

Diabetes Notes Drs Ali And Kumar Dunkenhalsh 29 4 17

Kidney low risk if acr 3 or less and EGFR 60 or more

All we can do is control BP Chol HBA1C

AVOID NSAID and HERBAL REMEDIES

MF SU DPP4 SGLT2 GLP-1 Insulin Stop MF SGLT2 GLP-1 PGZ and reduce I and SU when renal function very poor. Dose of DPP4 depends on which drug.

Sick Day rules Stop MF SU SGLT2 Reduce Insulin Stop Diuretics MF NSAID ACE ARB Just about stop everything Remember to restart

Insulin Reduced liver output of glucose increases muscle and fat uptake  
Insulin resistance in Obesity Physical Inactivity + genetic factor

Macrovascular damage MI Stroke PVD

Microvascular damage Retina Kidney Foot ulcers Heart Failure [small vessels]

Less strict control if diabetic complications [Hypoglycaemia dangerous arrhythmias]

More strict control early in diabetes Legacy Effect

Later on concentrate on BP Chol and Platelets

Nice NG 12

MF then DPP4 poss PGZ then SGLT2

Liraglutide and Empgliclozin have positive effect on mortality as well as no harmful effect on CVS