

CLINICAL PATHWAY TYPE 2 DIABETES

DIAGNOSIS OF DIABETES

FBG \geq 7.0 mmol/L **OR** casual PG \geq 11.1 mmol/L on two occasions
OR once in the presence of symptoms **OR** 75 gm OGTT 2 hr plasma glucose \geq 11.1 mmol/l

1. Refer patient to a Diabetes Education Centre
2. Give patient a prescription for Blood Glucose Meter
(Recommend monitoring fasting & 2 hr pc main meal 2 to 3 days/week)
3. Give patient Basic Nutrition Guidelines: Eat 3 meals/day; watch portion sizes; eliminate juice and regular pop (substitute with water, diet pop), limit sodium, alcohol and caffeine, reduce fat.
4. Encourage patient to exercise for 30 minutes, 5 days a week. (Consider exercise ECG for previously sedentary individuals)
5. Encourage patient to quit smoking
- 6.

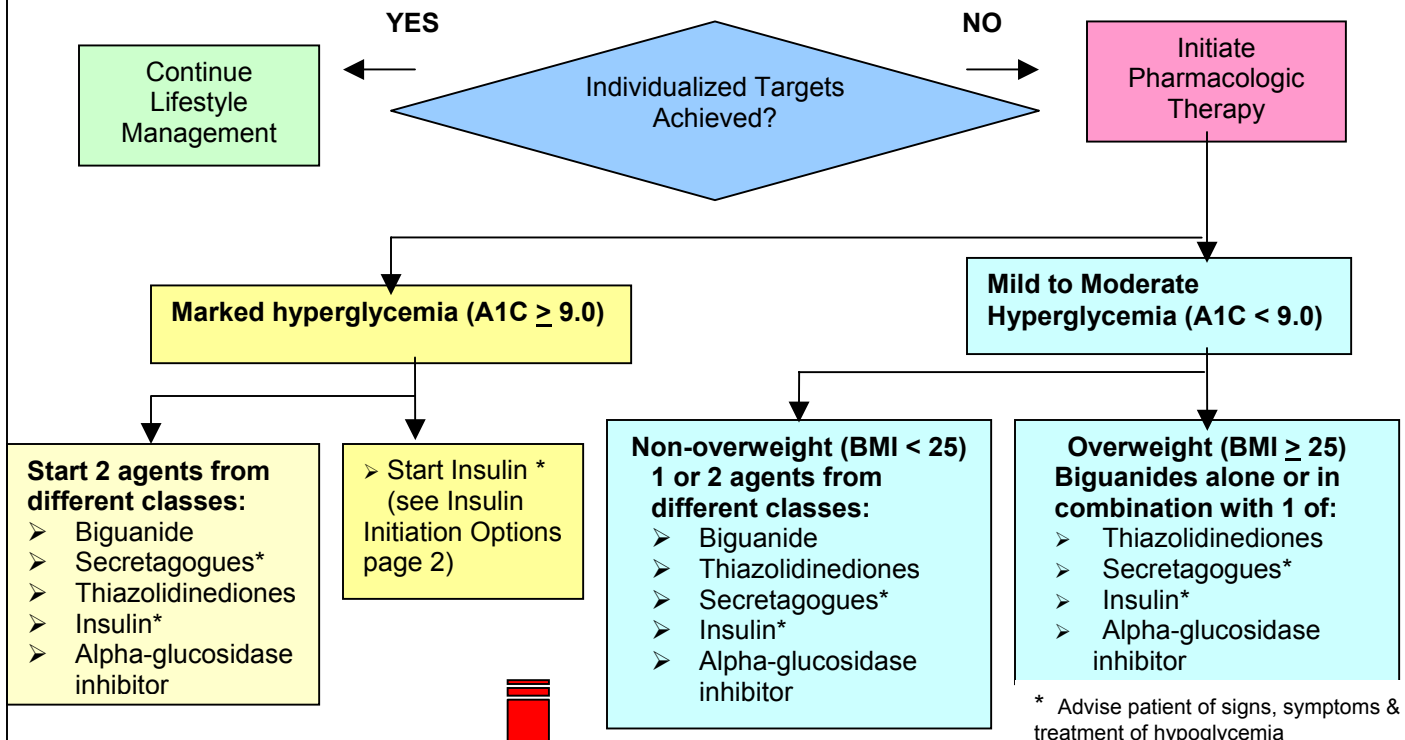
Targets	For most patients	Normal Range (if can be achieved safely)
FBS	4 – 7	\leq 6
2 hr pc BS	5 – 10	5 - 8
HbA1C	\leq 7	\leq 6

7. If patient has symptoms of hyperglycemia, it may be appropriate to move to follow-up routine at 1 month
8. Diabetes is a progressive disease – regular pre-booked follow up is imperative
9. Consider referral to endocrinologist at any time if goals are not met or complications are present
10. Target A1C should be achieved in 6 to 12 months
11. **Aggressively address BP, Lipids, Kidney Function (see chart page 2)**

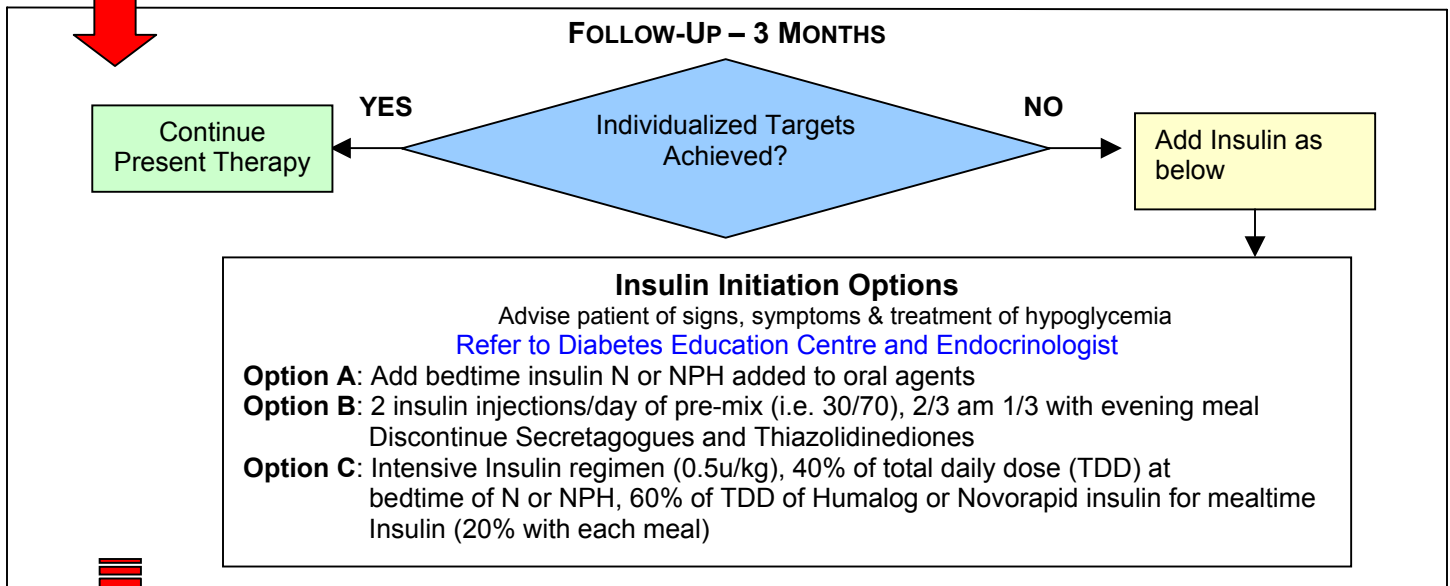
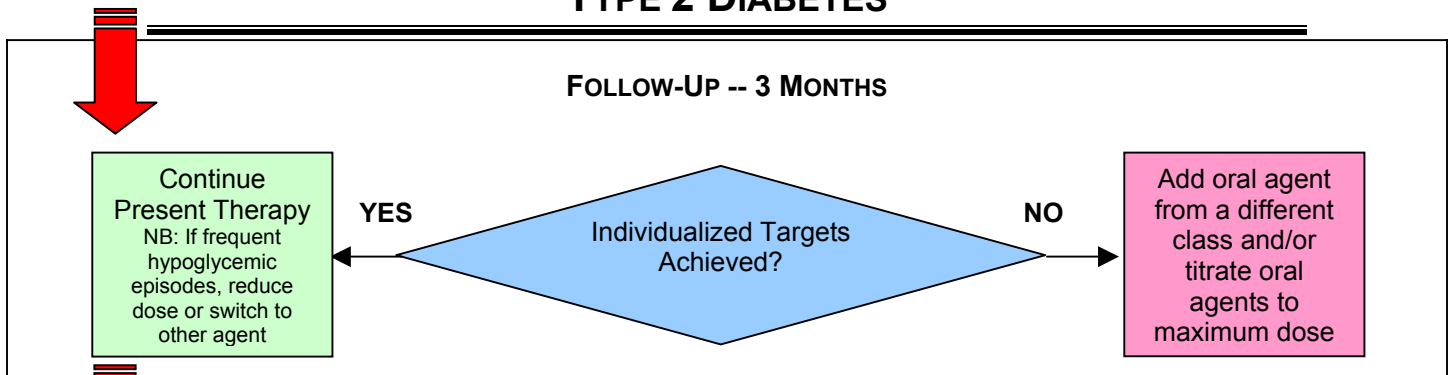


FOLLOW-UP – 2- 3 MONTHS

HbA1C, Lipid Profile, Urine microalbumin (Copy to DEC)
Target BP < 130/80



* Advise patient of signs, symptoms & treatment of hypoglycemia



ADDITIONAL MANAGEMENT for REDUCTION OF CV RISK

1. ACE Inhibitor or ARB
2. Low-dose ASA therapy (81 to 325 mg/day) is recommended in all patients with evidence of CVD, unless contraindicated
3. Optimize lipid control (see below)

High Risk**	Therapy	Target
LDL > 2.5	Lifestyle modification + statin	LDL < 2.5
TG = 1.5 – 4.5 mmol/l and HDL <1.0 mmol/l and LDL at target	Lifestyle modification + statin or fibrate	TC:HDLC <4.0
TG >4.5 mmol/l	Lifestyle modification + fibrate	

** Some patients will be at lower risk of dyslipidemia if younger, shorter duration of diabetes, and no complications or risk factors.

Nephropathy Screening

Annual microalbumin screening. Every 6 months, or earlier if elevated.