Management of Newly Diagnosed Type 2 Diabetes

Practical Management of Newly Diagnosed Diabetes

Full assessment and diagnosis

Moderate or heavy ketonuria or young age

- Refer to type 2 education programme (DESMOND or other)
- Consider dietetic review see dietary advice (pg 97)

Overweight BMI > 25

Normal weight BMI < 25

Reinforce dietary advice

12 weeks*

HbA1c < 7%

no

Reassess diet and add metformin

yes

HbA1c < 7% after 12 weeks?

See algorithm for glucose lowering in type 2 diabetes (Page 34)

Follow-up & re-assess. If adverse changes refer as appropriate to hospital clinic

HbA1c < 7.0%

yes

Reinforce and reassess diet Add sulphonylurea

See algorithm for glucose lowering in type 2 diabetes (Page 34)

no

no

* Patients with severe symptoms or significant hyperglycaemia despite adherence to adequate diet may require an oral hypoglycaemic agent (OHA pg 31) sooner than 12 weeks. HbA1c targets reflect short time-scale from diagnosis. Long-term treatment targets should be HbA1c <7.0% (59 mmol/mol), to protect against microvascular complications.
## Initial Assessment of Patients with Type 2 Diabetes

### Clinical

<table>
<thead>
<tr>
<th>Assessment Area</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height &amp; Weight</td>
<td>For calculation of Body Mass Index (BMI) (kg/m²).</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>See <a href="#">measurement of blood pressure</a> (pg 104)</td>
</tr>
<tr>
<td>Foot inspection</td>
<td>Check general foot care/hygiene and check for presence of foot deformity and examine shoes for suitability and signs of uneven wear. See <a href="#">foot screening checklist</a> (Pg 102)</td>
</tr>
<tr>
<td>Peripheral pulses</td>
<td>Record presence and absence of dorsalis pedis and posterior tibial pulses in each foot</td>
</tr>
</tbody>
</table>
| Peripheral nerves       | • Ask for history of pain, tingling or numbness
• Record presence/absence of ankle jerks
• Use 10g monofilament to test metatarsal heads and big toe                                                                  |
| Eyes                    | Lothian patients will automatically be offered [digital retinopathy screening](#) (pg 47) if they are included on SCI-DC. It is important that they continue to see their optometrist for other eye conditions. |
| Diet and Lifestyle      | • Smoking status and alcohol consumption, level of activity, BMI status.
• Supply initial diet advice sheet. (see [appendix 1](#) pg 97)
• Refer to dietitian and nurse for education and advice
• Use education checklist and core education materials.
• Consider using extra (optional) material such as the ‘Living with Type 2 Diabetes’ booklet published by the Diabetes MCN. |

### Laboratory

<table>
<thead>
<tr>
<th>Test Area</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glycaemic Control</td>
<td>HbA1c. <em>See <a href="#">appendix 9</a> for IFCC measurement to be used from June 2011 (pg 109)</em></td>
</tr>
<tr>
<td>Renal function</td>
<td>Estimated glomerular filtration rate (eGFR), urea, electrolytes and creatinine</td>
</tr>
<tr>
<td>Liver function</td>
<td>Liver function tests</td>
</tr>
<tr>
<td>Thyroid function</td>
<td>Thyroid function tests. If Thyroid Stimulating Hormone (TSH) &gt;2, check antithyroid antibodies. If TSH &gt; 2 and TPO antibodies positive then require annual thyroid function test</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>Use specific ‘stix’ to check for presence of blood, protein, nitrite (to exclude infection) and ketones. Check lab albumin to creatinine ratio.</td>
</tr>
<tr>
<td>Lipid Profile</td>
<td>Total cholesterol, HDL-cholesterol, Triglycerides (non fasting)</td>
</tr>
<tr>
<td>Education</td>
<td>Refer to DESMOND programme or other education session.</td>
</tr>
</tbody>
</table>

### The Routine Hospital Visit Outline

Frequency of routine visits will vary. More frequent visits may be necessary depending on presence of risk factors, specific diabetes complications or monitoring of treatment changes. Assessment usually involves the following:

- Weight (for Body Mass Index)
- Urinalysis
- HbA1c
- Discussion of home monitoring results
- Diabetes treatment review
- Blood pressure.
- Review previously abnormal results
- Review diet history