



# THE DIAETES CHECK IN GENERAL PRACTICE

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# **WHAT SHOULD WE COVER IN A DIABETES CHECK?**



# DIABETES CHECK

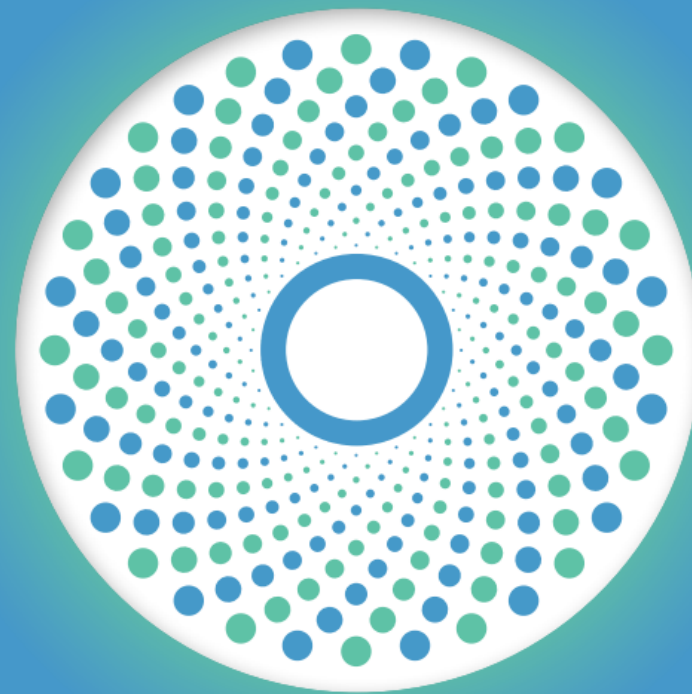
- BP
- BMI
- Diet
- Physical Activity
- Cigarettes
- Alcohol
- Vaccinations

## Bloods

- BSL
- HbA1c
- Lipids = cholesterol, HDL, LDL, non HDL
- Triglycerides
- Urine albumin

# DIABETES CARE PLANNING

Management of type 2  
diabetes: A handbook  
for general practice



 **RACGP**  
Royal Australian College of General Practitioners

 **diabetes**  
australia

[racgp.org.au](http://racgp.org.au)

Individual goals	
<b>Encourage all people with type 2 diabetes to approach/reach these goals.</b>	
<b>Diet</b>	Advise eating according to the <a href="#">Australian dietary guidelines</a> , with attention to quantity and type of food Advise individual dietary review for people with difficulty managing weight, difficulty maintaining glucose levels in target range, CVD risk, or if otherwise concerned
<b>BMI</b>	Advise a goal of 5–10% weight loss for people who are overweight or obese with type 2 diabetes For people with BMI >35 kg/m <sup>2</sup> and comorbidities, or BMI >40 kg/m <sup>2</sup> , consider facilitating greater weight-loss measures
<b>Physical activity</b>	Children and adolescents: at least 60 min/day of moderate-to-vigorous physical activity, plus muscle- and bone-strengthening activities at least three days/week Adults: 150 minutes of aerobic activity, <b>plus</b> 2–3 sessions of resistance exercise (to a total ≥60 minutes) per week
<b>Cigarette consumption</b>	Zero per day
<b>Alcohol consumption</b>	Advise ≤2 standard drinks (20 g of alcohol) per day for men and women
<b>Blood glucose monitoring</b>	Advise 4–7 mmol/L fasting and 5–10 mmol/L postprandial SMBG is recommended for patients with type 2 diabetes who are using insulin. Education should be provided regarding frequency and timing of insulin dose For people not on insulin, the need for and frequency of SMBG should be individualised, depending on type of glucose-lowering medications, level of glycaemic control and risk of hypoglycaemia, as an aid to self-management SMBG is recommended in pregnancy complicated by diabetes or gestational diabetes

### Clinical management goals

**Treatment targets for people with type 2 diabetes include the following. For a comprehensive list of assessments and screening intervals, refer to the section 'Assessment of the patient with type 2 diabetes'.**

<b>HbA1c</b>	Target needs individualisation according to patient circumstances Generally $\leq 7\%$ (53 mmol/mol)
<b>Lipids</b>	Initiation of pharmacotherapy is dependent on the assessment of absolute CVD risk (refer to the <a href="#">Australian absolute cardiovascular disease risk calculator</a> ). This uses multiple risk factors, which is considered more accurate than the use of individual parameters  Once therapy is initiated, the specified targets apply; however, these targets should be used as a guide to treatment and not as a mandatory target
Total cholesterol	$< 4.0$ mmol/L
HDL-C	$\geq 1.0$ mmol/L
LDL-C	$< 2.0$ mmol/L; $< 1.8$ mmol/L if established CVD is present
Non-HDL-C	$< 2.5$ mmol/L
Triglycerides	$< 2.0$ mmol/L
<b>Blood pressure</b>	$\leq 140/90$ mmHg  Lower blood pressure targets may be considered for younger people and for secondary prevention in those at high risk of stroke  The target for people with diabetes and albuminuria/proteinuria remains $< 130/80$ mmHg. As always, treatment targets should be individualised and monitored for side effects from medications used to lower blood pressure

<b>Blood pressure</b>	<p>≤140/90 mmHg</p> <p>Lower blood pressure targets may be considered for younger people and for secondary prevention in those at high risk of stroke</p> <p>The target for people with diabetes and albuminuria/proteinuria remains &lt;130/80 mmHg. As always, treatment targets should be individualised and monitored for side effects from medications used to lower blood pressure</p>
<b>Urine albumin excretion</b>	<p>UACR:</p> <ul style="list-style-type: none"> <li>women: &lt;3.5 mg/mmol</li> <li>men: &lt;2.5 mg/mmol</li> </ul> <p>Timed overnight collection: &lt;20 µg/min; spot collection: &lt;20 mg/L</p>
<b>Vaccination</b>	<p>Recommended immunisations: influenza, pneumococcus, diphtheria-tetanus-acellular pertussis (dTpa).</p> <p>Consider: hepatitis B (if travelling), herpes zoster</p>

*BMI, body mass index; CVD, cardiovascular disease; GPs, general practitioners; HbA1c, glycated haemoglobin; HDL-C, high-density lipoprotein cholesterol; LDL-C, low-density lipoprotein cholesterol; SMBG, self-monitoring of blood glucose; UACR, urine albumin-to-creatinine ratio.*

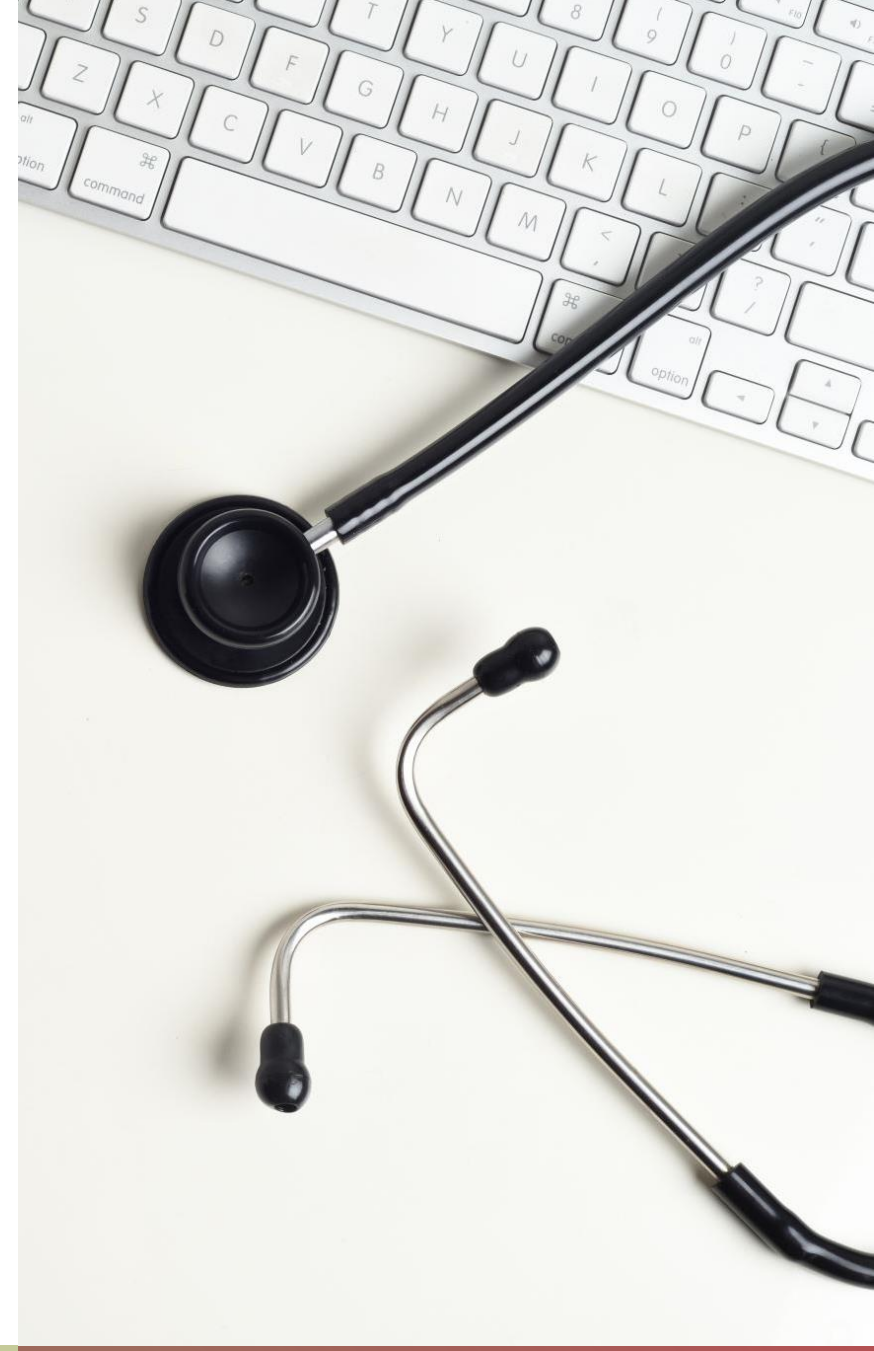


# WHAT IS A CARE PLAN?

- For those new to care plans, they cover a list of areas relevant to the patient's chronic disease.
- For each element a separate goal is set, agreed with the patient
- The provider is also nominated - may be GP/nurse/allied health profession
- A full care plan will cover ALL the person's needs, including all relevant chronic diseases.

# BOB

- Bob, who works in the office for Australia Post, comes to see you for a diabetes check.
- He is 55 years old and was diagnosed with type 2 diabetes when he was 50. He is taking Metformin SR 1000mg; Atorvastatin 40mg 1 daily). You review his bloods: His HbA1c is 8.2. Lipids - TC 5.2; HDL 0.9; LDL 2.4.TG 3.1, renal function ACR, Urinary Microalbumin all normal. His BMI is 34. P 145/80. He lives by himself, but does have a partner who lives separately with her adolescent children. He is a non smoker. He admits to drinking a few beers at the pub on a Friday and Saturday evening. During the week he makes sure he only has 1 or 2 schooners, because you have advised him in the past that the maximum is 2.
- How would you approach his check?



# ALICE

- Alice is 78 and comes to see you for a care plan for the podiatrist. She has had type 2 diabetes for 15 years. She lives with a disabled son.
- She forgot to get the blood tests you asked her to get prior to this visit. She is taking two oral hypoglycemics and according to the records, should be out of both of these, but sounds very vague when you ask her if she needs new scripts. She says she has been running to the toilet more often than usual and would like a pill to stop this happening.
- What do you think is going on here? How would you approach her management and her care plan?



# IS THIS COGNITIVE IMPAIRMENT

- Delirium (ie they are sick, eg poorly controlled BSL, unidentified cerebral event)
- Depression
- Drugs (medications)
- Dementia
- These need to be investigated if indicated eg depression scale, medication review, physical examination
- May need specialist review

Table 4. Suggested actions and health professionals to provide treatment or service	
Suggested actions	Suggested team resource – Who?*
<b>Ask</b>	
Symptoms	GP
Goal-setting supporting self-management	GP/practice nurse CDE
Cardiovascular issues (eg BP measurement)	GP/practice nurse
Glycaemic control	GP/practice nurse/CDE
<b>Assess (inclusive within an annual cycle of care)</b>	
Risk factors for modification	GP/practice nurse/CDE
Weight, height	GP/practice nurse
Cardiovascular disease risk assessment	GP/practice nurse
Foot examination	GP/podiatrist/practice nurse

Tools

- Mouse
- Text
- Image
- Eraser
- Highlighter
- Stamp
- Comment
- Redaction

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Zoom out (Ctrl -)

FROM RACGP HANDBOOK

Management-of-type-2-diabetes x RACGP - Allnews x Diabetes annual cycle of care | Di x Your diabetes annual cycle of care x fact-sheet-your-diabetes-annual- x +

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**Table 4. Suggested actions and health professionals to provide treatment or service (cont)**

Suggested actions	Suggested team resource – Who?*
Presence of other complications, especially hypoglycaemia risk with insulin or sulfonylureas	GP/practice nurse/endocrinologist
Psychological status	GP/psychologist
Eye examination	GP/optometrist/ophthalmologist
Dental review	GP/dentist
Consider other assessments where appropriate (eg cognitive impairment, obstructive sleep apnoea)	GP/endocrinologist/other specialist (where indicated)
<b>Advise</b>	
Review smoking, nutrition, alcohol, physical activity (SNAP) profiles, including specific issues	GP/practice nurse/CDE
Nutrition	GP/APD
Physical activity levels	GP/AEP/physiotherapist
Pregnancy planning and contraception, including NDSS six-month blood glucose strip access	GP/endocrinologist/obstetrician/CDE/APD
Driving	GP/endocrinologist/other specialist
Immunisation	GP/practice nurse/CDE

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Sick day management	GP/practice nurse/CDE
Medication issues	GP/pharmacist/CDE/endocrinologist
Self-monitoring blood glucose	GP/CDE/practice nurse
Insulin/injectable management	GP/CDE/registered nurse/accredited nurse practitioner/endocrinologist
Psychological issues	GP/practice nurse/CDE/psychologist
<b>Assist</b>	
Register for NDSS	GP/CDE/nurse practitioner
NDSS six-month blood glucose strip access, as appropriate, for people not on insulin, particularly during pregnancy planning	GP/CDE/nurse practitioner
General practice management plan and chronic disease management plan	GP/practice nurse
Cultural and psychosocial issues	GP/Aboriginal health worker/social worker/CDE/psychologist
<b>Arrange</b>	
Addition to the practice's diabetes register and recall	GP/practice nurse/practice staff
Organise reviews, including pathology and annual cycle of care	GP/practice nurse
Driver's licence assessment	GP/practice nurse/endocrinologist (when indicated)
<p><i>AEP, accredited exercise physiologist; APD, accredited practising dietitian; BP, blood pressure; CDE, credentialed diabetes educator; GP, general practitioner; NDSS, National Diabetes Services Scheme</i></p>	

