



East Lancashire Diabetes Network

Guideline for the Diagnosis of type 2 Diabetes Mellitus

Produced by:

Dr M. Littley – Consultant Physician
Dr. S Ramtoola - Consultant Physician
Dr. M Dervan – General Practitioner
Dr. T Deakin – Dietitian/Clinical Champion
Mrs C McLaughlin – Diabetes Specialist Nurse
Mrs. H Cockett – Diabetes Specialist Nurse
Mrs L Priest – Practice Nurse
Mrs A Greenwood – Chronic Disease Management Facilitator

Produced: November 2005

Approved by:

East Lancashire Diabetes Network Clinical Standards Group
East Lancashire Drugs & Therapeutics Committee
February 2006

Review Guidelines: February 2007

Approved for use in:

Burnley Pendle and Rossendale Primary Care Trust

Blackburn with Darwen Primary Care Trust

Hyndburn and Ribble Valley Primary Care Trust

East Lancashire Hospitals NHS Trust

Diagnosis of Type 2 Diabetes Mellitus and Impaired Glucose Regulation- Testing Strategy

Notes

Opportunistic case finding in asymptomatic people from high risk groups

- Dyslipidaemia
- Hypertension
- Obesity (abdominal)
- Previous gestational Diabetes Mellitus
- Previous Polycystic ovaries
- Coronary heart disease
- Stroke
- Family history
- Previous impaired glucose regulation
- Those taking Olanzapine/Clozapine require annual testing

Two diagnostic blood glucose values required

†
Fig. 1

Seek diabetes diagnosis in patients with symptoms

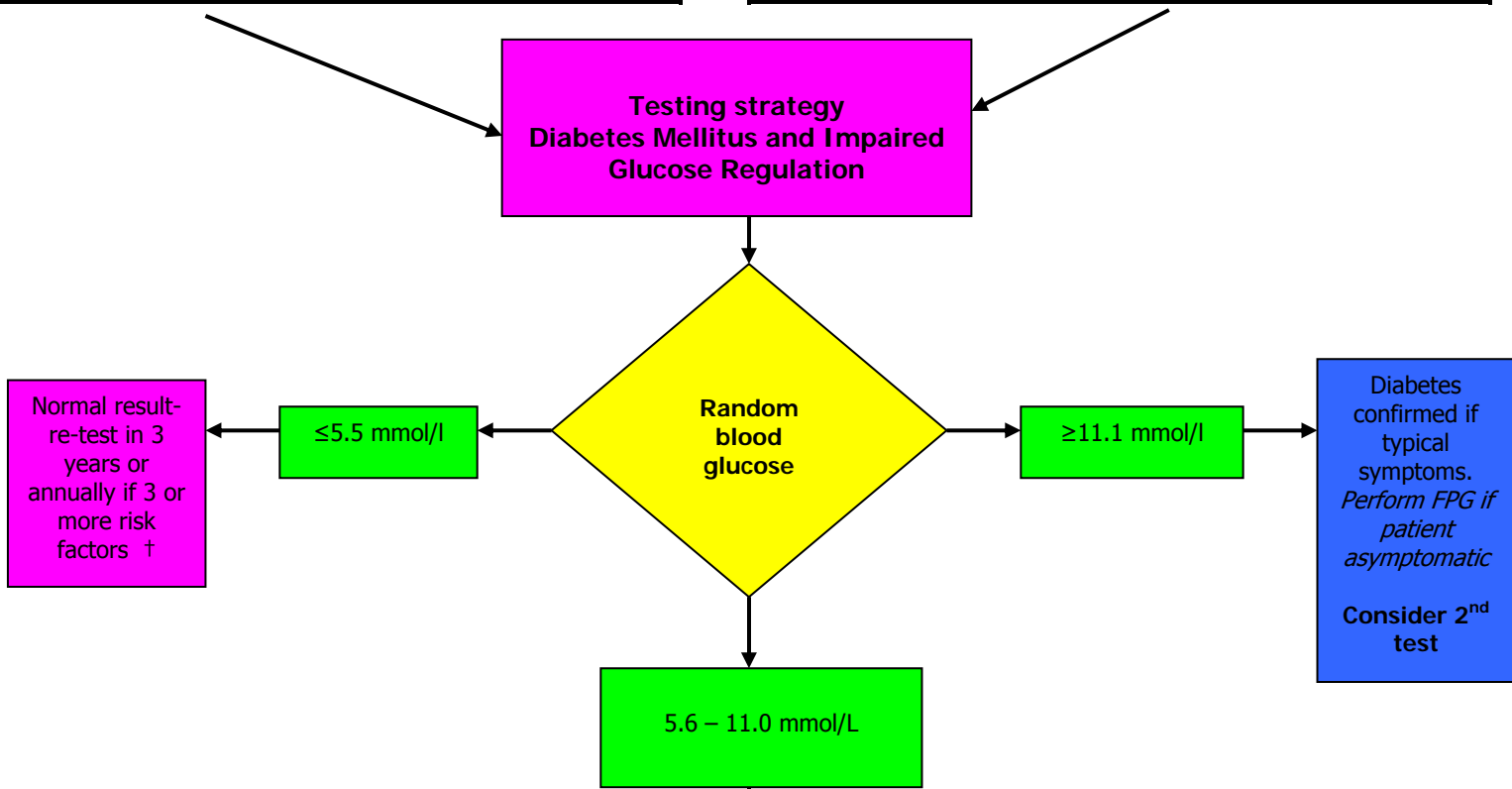
- Thirst
- Polyuria
- Abscess
- Pruritus Vulvae
- Weight loss
- Infections
- Fatigue
- Erectile Dysfunction
- Blurred vision
- Numb feet
- Foot ulcers
- Incontinence

One diagnostic blood glucose value sufficient in patients with typical symptoms of diabetes*

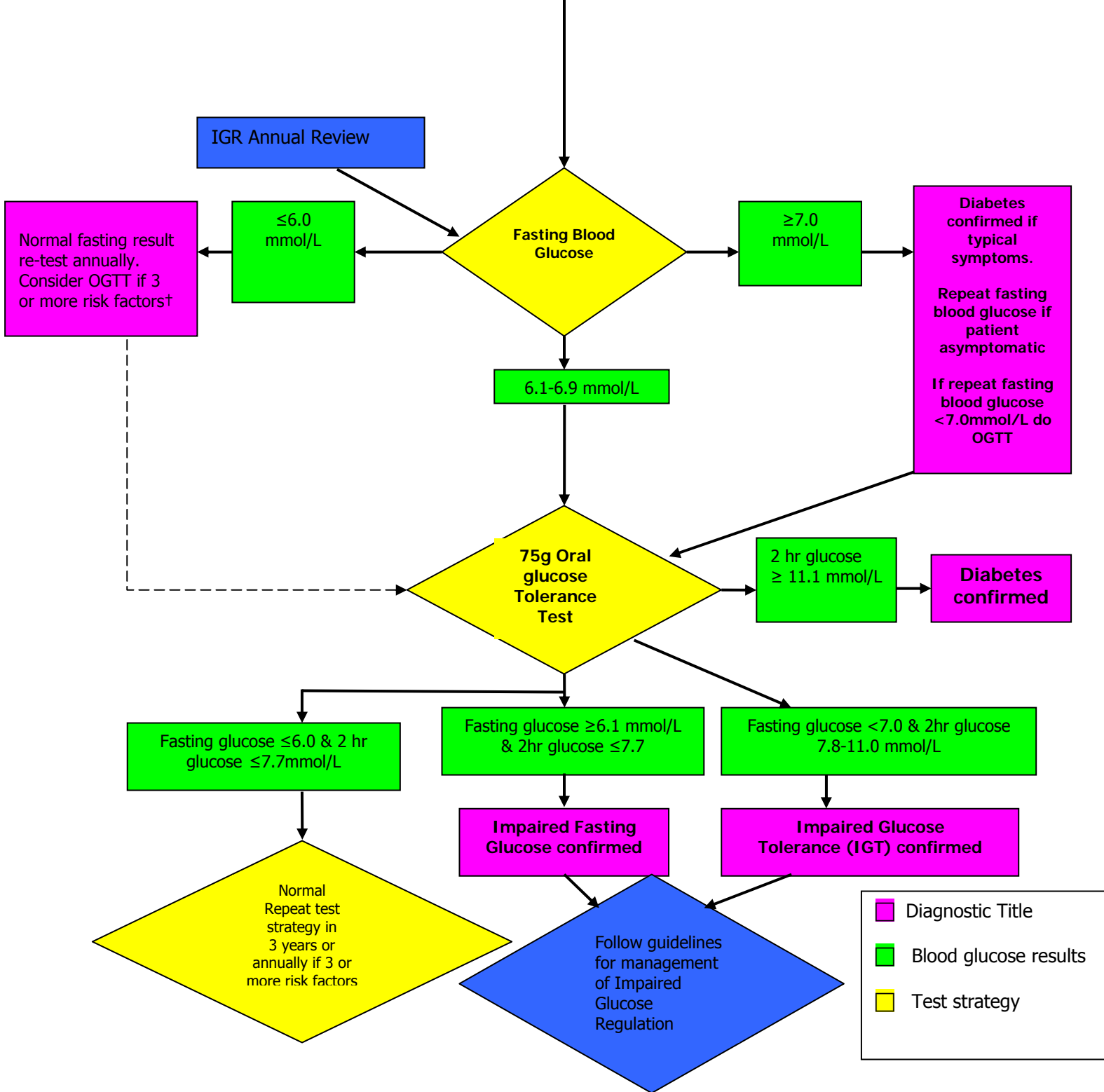
Fig.2

Early diagnosis reduces morbidity and mortality by allowing use of protective treatments.

* Second test should initially be a fasting blood glucose



Must be a laboratory specimen. Strip tests not suitable for initial diagnosis of a life-long condition.



Notes

10 hour overnight fast, water permitted.

Oral glucose tolerance test must be performed under controlled conditions.

10 hour fast (water permitted).

3-5 days normal diet before test.

Resting during test – not walking.

Eating not permitted during test.

Fasting venous glucose drink – 75g glucose liquid (polycal) over 5 minutes.

Venous glucose exactly 2 hours after finishing polycal

Notes: Advise patient to stop smoking 10 hours prior to test and during test.

- Diagnostic Title
- Blood glucose results
- Test strategy

References

WHO Working Group 1999, Definition, Diagnosis and Classification of Diabetes Mellitus and its Complications.

Part 1: Diagnosis and Classification of Diabetes Mellitus, World Health Organisation, Department of Non-communicable Disease Surveillance, Geneva.

Some guidance was also taken from:

ADA Expert Committee on the Diagnosis and Classification of Diabetes Mellitus 1997, "Report of the Expert Committee on the Diagnosis and Classification of Diabetes Mellitus", Diabetes Care, vol. 20, pp. 1183-1197.