STANDARD TREATMENT WORKFLOW (STW)

Diabetes Mellitus Type 2

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**Standard Treatment Workflow (STW)**

**DIABETES MELLITUS TYPE 2**

ICD-10-EMI

**DIAGNOSIS**

- May be asymptomatic
- Osmotic symptoms (polyuria, polydipsia, and polyphagia)
- Recurrent infections
- Blurring of vision
- Weight loss
- Non-healing wounds
- Paraesthesia

**SYMPTOMS**

**CO-MORBIDITIES**

- Hypertension
- Dyslipidemia
- CAD
- CKD
- BMI wa/l circumference
- Peripheral pulses
- Pin-prick sensation, monofilament test, vibration
- DTR
- Skin, oral cavity, foot
- Fundus [diabetic] examination

**INVESTIGATION**

- HbA1c
- Creatinine
- K
- Fasting lipid profile
- Urine routine examination and spot albumin: creatinine ratio
- LFT: ALT, AST
- EEG
- Others like Echo, USG abdomen as indicated

**TREATMENT**

- Dietary modification
- Avoidance of tobacco and restriction/ avoidance of alcohol
- Physical activity
- Pharmacotherapy:
  - HbA1c < 8.5%: Monotherapy - Metformin
  - HbA1c 8.5-10%: Dual therapy - Metformin
  - SU/S/TZD/DPP4/DPP4; (SGLT2; AGL)/GLP1-RA
  - HbA1c > 10%: Basal Insulin + Metformin + another OAD / triple OAD combination

**METABOLIC TARGETS**

- HbA1c < 7.0% (except elderly and those with significant comorbid conditions, where higher target may be acceptable)
- Pre-prandial capillary plasma glucose: 80-130 mg/dl
- Post-prandial capillary plasma glucose: <180 mg/dl
- BP 140/90 (130/80 in CKD)
- LDL < 100 mg/dl (<70 mg/dl in CAD)

**REFERRALS**

- Endocrinology: for uncontrolled hyperglycemia
- Ophthalmology: at initial evaluation and every year
- Nephrology: for deranged renal function
- Cardiology: for CADD/HF arrhythmia

**SCREENING FOR DIABETES MELLITUS**

**IN AN APPEARENTLY NORMAL ADULT**

- In obese or overweight (BMI ≥ 27.5 or ≥ 23 kg/m²) with any of the following risk factors
  - First degree relative with diabetes
  - History of cardiovascular disease
  - BP ≥ 140/90 mmHg
  - Dyslipidemia (TC > 250 mg/dl, HDL <40 mg/dl in male, <50 mg/dl in female)
  - Physical inactivity
  - Polycystic ovary syndrome (PCOS)
  - Insulin resistance (acanthosis nigricans)
  - Adults > 30 years of age
  - Previous history of GDM

**IN AN ADULT WITH ILLNESS**

- In any adult/adolescent who presents with one of the following illness/complaints
  - Osmotic symptoms (polyuria, polydipsia, polyphagia, nocturia)
  - Unexplained weight loss
  - Unexplained depression or dementia
  - Acute coronary syndrome
  - Deep seated infections (liver abscess, lower lobe pneumonia, tuberculosis, pyelonephritis, abscesses, septic arthritis, osteomyelitis)
  - Recurrent infections (tinea, oral thrush, onychomycosis, cystitis-urinary tract infection, sinustis, STI, cellulitis, carbuncle)
  - Non-healing ulcer (foot ulcers-infected/neuropathic)
  - Exogenous/atrophical Gushing’s syndrome

**IN PREGNANCY**

- H/O GDM/Pre-existing diabetes
- All pregnant women to be screened in 1st trimester with FPG
  - FPG ≥ 126 and/or HbA1c ≥ 6.5% to be considered pre-existing diabetes
  - FPG between 92-125 to be considered as GDM
  - All those women with normal screening in 1st trimester to get a 75 g oral glucose tolerance test done at 24-28 weeks
  - All GDM women to be tested 6 weeks post-partum and once every 5 years
  - PREDIABETES should be tested yearly

**ABBREVIATIONS**

- ALT: Alanine transaminase
- AST: Aspartate transaminase
- BMI: Body mass index
- BP: Blood pressure
- CAD: Coronary artery disease
- CKD: Chronic kidney disease
- DBP: Deep random reflex
- ECG: Electrocardiogram
- EF: Ejection fraction
- GDM: Gestational diabetes mellitus
- HDL: High density lipoprotein
- HbA1c: Hemoglobin A1c
- HbA1c: Glycated hemoglobin
- HbA1C: Glycated hemoglobin
- HDL: High density lipoprotein
- HbA1C: Glycated hemoglobin
- K: Potassium
- LDL: Low density lipoprotein
- FPG: Fasting plasma glucose
- HbA1C: Glycated hemoglobin
- OGT: Oral glucose tolerance test
- SMBG: Self-monitoring of blood glucose

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