diabetes case concerning the possibility of no- metformin assumption without evidence of progression to full disease. Med Res Arch. 202412(9):1–7.

Citation of this Article

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