Diabetes Update Omniamed Manchester 13 Dec 2012

Born small more risk [India China]
If Metabolic Syndrome features do HBA1C screen
Most DMs die from CVS episode [MI Stroke]
Microalbuminuria or worse greatly increases the risk of CVS episodes
Lowering BP probably the most effective thing to do
Obstructive Sleep Apnoea common in overweight DMs raises BP, resists treatments
Only 1/3 taking drugs correctly
Also lifestyle cigarettes bad food no exercise alcohol excess
Do Gastric Bypass on all of them? Works +++!
QOF Targets 70% meet TC [4.5] 45% meet BP [130] 15% meet HBA1C [6.5]
HBA1C 1/3 7 or less 1/3 8 1/3 9 or worse
First thing to show in DM is raised post prandial sugar then fasting sugar. 1/3
Prediabetics will progress to DM also they have more risk of CVS episode. Intense lifestyle management +- MF will retard all this
Kidney Disease increases hypo risk with SU or Insulin. No NSAIDS especially if on ACE. If D&V stop ACE and diuretic during episode
The new guideline is MF then add Gliptin or GLP1 instead of SU or PGZ then add SU then Insulin +_ PGZ Max 3 drugs at a time
Patients on SU should be switched to DPP4 [or GLP1]
Hypos Do self testing if on SU or Insulin. A must if driving
HBA1C target 7. 6.5 if young 8 if old
50% on Insulin and 25% on SU have hypoed in last 1 month
If hypoing we need to investigate with BG before and after each of the 3 meals and at bedtime if poss at 3am as well
NPH Insulin more hypos than Analogue [Glargine Detemir] but much cheaper and suitable for young person but not old person
If hypoing stop SU start DPP4 or GLP1 or PGZ
To find right Insulin dose for exercise do BG before during and after exercise. Halve usual dose of rapid acting pre meal shot
High am sugar could be nocturnal hypo do 3am sugar or lower pm dose of bd premix
DPP4s and GLP1s inhibit Glucagon and stimulate B cell growth. Hypos only if with SU or Insulin
PGZ reduces Insulin resistance
Legacy effect of good control in early years benefit lingers for 20 years
New way is MF+ DPP4/GLP1 then Insulin + up to 2 orals [max of 3 drugs at one time]
Note renal impairment affects dose of most drugs and PGZ should be avoided in HF Bone thinning or Bladder cancer
New drug- SGLT2 inhibiter inhibits reuptake of glucose in renal tubule
Acarbose inhibits uptake of glucose from gut but due to GI side effects is rarely used
SU choice in MODY [rare]
Rare Post Pradial hypoglycaemia due to excess carbohydrate consumption. BM 2 or less but meters unreliable at very low readings get a lab sugar. Then do extended GTT [3hours] to detect the drop in BG