A diabetes journey – South Island GP meeting 2016

Mr D, aged 50 years, is found on a routine health check to have an HbA1c of 52mmol/mol. He has a BMI of 32kg/m^2.

Q. Is this enough information to make a diagnosis of (type 2) diabetes?

After a year of 'lifestyle intervention', HbA1c has gone up to 60mmol/mol and you decide to start diabetes tablets.

Q. Which tablet(s) would you start him on i.e. what is first line therapy?
Q. Would you ask Mr D to do any capillary (finger stick) glucose tests? If you decide not to start just now, when would you consider starting finger stick testing?

You check his complication screening is up to date

Q. What tests are you checking and why?

After another 5 years, Mr D is 'maxed out' on tablets (he can't afford non funded agents). HbA1c is 65mmol/L. Waking glucose is 10-12mol/L and other tests, done before meals, are around 8-9mmol/L. BMI is now 33kg/m^2. Mr D is happy enough to start on insulin.

Q. What insulin would you consider using? (Tip- there is no single correct answer)
Q. What pen injector(s) would you be using for your choice of insulin?
Q. Any idea of dose? (Tip – there is definitely no single correct answer for this question!)

Mr D is now aged 66 years and has just retired. He is enjoying doing more exercise, mainly gardening and looking after grandchildren during the day and walking in the evening, in summer. He is currently on one insulin injection a day of NovoMix 30 (16 units) before dinner but is complaining of sometimes getting 'hypos' after dinner, especially if he has a light meal (salad) for dinner. Waking glucose is OK at around 6-7 mmmol/L. He has toast x1 and muesli for breakfast and glucose after breakfast sometimes goes up to around 12mmol/L. BMI is 34kg/m^2. HbA1c is 62mmol/mol.

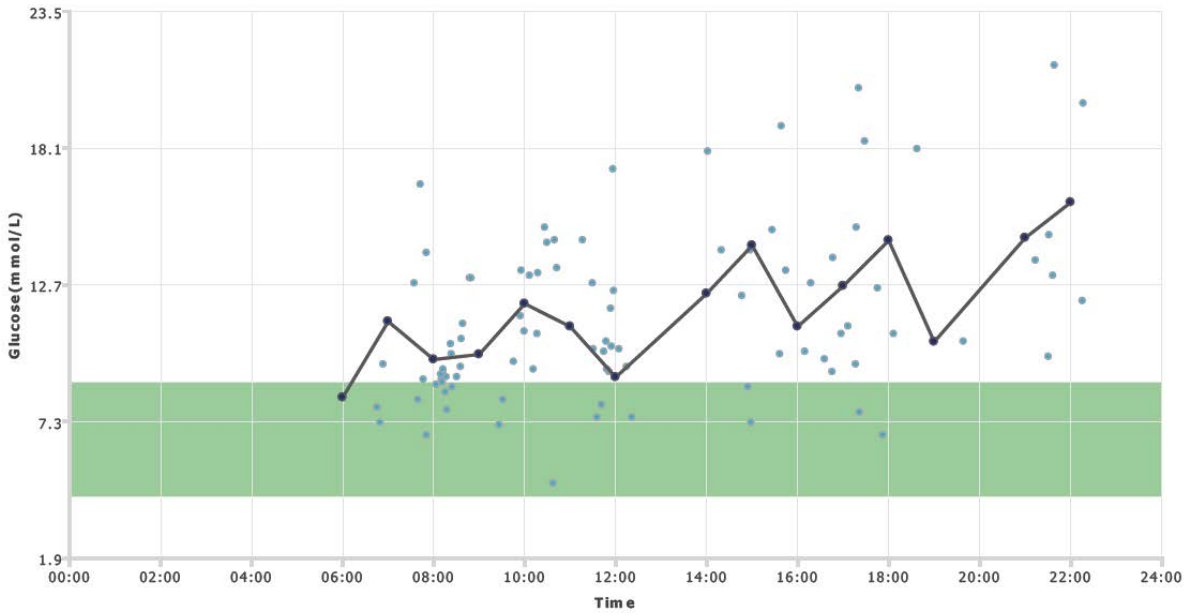
Q. How many possible 'next steps' can you think of, regarding glucose management?
Q. Do these options include suggesting bariatric surgery?

Mr D is now 67 years. In the last year there was a minor chest pain scare but thankfully there was no evidence of any acute cardiac injury. Your focus was on getting CV risk factors sorted, rather than on glucose control. Weight is stable and Mr D remains moderately active.

Last year you had suggested Mr D go onto 10 units of dinnertime glargine, together with a variable amount of Apidra insulin for his evening meal (around 4 units if having salad, around 12 units when he takes the grandkids for an evening out and around 8 units for an average meal). He's still taking the same insulin doses and the hypos are sorted.

You ask him to do a month of intensive finger stick testing and also update blood tests.

Meter download from the last month is not however looking too good (see below) and HbA1c is 68mmol/L. Mr D doesn't mind injections and is up for another re-think of his insulin regimen and general 'tidy up' of his diabetes.



Your thoughts?

Next steps?