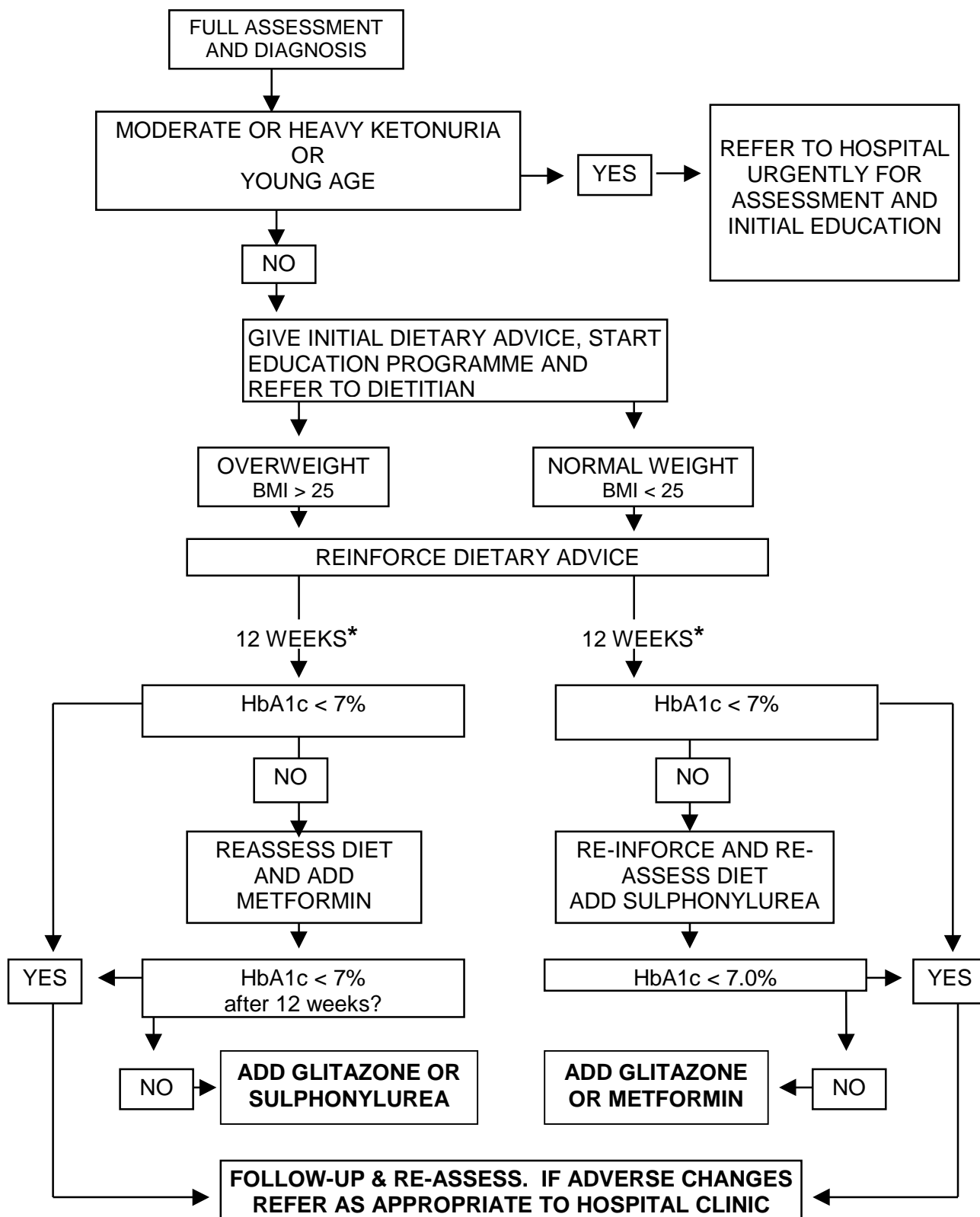


MANAGEMENT OF NEWLY DIAGNOSED DIABETES

PRACTICAL MANAGEMENT OF NEWLY DIAGNOSED DIABETES



* Patients with severe symptoms or significant hyperglycaemia despite adherence to adequate diet may require an oral hypoglycaemic agent sooner than 12 weeks (page 32-35) HbA1c targets reflect short time-scale from diagnosis. Long-term treatment targets should be HbA1c <7.0%, to protect against microvascular complications.

INITIAL ASSESSMENT OF PATIENT WITH TYPE 2 DIABETES

Clinical

- Height & Weight - for calculation of Body Mass Index (kg/m²).
- Blood pressure - appendix 3
- Foot inspection - check general foot care/hygiene and check for presence of foot deformity and examine shoes for suitability and signs of uneven wear.
- Peripheral pulses - record presence and absence of pulses in each foot
- 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 ([see page 51](#)).
- Eyes - refer for formal eye screening.

- Diet and lifestyle** - smoking status and alcohol consumption, level of activity, BMI status. Supply initial diet advice sheet (Lothian 'Healthy Eating and Diabetes) refer to dietitian and nurse for education and advice. Use education check list and core education material. Consider using extra (optional) material.
([Hyperlink to Type 2 Diabetes Book](#))

Laboratory

- Glycaemic Control - HbA1c
- Renal function - urea, electrolytes and creatinine
- Liver function - liver function tests.
- Thyroid function - thyroid function tests.
- Urinalysis - use specific 'stix' to check for presence of blood, protein, nitrite (to exclude infection) and ketones. Check lab albumin to creatinine ratio.
- Total cholesterol, HDL-cholesterol and Triglycerides (non fasting) - best assessed once diabetes has been stabilised

Education

See checklists on [page 88](#)