



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 ≥ 11.1 mmol/L
 OR
 Fasting ≥ 7.0 mmol/L
 OR
 75gm 2h ≥ 11.1 mmol/L

Gestational DM screening (24-28/32)
 non-fasting 1hr 50 gm: ≥ 10.3 is diagnostic;
 7.8-10.3 do confirmatory fasting 75 gm 2hr:
 two out of three: fasting ≥ 5.3 or 1 hour ≥ 10.6
 or 2 hour ≥ 8.9

A1C - AVERAGE GLUCOSE

Glycosylated Hemoglobin	Average blood glucose in last 3mo.
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 $\times 4$
- 2) Pin prick $\times 4$
- 3) ON+ OFF 128 Hz $\times 2$

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	< 2.0
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For complete risk assessment, see CMAJ 2000; 162 (10): 1441-7

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 metformin / ... glitazone

* GLYCEMIC CONTROL

CDAs 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).

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 patient's medications. Once peripheral neuropathy is documented, please fill in the top foot in solid colour, so it acts as a reminder that this patient is at high risk for peripheral complications.

Updated from: Kelly L, Roedde S, Harris S, Kapas JH, Bozek N, Baechler M, Williams L, Kakei J, Seligal Y, Hyde B. Society of Rural Physicians of Canada Evidence-based Practical Management of Type 2 Diabetes. CJPM 2001; 8 (7) insert

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