





## Society of Rural Physicians of Canada Type 2 Diabetic Flow Chart 2004

### DIAGNOSTIC CRITERIA FOR DIABETES

A confirmation test must be done on another day unless severe hyperglycemia

#### Type 1 and Type 2 DM

Random  $\geq 11.1$  mmol/L

**OR**

Fasting  $\geq 7.0$  mmol/L

**OR**

75gm 2h  $\geq 11.1$  mmol/L

#### Getstational DM screening (24-28/52)

non-fasting 1 hr 50 gm:  $\geq 10.2$  is diagnostic;

7.8 - 10.2 do confirmatory fasting 75 gm 2 hr:

two out of three: fasting  $\geq 5.3$  or 1 hour  $\geq 10.6$  or 2 hour  $\geq 8.9$

### A1C - AVERAGE GLUCOSE

Glycosylated Hemoglobin	Average blood glucose in last 3 mo.
* 0.06	6
0.065	7
* 0.07	8
0.075	9
0.08	10
0.085	11
0.09	12
0.095	13
0.1	14
0.105	15
0.110	16
0.115	17
0.120	18
0.125	19
0.130	20
0.135	21
0.140	22

### SCREENING SENSORY FOOT EXAM

#### Choice of Method

- 1] 10 gram monofilament x 4
- 2] Pin prick x 4
- 3] ON-OFF 128 Hz x 2

**Score** 2 out of 4 or less = neuropathy  
 Colour foot on top of flow chart  
 solid colour to indicate high risk



Once neuropathy established, discontinue this testing and do regular foot exams on this high risk patient to screen for ulcers and infections.



### LIPID VALUES *Targets based on 10 year risk of CVD event*

#### Target Values

LDL-C (mmol/L)	TC/HDL Ratio	TG (mmol/L)
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#### Very high risk

10 year risk  $> 10\%$  on history of CVD or Diabetes Mellitus

$< 2.5$	$< 4$	$< 1.5$
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For complete risk assessment, see CMAJ 2003; 169 : 921-4

### MANAGEMENT APPROACH

- Step 1. Diet and exercise
- Step 2. Oral agent: Metformin if obese; or Glyburide; or ...glitazone
- Step 3. Combine two or three oral agents
- Step 4. Add NPH Insulin, QHS, 10 - 20 units
- Step 5. BID-QID Insulin alone, or with metaformin / ...glitazone

### \* GLYCEMIC CONTROL

CDA recommends A1c  $< 0.07$ ; UKPDS notes  $\uparrow$  hypoglycemia (up to 18%) with such tight control. Consider A1C level of 0.07-0.08 in the frail elderly, or if using meds causing hypoglycemia (insulin, glyburide).

### Notes

The chart is designed for a 3 year period, but can be used flexibly for any time frame. Not every clinic appointment need be recorded, nor all of the patients medications. Once peripheral neuropathy is documented, please fill in the top foot in a solid colour, so it acts as a reminder that this patient is at high risk for peripheral complications.