

Dr MMs **DIABETES 2** Crib Sheet

Diagnosis

Pre diabetes HBA1c 42-47

Gestational diabetes is a form of pre diabetes

Diabetes HBA1c 48 and over

If lab can't do the HBA1c then do Oral Glucose Tolerance Test

Management

Pre diabetes Diet and exercise

Increase fruits and vegetables decrease fat and carbohydrates

Healthy eating diet= diabetic diet look on internet for details

Nuts dried fruit oily fish [salmon mackerel] low fat cereals

Check all packets for calories. Restaurants are bad news don't go there

MF if raised BP and cholesterol

Diabetes

0 HBA1c 48-51 diet and exercise

1 MF HBA1c 52 and over

2 MF+ Sitagliptin then MF + exenatide [+/- SGL2 inhibitor possibly PGZ]

3 MF+ exenatide + Insulin [od or bd]

4 Orlistat, Bariatric surgery if BMI 45

Special cases

Renal impairment reduce Sitagliptin and Insulin

Slim DM2 MF then Gliclazide then Insulin [Insulin deficient]

MODY This occurs in young people responds well to Gliclazide

Pregnancy seen by ante natal clinic Stop ACE and Statin use

MF and Insulin. Labetolol or Methyldopa or Nifedipine for

HBP if needed.

Monitoring

BMI Waist circumference

Exercise

Smoking

Flu Pneumo imms

BP 140/80 130/80 if renal impairment. Start ACE [or A2A if ACE cough] if microalbuminuria. Add CCB then alfa blocker beta blocker diuretic if needed

Urine for microalbumin .If raised do MSU to exclude infection

Feet Pulses Sensation with monofilament state of skin
?Neuropathy burning foot pain rx duloxetine, gabapentin pregabalin ? Infected see Dr may need Hot Foot Referral

Eyes Have they been referred to Retinal Screening?

Hypos if on Gliclazide or Insulin

Glucose Monitoring and diary for these and DVLA advice re driving and checking BMs [record advice given]

Bloods UE FBC TFT HBA1c [not oftener then 3/12 . Strict control for younger new DM2 less strict for older DM2 in case hypo induced leading to dangerous arrhythmia or fall]

Cholesterol Atorvastatin 20 Atorvastatin 80 if CVD present.