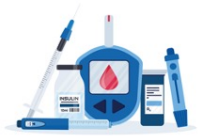
NEL DIABETES LEVEL 3

Ruma Rahman

Clinical Diabetes Lead Education and facilitation

North East London Training Hub



NHS North East London Integrated Care Board

NEL Diabetes Workforce Education Programme

Diabetes is the fastest growing chronic health condition and equipping our workforce with the right skills and training has never been more crucial.
NEL Training Hub and NEL ICB jointly developed this five-tiered education programme tailored for diverse audiences.

See below the levels, target audience and training dates for each level. For information on each level, including learning outcomes, please explore the subsequent pages of this document and check them before registering to any level.

Limited Slots Available! - Secure your spot now – they are offered on a first-come, first-served basis.

LEVEL 1

Target Audience:
Admin teams at general practices, social workers, care home staff

Dates:
(Please register for only one date)

11th October 12:30 to 13:30
or
8th November 12:30 to 13:30
or
6th December 12:30 to 13:30

Click HERE to Register

LEVEL 2

Target Audience:
Personalised Care workers (Social Prescribers, Care Coordinators, Health and Wellbeing Coaches)

Dates:
(Please register for only one date)

1st November 12:30 to 13:30
or
22nd November 12:30 to 13:30
or
13th December 12:30 to 13:30

Click HERE to Register

LEVEL 3

Target Audience:
Health Care Assistants, Pharmacists, Physician Associates, School Nurses, Practice Nurses and Community Pharmacists

Dates:
(Please register for only one date)

23rd November 13:00 to 14:30
or
25th January 13:00 to 14:30
or
28th February 13:00 to 14:30

Click HERE to Register

LEVEL 4

Target Audience:
Physician Associates, Pharmacists, GP Trainees, GPs, Nurses, New DSNs

Dates:
(Please register for only one date)

30th November 13:00 to 17:00
or
31st January 13:00 to 17:00
or
29th February 13:00 to 17:00

Click HERE to Register

LEVEL 5

Target Audience:
GPs, Pharmacists, ANPs, Newly Qualified Community DSNs (Already delivering Diabetes Care)

Dates:
(Please register for only one date)

24th January - 13:00 to 15:00
for GPs / GP Trainers

21st February - 13:00 to 15:00
for Pharmacists

27th March - 13:00 to 15:00
ANPs and DSNs

Click HERE to Register

What you should be expecting today:

LEVEL 3

Target Audience - Aimed at HCA /Pharmacist /PA/school nurses/Practice nurses / and community pharmacist

Learning outcomes -

- Understand pathophysiology of Diabetes (basic)
- Know the types of Diabetes
- Understand how to diagnose diabetes
- Understand who to test
- Understand and undertake Diabetes review and identify action plans
- Understand the target levels and signpost
- Understand cardiovascular risk of diabetes and be able to calculate QRISK
- Understand Drug groups and common side effects
- Be able to refer to local resources for weight/smoking /mood management
- Understand role of PCP workers and the PCN based referral pathway
- Understand obesity and levels of intervention
- Understand foot care and when to refer or escalate
- Alerts

What is diabetes?

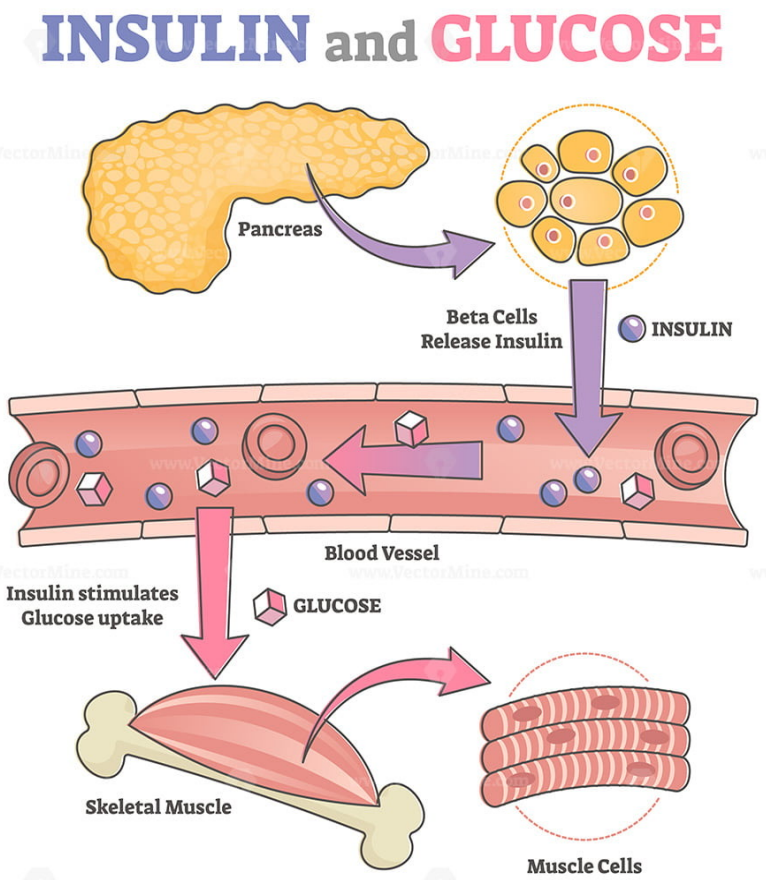
What is diabetes?

Blood glucose level is **too high** and the **control** and regulation is **lost**.

It can happen when:

- Doesn't produce enough insulin
- Insulin it produces isn't effective (insulin resistance)
- Can't produce any insulin at all-

What is happening at cellular level:



https://vectormine.com/item/insulin-and-glucose-release-regulation-educational-scheme/

https://www.doctorkiltz.com/insulin-resistance-infertility/

Types of Diabetes:

- How many types of diabetes are you aware of?

- Type 1: Insulin depletion- cannot produce anymore insulin.
- Type 2: The insulin you make either can't work effectively, or you can't produce enough of it.
- Gestational Diabetes (GD)- During pregnancy
- Latent Autoimmune Diabetes in Adults (LADA)- Mixed picture type 1 – depletion of insulin.

Maturity onset diabetes of the young (MODY)

- **MODY is a rare form of diabetes which is different from both type 1 and type 2 diabetes, and runs strongly in families.**
- MODY is very rare compared with type 1 and type 2– experts estimate that only 1–2% of people with diabetes (20-40,000 people) in the UK.
- it's estimated that about 90% of people with it are mistakenly diagnosed with type 1 or type 2 diabetes at firs
- MODY is caused by a mutation (or change) in a single gene

The key features of MODY are:

- Being diagnosed with diabetes under the age of 25.
- Having a parent with diabetes, with diabetes in two or more generations.
- Not necessarily needing insulin.

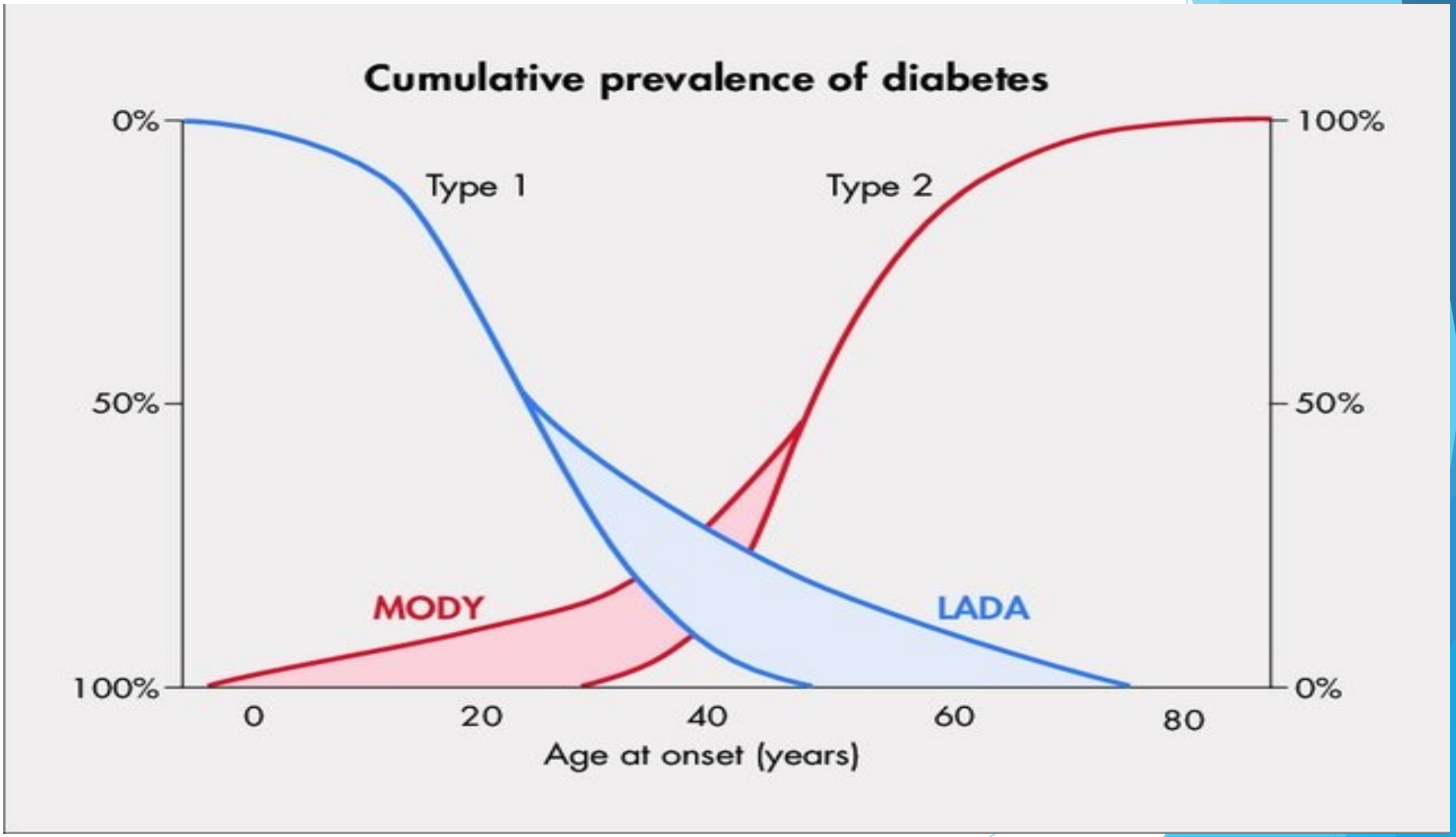
https://www.diabetes.org.uk/diabetes-the-basics/other-types-of-diabetes/mody

Type 3c

What causes type 3c diabetes?

- Type 3c can happen when the pancreas is damaged and it stops producing enough insulin for the body. And we all need insulin to live.
- You can only get type 3c diabetes because of an illness or condition that affects your pancreas.
- Type 3c is linked to many other conditions, all of which affect the pancreas, such as:
  - **Acute pancreatitis**
  - **Chronic pancreatitis**
  - Pancreatic cancer
  - You can also develop type 3c if you have your pancreas removed because of any other damage.

https://www.diabetes.org.uk/diabetes-the-basics/type-3c-diabetes


Cumulative prevalence of diabetes
0%
50%
100%
Type 1
Type 2
MODY
LADA
100%
50%
0%
0
20
40
60
80
Age at onset (years)

Imran Khan

Clinical features	Type 1 diabetes mellitus	Type 2 diabetes mellitus	MODY
Age of diagnosis (years)	Majority <25, but may occur at any age	Typically >25 but incidence is increasing in adolescents, paralleling increasing rates of obesity in children and adolescents*	<25
Weight	Usually thin, but with obesity epidemic overweight and obesity at diagnosis becoming more common	>90 percent at least overweight	Similar to general population
Autoantibodies	Present	Absent	Absent
Insulin dependent	Yes	No	No
Insulin sensitivity	Normal when controlled	Decreased	Normal (may be decreased if obese)
Family history of diabetes	Infrequent (5 to 10 percent)	Frequent (75 to 90 percent)	Multigenerational, ie, >2 generations
Risk of diabetic ketoacidosis	High	Low	Low

https://twitter.com/IMmemorandum/status/641669592834699264

Do we all know the common signs and symptoms of Diabetes?

Please type in 3/4 you are familiar with…

Signs and symptoms of diabetes:

https://www.phoebehealth.com/services/diabetes-center/diabetes-center-diabetes-symptoms

Diagnosis Diabetes:

- 1. Possible clinical features of type 2 diabetes include:
  - Symptoms such as polydipsia, polyuria, blurred vision, unexplained weight loss, recurrent infections, and tiredness. Note: these may be mild or absent.
  - The presence of risk factors.
- 2. Persistent hyperglycaemia is defined as:
  - HbA1c of 48 mmol/mol (6.5%) or more.
  - Fasting plasma glucose level of 7.0 mmol/L or more.
  - Random plasma glucose of 11.1 mmol/L or more in the presence of symptoms or signs of diabetes.
    - If the person is symptomatic, a single abnormal HbA1c or fasting plasma glucose level can be used, although repeat testing is sensible to confirm the diagnosis.
    - If the person is asymptomatic, do not diagnose diabetes on the basis of a single abnormal HbA1c or plasma glucose result. Arrange repeat testing, preferably with the same test, to confirm the diagnosis. If the repeat test result is normal, arrange to monitor the person for the development of diabetes, the frequency depending on clinical judgement.

https://cks.nice.org.uk/topics/diabetes-type-2/diagnosis/diagnosis-in-adults/

Risk factors for diabetes:

Risk factors for type 2 diabetes include:

- Obesity and inactivity
- Family history
- Ethnicity
- History of gestational diabetes
- Diet.
- Drug treatments
- Polycystic ovary syndrome
- Metabolic syndrome
  - Insulin resistance is commonly associated with the metabolic syndrome, defined as a combination of raised blood pressure, dyslipidaemia, fatty liver disease, central obesity, and a tendency to develop thrombosis.

https://cks.nice.org.uk/topics/diabetes-type-2/background-information/risk-factors/

What bloods to test for in diabetes?

Do you know which blood tests to test for and why?

What are we testing:

- HbA1c
- Random sugars
- Antibodies- clarifying diagnosis
- Lipids: CVD risks
- ACR: Diabetic nephropathy - urine
- Renal function: Diabetic nephropathy
- FBC: if required- rule out impact on HbA1c

Any questions?

Annual Diabetes Reviews:

- Why are diabetes reviews important?

- **Diabetes is one of the most common chronic diseases in the UK, and the prevalence is increasing.** Diabetes UK estimates that in the UK:
  - About 4.7 million people have diabetes.
  - About 36,000 children under 19 years of age have diabetes (most children are diagnosed between the ages of 10 and 14 years).
  - More than 5 million people will be diagnosed with diabetes by 2025, and more than 5.5 million by 2030.

One in 15 people in the UK have diabetes, including one million people who have type 2, but haven't been diagnosed.

Post-pandemic- poor management, increased cases from pre-diabetes to diabetes.

What happens to untreated diabetes?

Coma, stroke, death.

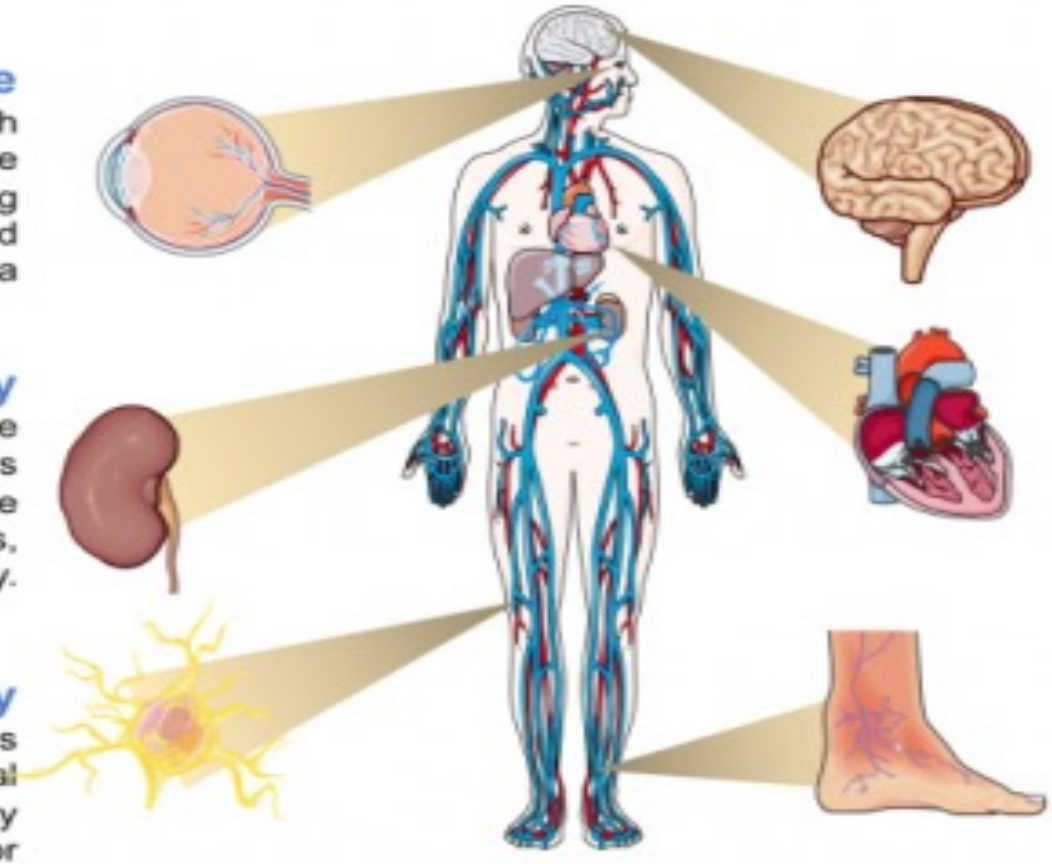
Major Complications of Diabetes

Microvascular

Eye
High blood glucose and high blood pressure can damage eye blood vessels, causing retinopathy, cataracts and glaucoma

Kidney
High blood pressure damages small blood vessels and excess blood glucose overworks the kidneys, resulting in nephropathy.

Neuropathy
Hyperglycemia damages nerves in the peripheral nervous system. This may result in pain and/or numbness. Feet wounds may go undetected, get infected and lead to gangrene.



Macrovascular

Brain
Increased risk of stroke and cerebrovascular disease, including transient ischemic attack, cognitive impairment, etc.

Heart
High blood pressure and insulin resistance increase risk of coronary heart disease

Extremities
Peripheral vascular disease results from narrowing of blood vessels increasing the risk for reduced or lack of blood flow in legs. Feet wounds are likely to heal slowly contributing to gangrene and other complications.

https://www.diabetesdaily.com/learn-about-diabetes/complications/blood-sugar-levels-and-complications-whats-the-connection/

Recap:

- What happens to the body when someone has diabetes.
- Types of diabetes- Types 1/2/MODY/LADA
- Who and why we are testing
- Complications of DM

- Next few slides
  - how to use the Emis template, how all this comes together in an annual review and when to escalate.

Demystify diabetes reviews

https://babesbbque.com/demystifying-the-three-significant-rules-to-get-success-in-digital-signage/

What are we reviewing during a annual diabetic review?

Diabetes care processes:

Regular testing and completion of the 9 key care processes to monitor and manage type 2 diabetes can help to reduce the **risk of complications and identify any complications earlier.**

- **Key care processes**

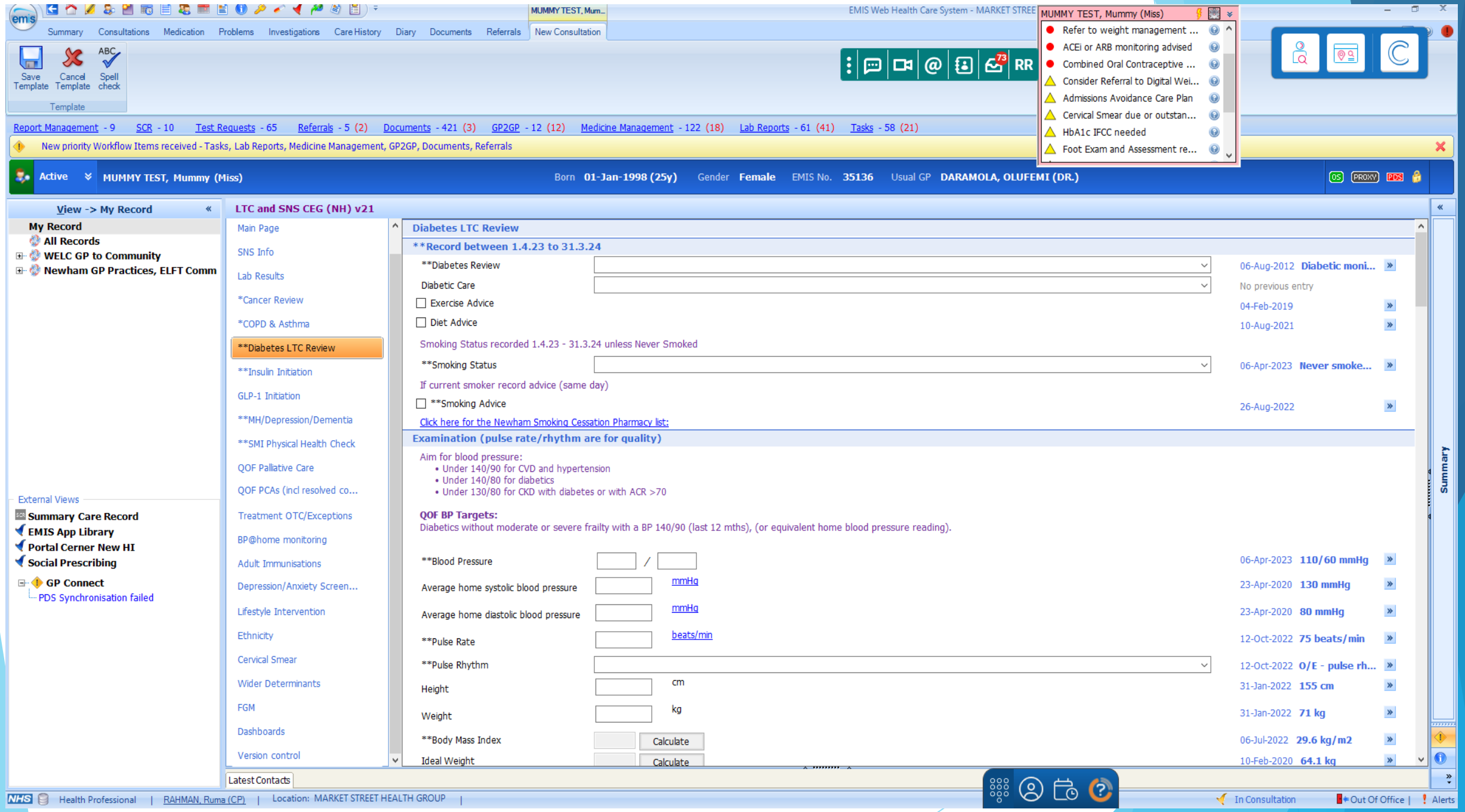
1. Urine ACR measurement
2. HbA1c measurement
3. Blood pressure measurement
4. Foot surveillance
5. Serum creatinine measurement
6. Serum cholesterol measurement
7. BMI measurement
8. Smoking status
9. Retinal screening.

Overview of annual DM reviews:

- Monitoring glucose control/ monitor diabetes progression
- Monitoring for any diabetes complication:
  - Small vessel (kidney, eyes, feet) and large vessel (heart disease disease, stroke)
  - Prevent development of complications
  - Early identification of complications
  - Reduce/ delay progress of complications

Part 1 reviews- covers all 9 processes:

- Ensure bloods/test have been completed:
  - HbA1c
  - Lipids
  - Renal function
  - Urine sample for ACR
- BMI completed- Weight/Height
- Diet and exercise
- Smoking
- Blood pressure
- Retinal screen attended- reminder
- Foot check
- Contraception/ED


MUMMY TEST, Mum...
EMIS Web Health Care System - MARKET STREE
Summary
Consultations
Medication
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Care History
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New Consultation
Save Template
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MUMMY TEST, Mummy (Miss)
Refer to weight management ...
ACEi or ARB monitoring advised
Combined Oral Contraceptive ...
Consider Referral to Digital Wei...
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BP@home monitoring
Adult Immunisations
Depression/Anxiety Screen...
Lifestyle Intervention
Ethnicity
Cervical Smear
Wider Determinants
FGM
Dashboards
Version control
Diabetes LTC Review
**Record between 1.4.23 to 31.3.24
**Diabetes Review
06-Aug-2012 Diabetic moni...
Diabetic Care
No previous entry
Exercise Advice
04-Feb-2019
Diet Advice
10-Aug-2021
Smoking Status recorded 1.4.23 - 31.3.24 unless Never Smoked
**Smoking Status
06-Apr-2023 Never smoke...
If current smoker record advice (same day)
**Smoking Advice
26-Aug-2022
Click here for the Newham Smoking Cessation Pharmacy list:
Examination (pulse rate/rhythm are for quality)
Aim for blood pressure:
• Under 140/90 for CVD and hypertension
• Under 140/80 for diabetics
• Under 130/80 for CKD with diabetes or with ACR >70
QOF BP Targets:
Diabetics without moderate or severe frailty with a BP 140/90 (last 12 mths), (or equivalent home blood pressure reading).
**Blood Pressure
06-Apr-2023 110/60 mmHg
Average home systolic blood pressure
mmHg
23-Apr-2020 130 mmHg
Average home diastolic blood pressure
mmHg
23-Apr-2020 80 mmHg
**Pulse Rate
beats/min
12-Oct-2022 75 beats/min
**Pulse Rhythm
12-Oct-2022 O/E - pulse rh...
Height
cm
31-Jan-2022 155 cm
Weight
kg
31-Jan-2022 71 kg
**Body Mass Index
Calculate
06-Jul-2022 29.6 kg/m2
Ideal Weight
Calculate
10-Feb-2020 64.1 kg
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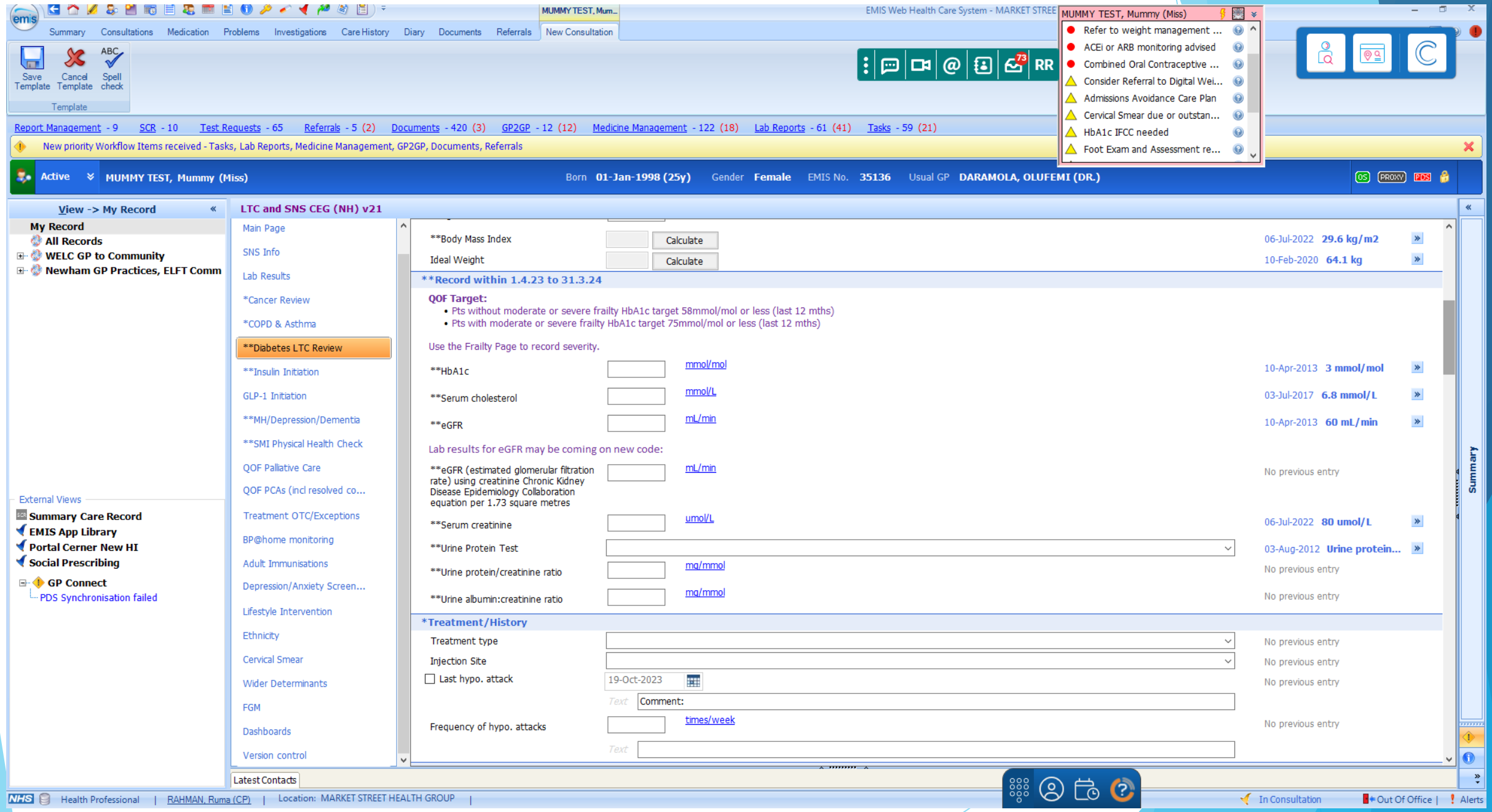
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Wider Determinants
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**Body Mass Index
Calculate
06-Jul-2022 29.6 kg/m2
Ideal Weight
Calculate
10-Feb-2020 64.1 kg
**Record within 1.4.23 to 31.3.24
QOF Target:
• Pts without moderate or severe frailty HbA1c target 58mmol/mol or less (last 12 mths)
• Pts with moderate or severe frailty HbA1c target 75mmol/mol or less (last 12 mths)
Use the Frailty Page to record severity.
**HbA1c
mmol/mol
10-Apr-2013 3 mmol/mol
**Serum cholesterol
mmol/L
03-Jul-2017 6.8 mmol/L
**eGFR
mL/min
10-Apr-2013 60 mL/min
Lab results for eGFR may be coming on new code:
**eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres
mL/min
No previous entry
**Serum creatinine
umol/L
06-Jul-2022 80 umol/L
**Urine Protein Test
03-Aug-2012 Urine protein...
**Urine protein/creatinine ratio
mg/mmol
No previous entry
**Urine albumin:creatinine ratio
mg/mmol
No previous entry
*Treatment/History
Treatment type
No previous entry
Injection Site
No previous entry
Last hypo. attack
19-Oct-2023
No previous entry
Text
Comment:
Frequency of hypo. attacks
times/week
No previous entry
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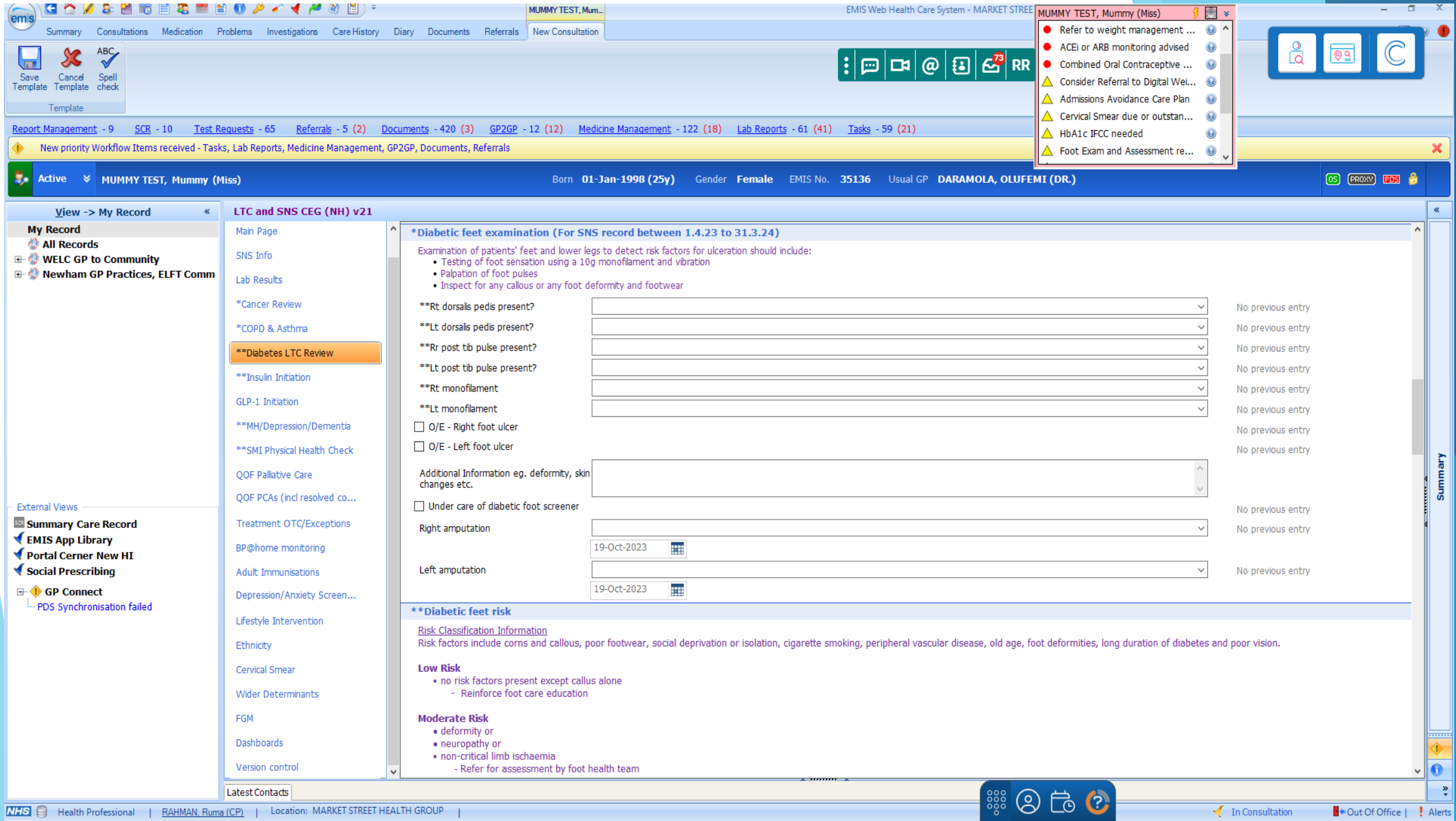
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Ethnicity
Cervical Smear
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*Diabetic feet examination (For SNS record between 1.4.23 to 31.3.24)
Examination of patients' feet and lower legs to detect risk factors for ulceration should include:
• Testing of foot sensation using a 10g monofilament and vibration
• Palpation of foot pulses
• Inspect for any callous or any foot deformity and footwear
**Rt dorsalis pedis present?
**Lt dorsalis pedis present?
**Rr post tib pulse present?
**Lt post tib pulse present?
**Rt monofilament
**Lt monofilament
O/E - Right foot ulcer
O/E - Left foot ulcer
Additional Information eg. deformity, skin changes etc.
Under care of diabetic foot screener
Right amputation
19-Oct-2023
Left amputation
19-Oct-2023
No previous entry
**Diabetic feet risk
Risk Classification Information
Risk factors include corns and callous, poor footwear, social deprivation or isolation, cigarette smoking, peripheral vascular disease, old age, foot deformities, long duration of diabetes and poor vision.
Low Risk
• no risk factors present except callus alone
- Reinforce foot care education
Moderate Risk
• deformity or
• neuropathy or
• non-critical limb ischaemia
- Refer for assessment by foot health team
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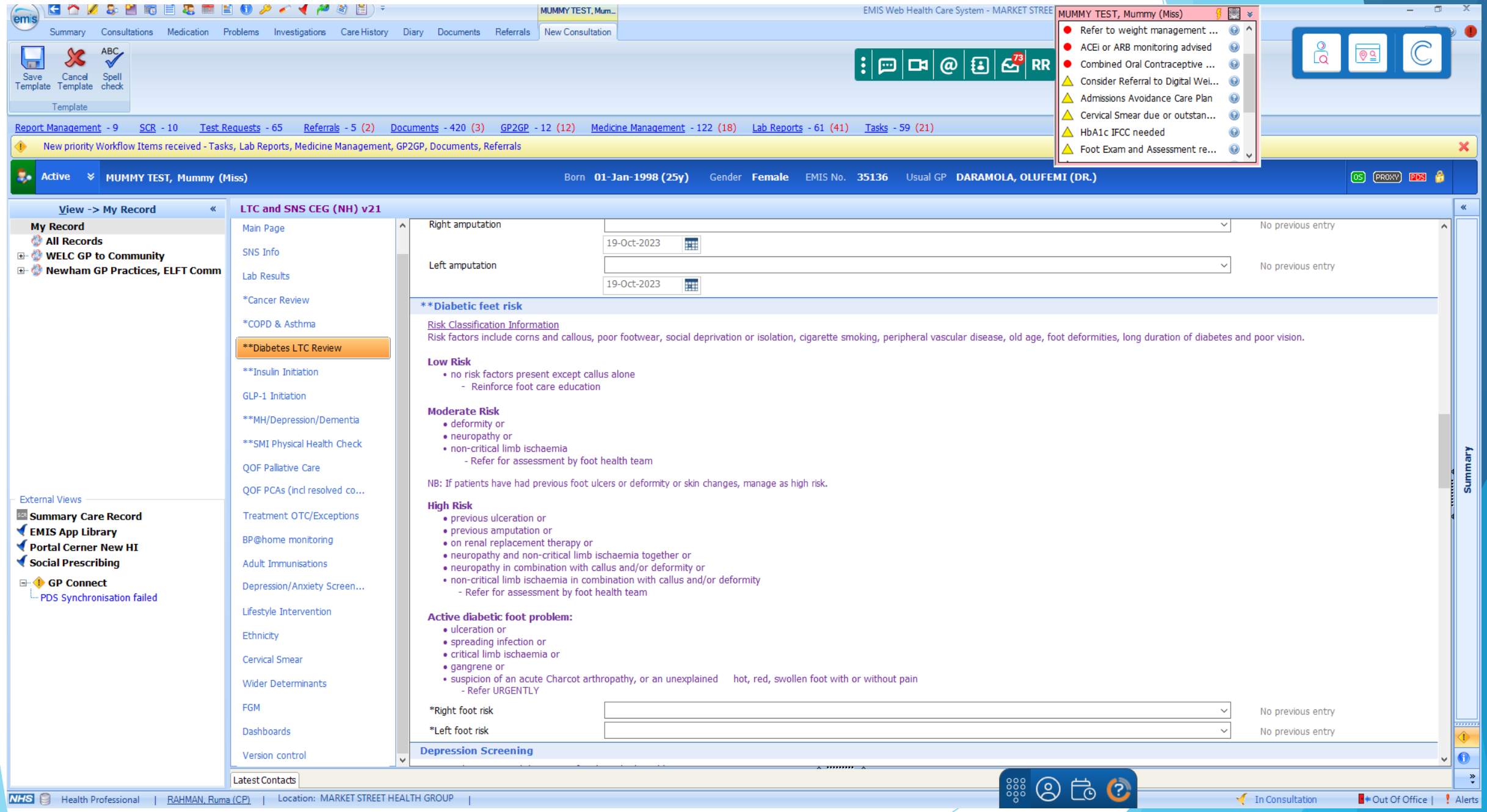
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Low Risk
• no risk factors present except callus alone
- Reinforce foot care education
Moderate Risk
• deformity or
• neuropathy or
• non-critical limb ischaemia
- Refer for assessment by foot health team
NB: If patients have had previous foot ulcers or deformity or skin changes, manage as high risk.
High Risk
• previous ulceration or
• previous amputation or
• on renal replacement therapy or
• neuropathy and non-critical limb ischaemia together or
• neuropathy in combination with callus and/or deformity or
• non-critical limb ischaemia in combination with callus and/or deformity
- Refer for assessment by foot health team
Active diabetic foot problem:
• ulceration or
• spreading infection or
• critical limb ischaemia or
• gangrene or
• suspicion of an acute Charcot arthropathy, or an unexplained hot, red, swollen foot with or without pain
- Refer URGENTLY
*Right foot risk
No previous entry
*Left foot risk
No previous entry
Depression Screening
Latest Contacts
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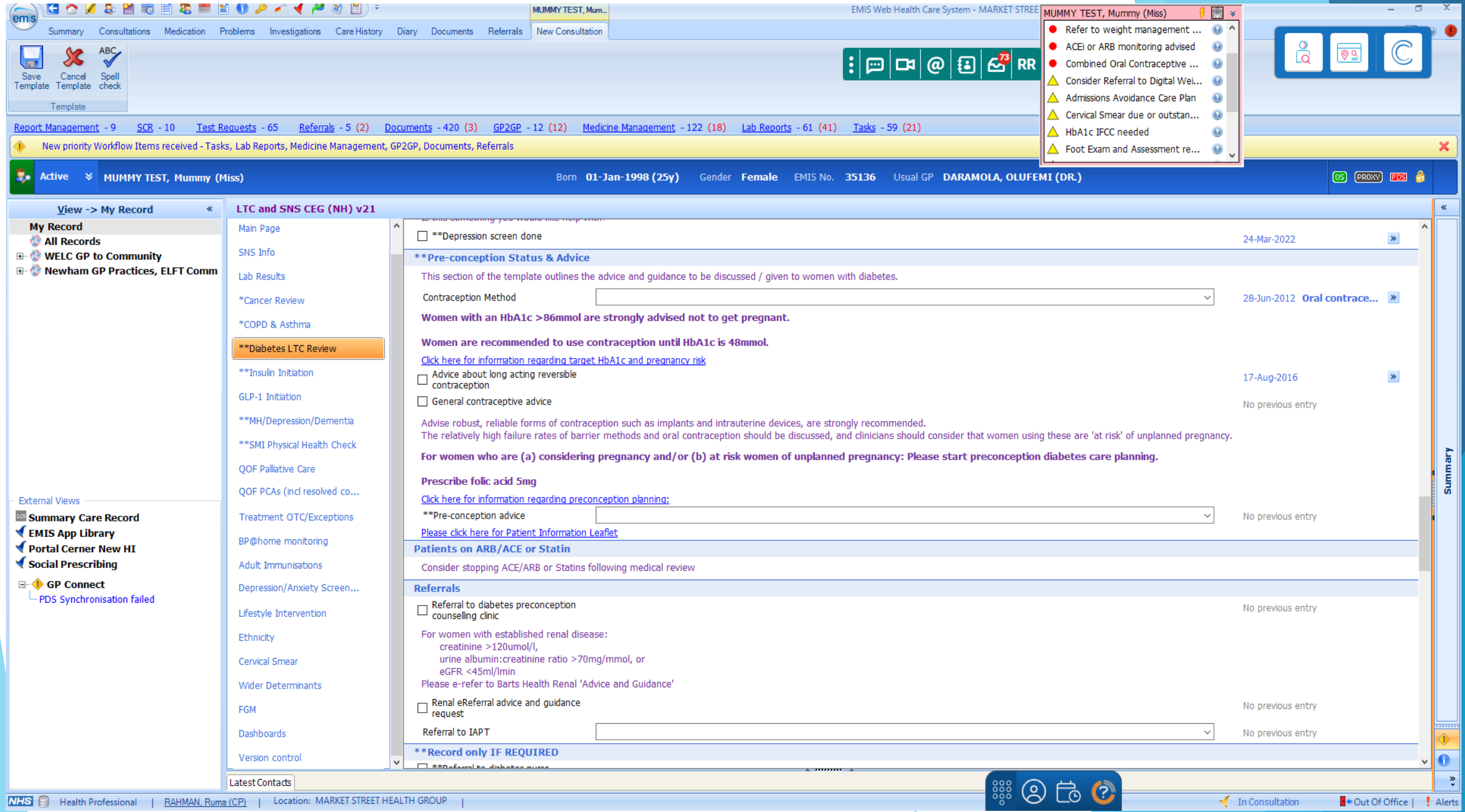
Health Professional
RAHMAN, Ruma (CP)
Location: MARKET STREET HEALTH GROUP
In Consultation
Out Of Office
Alerts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Lifestyle Intervention
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Cervical Smear
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Dashboards
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**Depression screen done
24-Mar-2022
**Pre-conception Status & Advice
This section of the template outlines the advice and guidance to be discussed / given to women with diabetes.
Contraception Method
28-Jun-2012 Oral contrace...
Women with an HbA1c >86mmol are strongly advised not to get pregnant.
Women are recommended to use contraception until HbA1c is 48mmol.
Click here for information regarding target HbA1c and pregnancy risk
Advice about long acting reversible contraception
17-Aug-2016
General contraceptive advice
No previous entry
Advise robust, reliable forms of contraception such as implants and intrauterine devices, are strongly recommended.
The relatively high failure rates of barrier methods and oral contraception should be discussed, and clinicians should consider that women using these are 'at risk' of unplanned pregnancy.
For women who are (a) considering pregnancy and/or (b) at risk women of unplanned pregnancy: Please start preconception diabetes care planning.
Prescribe folic acid 5mg
Click here for information regarding preconception planning:
**Pre-conception advice
No previous entry
Please click here for Patient Information Leaflet
Patients on ARB/ACE or Statin
Consider stopping ACE/ARB or Statins following medical review
Referrals
Referral to diabetes preconception counselling clinic
No previous entry
For women with established renal disease:
creatinine >120umol/l,
urine albumin:creatinine ratio >70mg/mmol, or
eGFR <45ml/lmin
Please e-refer to Barts Health Renal 'Advice and Guidance'
Renal eReferral advice and guidance request
No previous entry
Referral to IAPT
No previous entry
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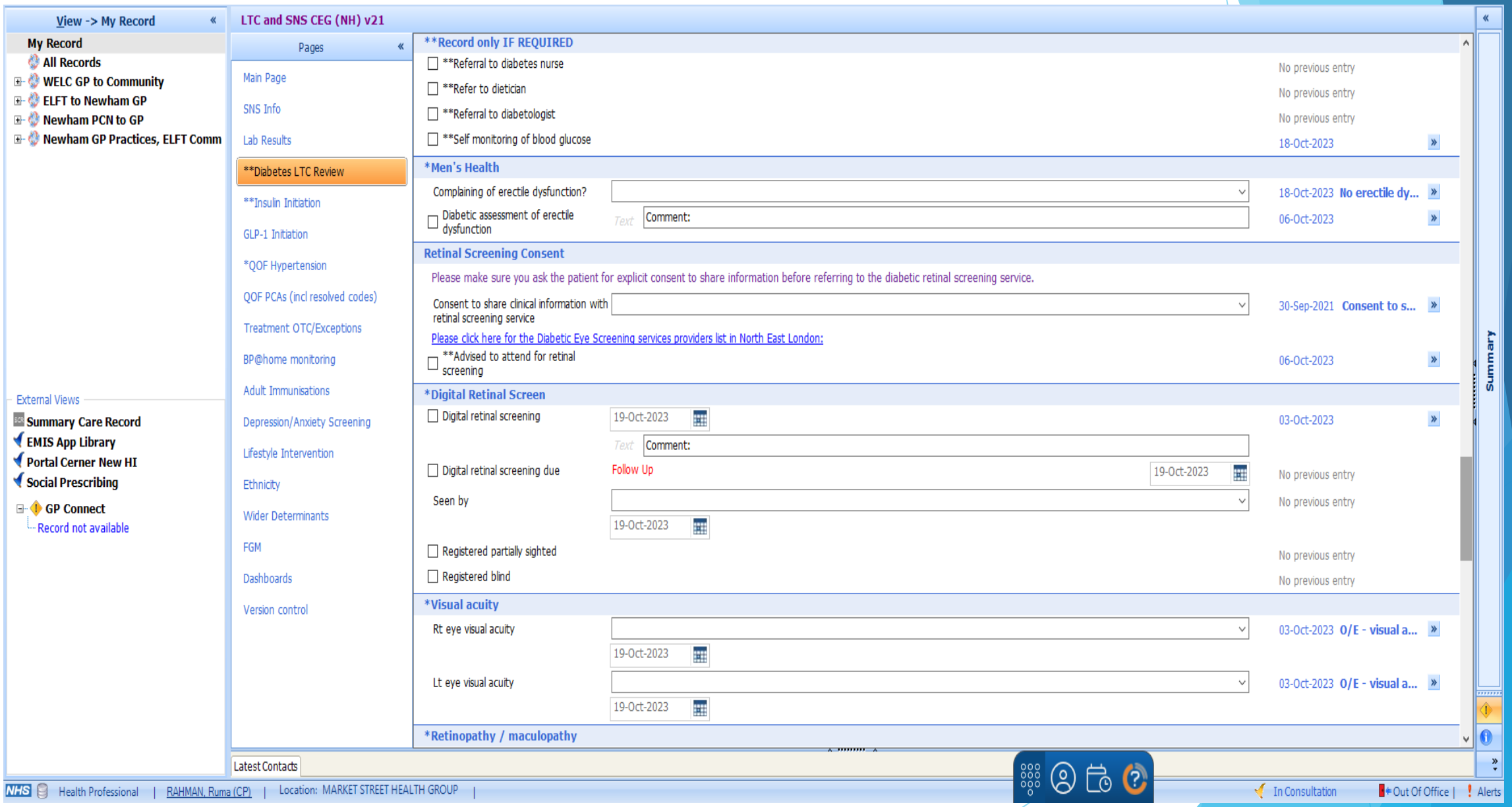
Does anyone know why we are asking regarding preconception?

- Risks to foetus and change glycaemic control during pregnancy.

- Planning a pregnancy:
  - <48mmol HbA1c
  - Ace-inhibitors/statins to stop
  - Folic acid 5mg 3/12 before
  - Send to pre-conception clinic
  - Escalate

- Unplanned: urgent review- changes to all medication and tight control of sugars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GLP-1 Initiation
*QOF Hypertension
QOF PCAs (incl resolved codes)
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Wider Determinants
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**Record only IF REQUIRED
**Referral to diabetes nurse
No previous entry
**Refer to dietician
No previous entry
**Referral to diabetologist
No previous entry
**Self monitoring of blood glucose
18-Oct-2023
*Men's Health
Complaining of erectile dysfunction?
18-Oct-2023 No erectile dy...
Diabetic assessment of erectile dysfunction
Text
Comment:
06-Oct-2023
Retinal Screening Consent
Please make sure you ask the patient for explicit consent to share information before referring to the diabetic retinal screening service.
Consent to share clinical information with retinal screening service
30-Sep-2021 Consent to s...
Please click here for the Diabetic Eye Screening services providers list in North East London:
**Advised to attend for retinal screening
06-Oct-2023
*Digital Retinal Screen
Digital retinal screening
19-Oct-2023
03-Oct-2023
Text
Comment:
Digital retinal screening due
Follow Up
19-Oct-2023
No previous entry
Seen by
No previous entry
19-Oct-2023
Registered partially sighted
No previous entry
Registered blind
No previous entry
*Visual acuity
Rt eye visual acuity
03-Oct-2023 O/E - visual a...
19-Oct-2023
Lt eye visual acuity
03-Oct-2023 O/E - visual a...
19-Oct-2023
*Retinopathy / maculopathy
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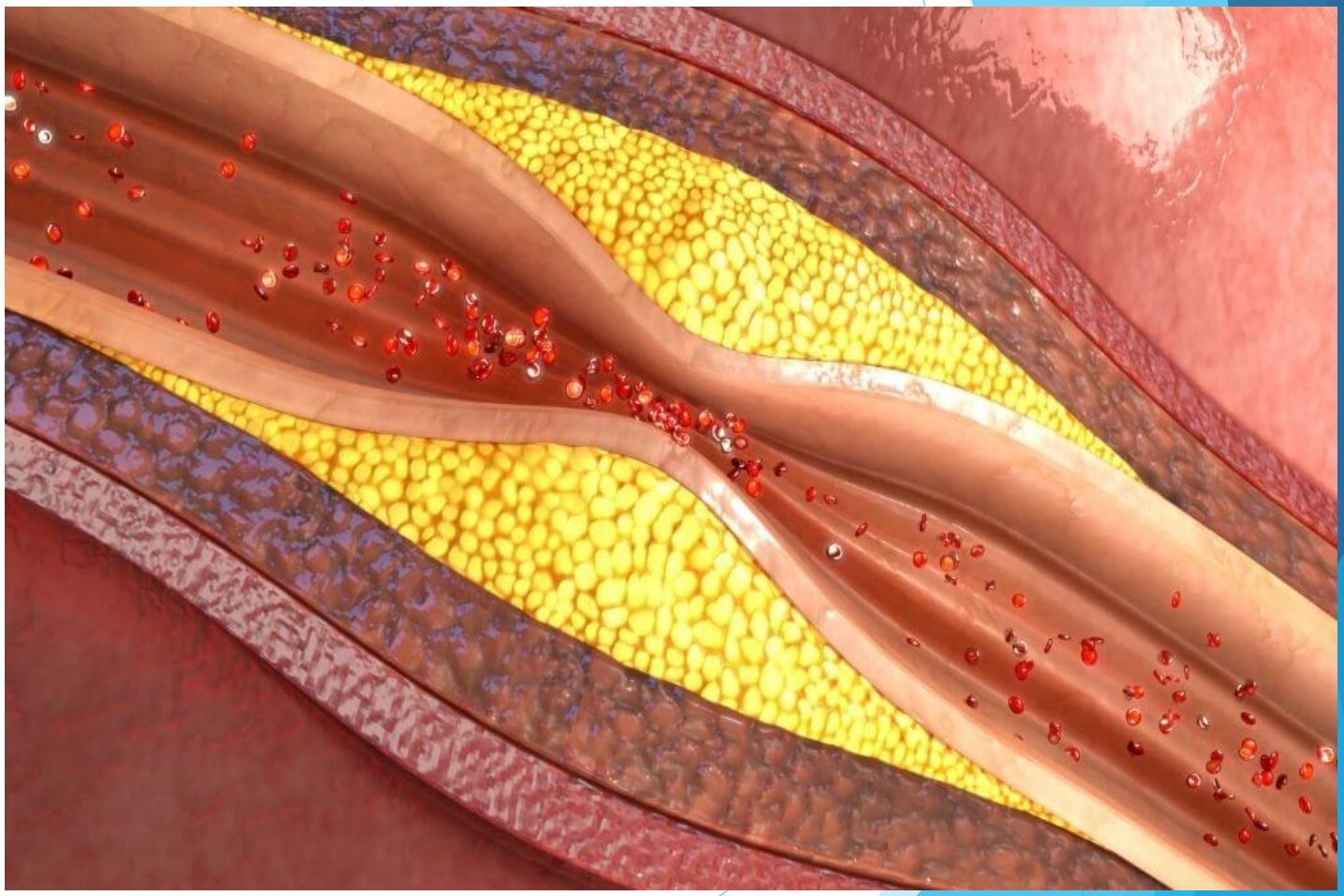
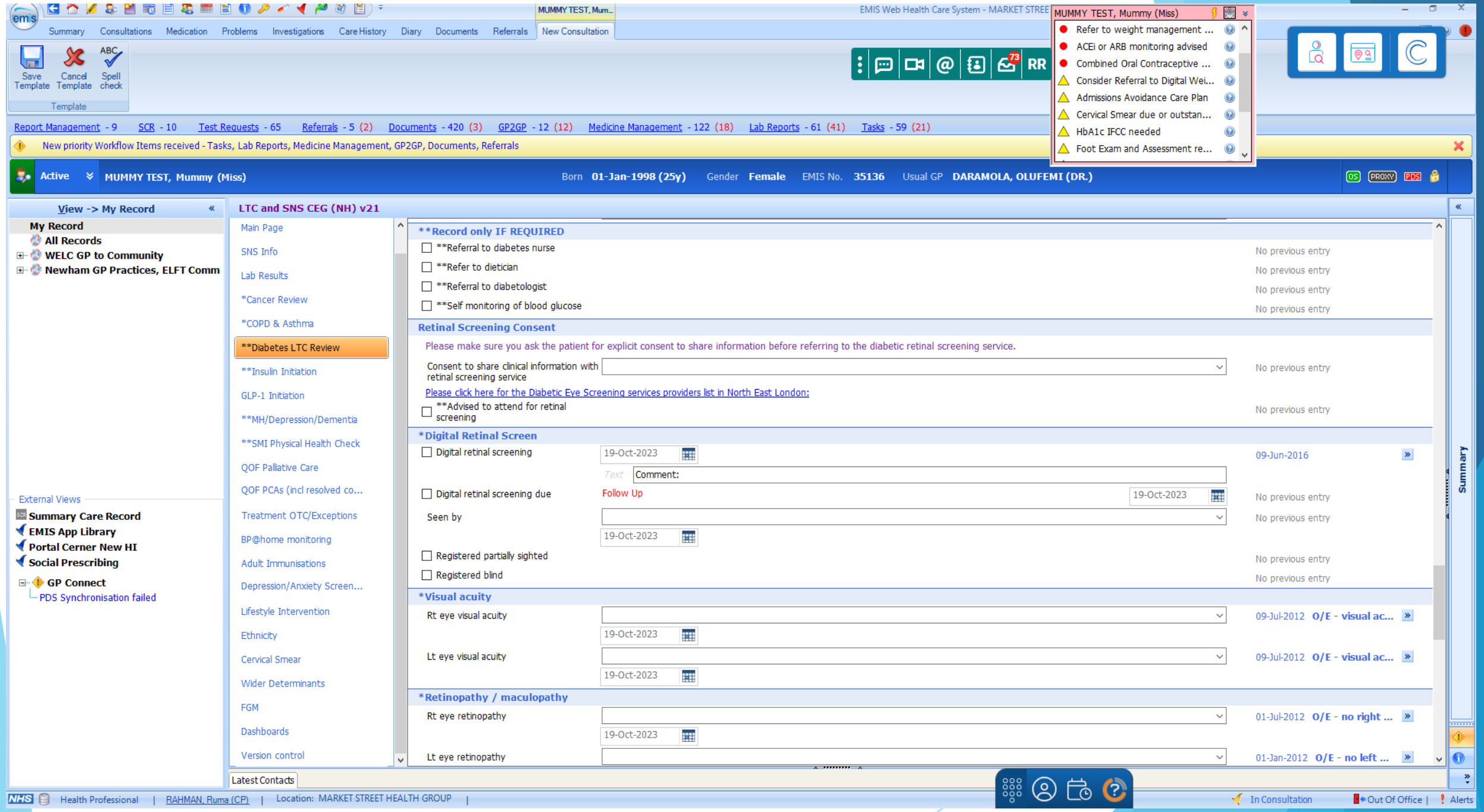
Why are we asking regarding erectile dysfunction?

- Clarify for patients
- Why we ask regarding ED
  - Diabetic neuropathy
  - Blood circulation
  - Early signs of CVD
    - Tight control of sugars and lipids



https://1md.org/article/erectile-dysfunction-probiotics-1md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Rt eye retinopathy
01-Jul-2012 O/E - no right ...
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01-Jan-2012 O/E - no left ...
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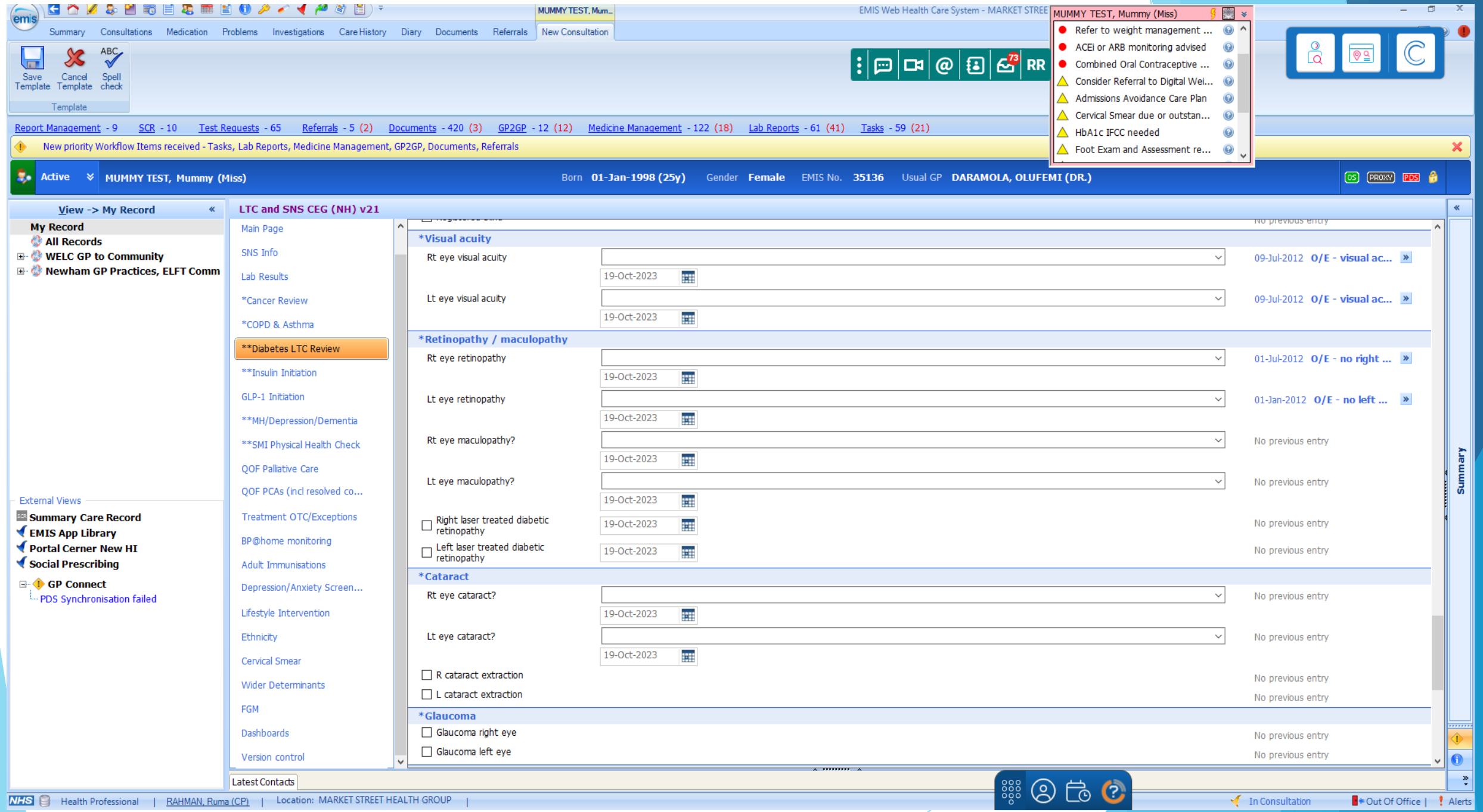
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01-Jul-2012 O/E - no right ...
19-Oct-2023
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01-Jan-2012 O/E - no left ...
19-Oct-2023
Rt eye maculopathy?
No previous entry
19-Oct-2023
Lt eye maculopathy?
No previous entry
19-Oct-2023
Right laser treated diabetic retinopathy
19-Oct-2023
No previous entry
Left laser treated diabetic retinopathy
19-Oct-2023
No previous entry
*Cataract
Rt eye cataract?
No previous entry
19-Oct-2023
Lt eye cataract?
No previous entry
19-Oct-2023
R cataract extraction
No previous entry
L cataract extraction
No previous entry
*Glaucoma
Glaucoma right eye
No previous entry
Glaucoma left eye
No previous entry
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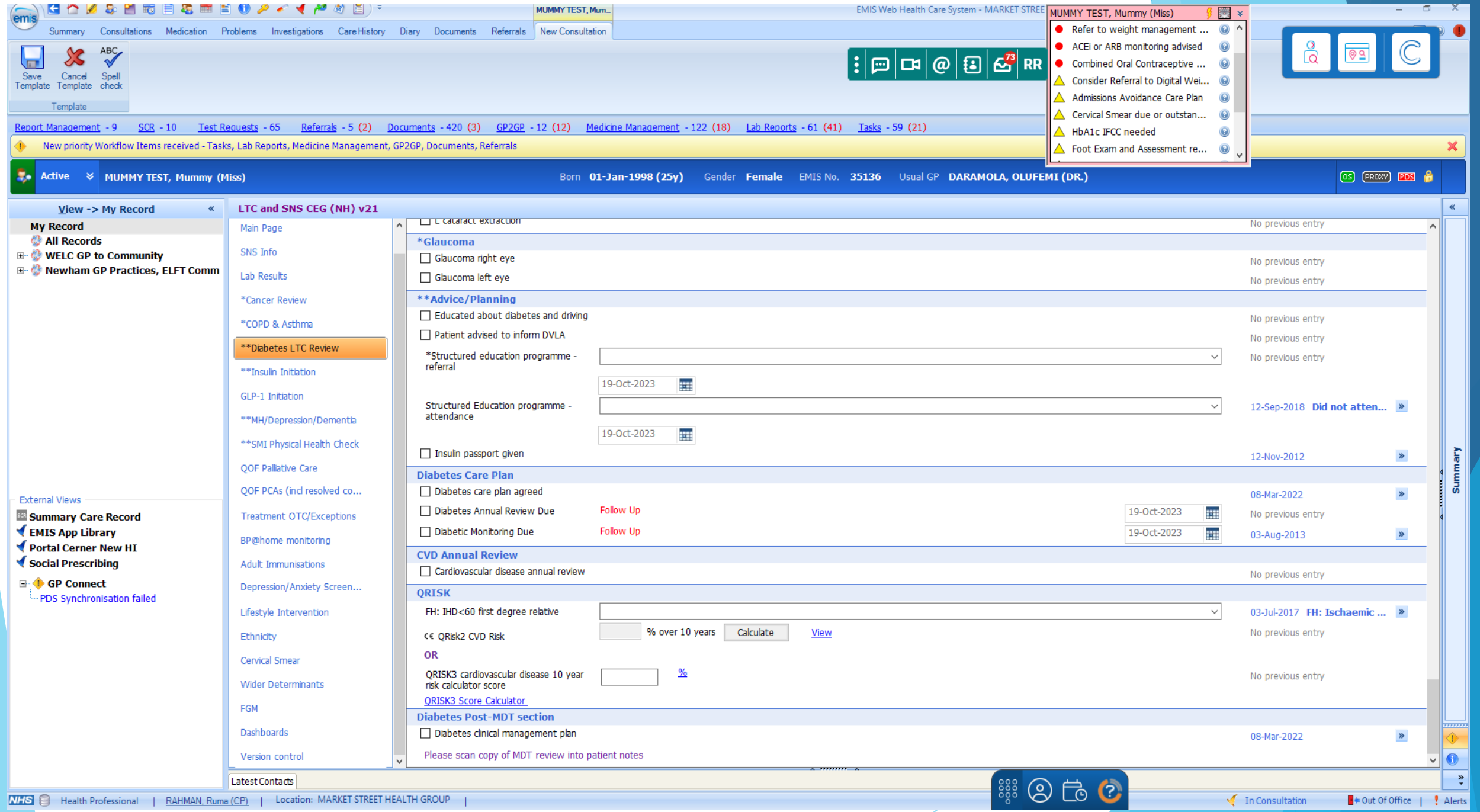
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Depression/Anxiety Screen...
Lifestyle Intervention
Ethnicity
Cervical Smear
Wider Determinants
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L cataract extraction
No previous entry
*Glaucoma
Glaucoma right eye
No previous entry
Glaucoma left eye
No previous entry
**Advice/Planning
Educated about diabetes and driving
No previous entry
Patient advised to inform DVLA
No previous entry
*Structured education programme - referral
No previous entry
19-Oct-2023
Structured Education programme - attendance
12-Sep-2018 Did not atten...
19-Oct-2023
Insulin passport given
12-Nov-2012
Diabetes Care Plan
Diabetes care plan agreed
08-Mar-2022
Diabetes Annual Review Due
Follow Up
19-Oct-2023
No previous entry
Diabetic Monitoring Due
Follow Up
19-Oct-2023
03-Aug-2013
CVD Annual Review
Cardiovascular disease annual review
No previous entry
QRISK
FH: IHD<60 first degree relative
03-Jul-2017 FH: Ischaemic ...
QRisk2 CVD Risk
% over 10 years
Calculate
View
No previous entry
OR
QRISK3 cardiovascular disease 10 year risk calculator score
%
No previous entry
QRISK3 Score Calculator
Diabetes Post-MDT section
Diabetes clinical management plan
08-Mar-2022
Please scan copy of MDT review into patient notes
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Diabetic foot checks:

- Why we do foot checks?
- How we do foot checks
- Where to get training and next steps

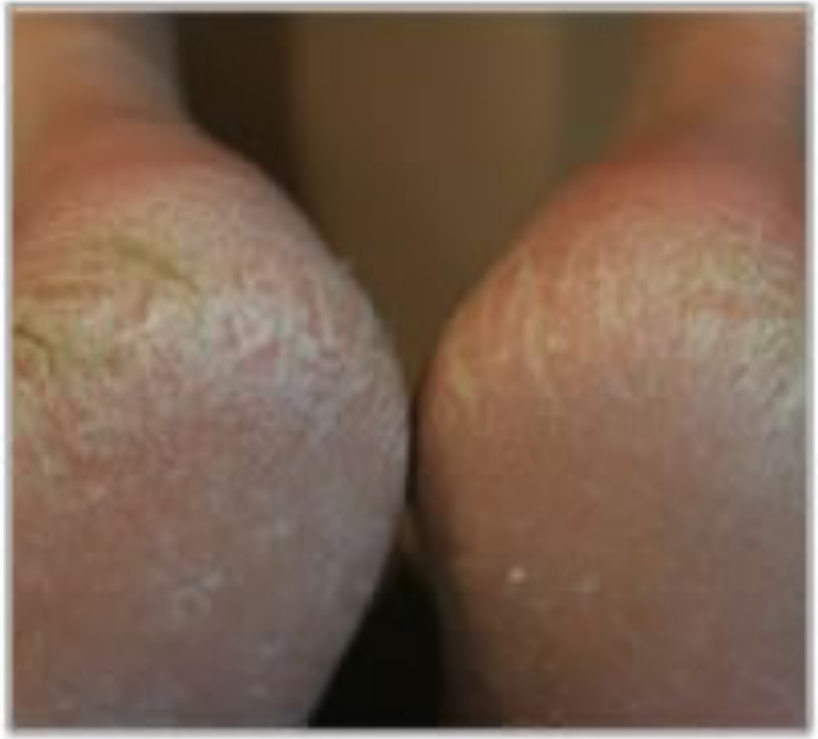
Foot check review:

Questions to ask before you start:

- Have you had any problems or noticed any changes like cuts, blisters, broken skin, corns?
- Have you ever had any foot problems or wounds?
- Have you had any pain or discomfort?
- How often do you check your feet?
- Do you have any cramp-like pains when walking?
- How well are you managing your diabetes?

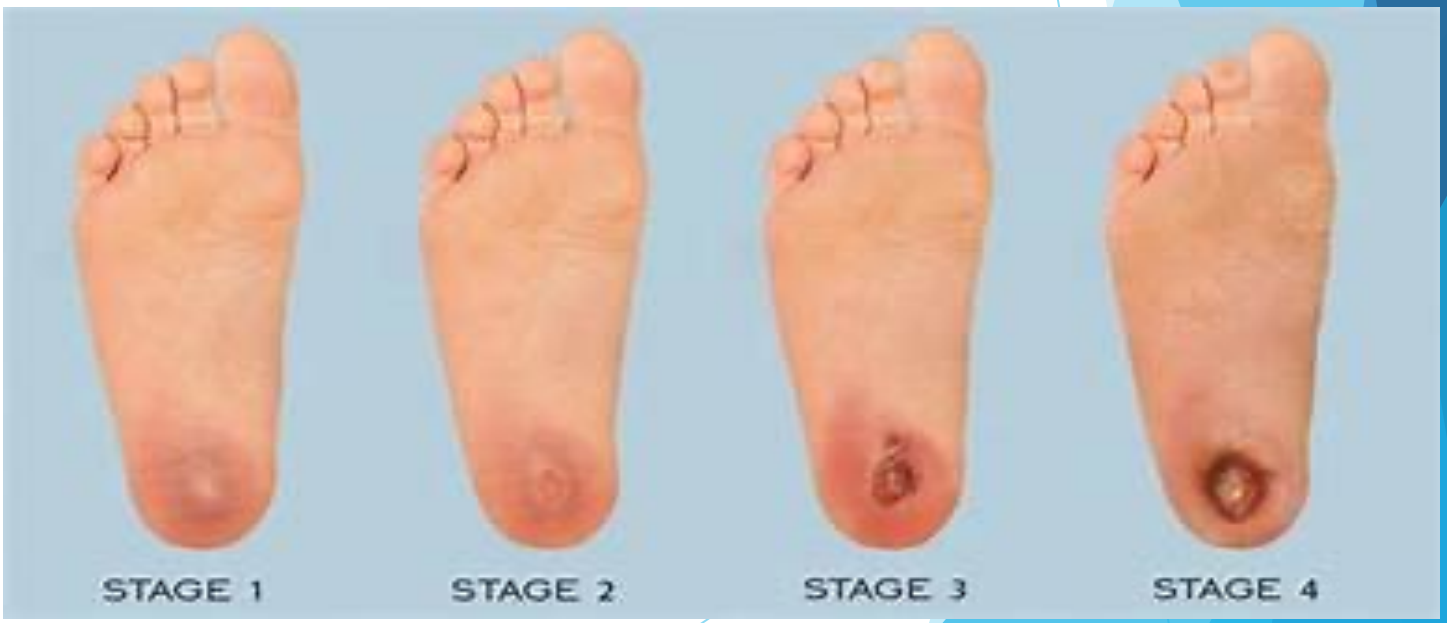
Process:

- Take shoes and socks off
- Sitting or lying
- Monofilament 10g
- General condition of feet and skin.
- Checking for pulses
  - Posterior Tibial and Dorsalis Pedialis arteries.
- Sensation check



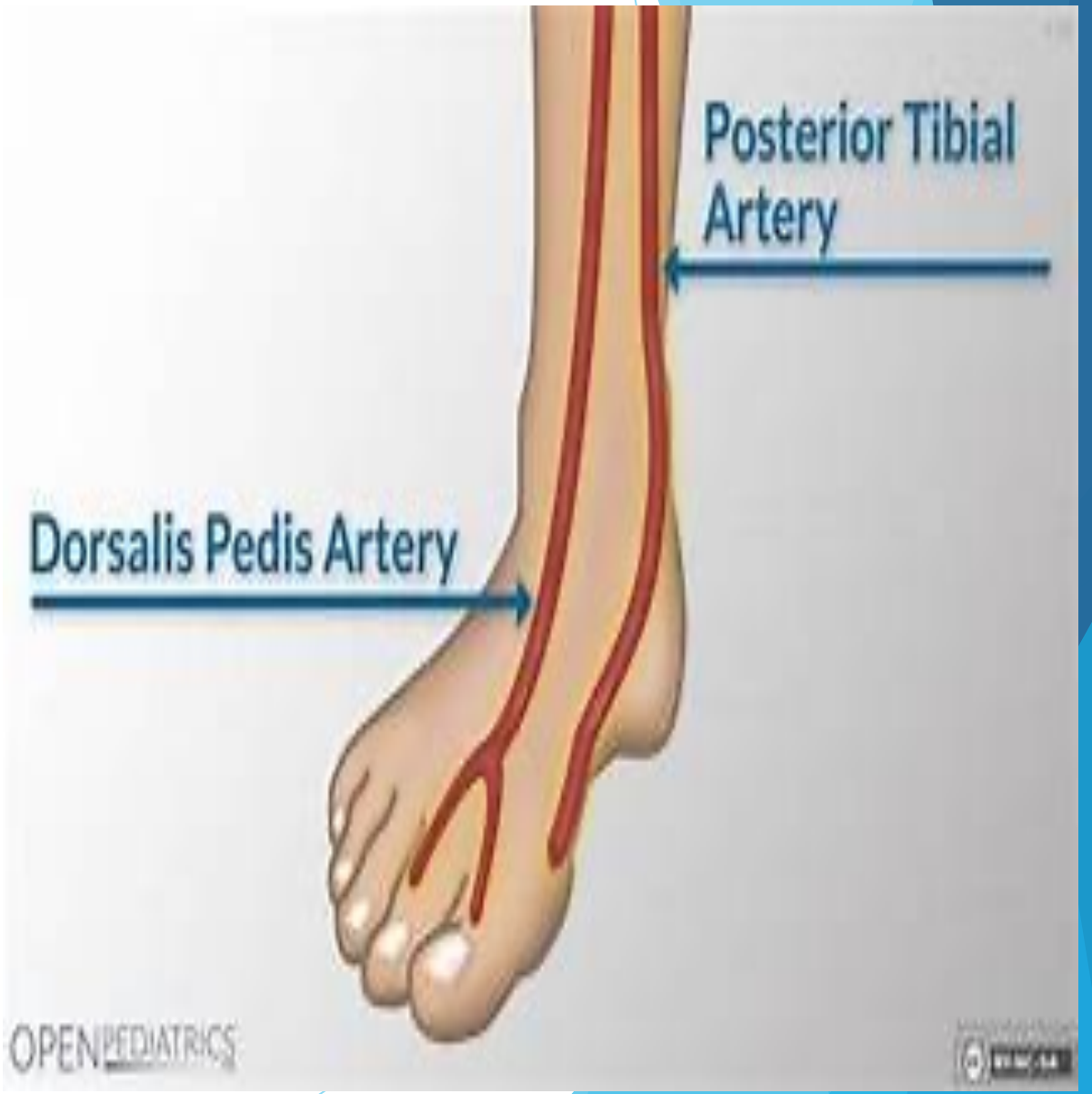
https://www.diabetesframe.org/nhs-england/02-overview-of-diabetic-foot-problems-nhs-england-2/autonomic-neuropathy/

https://www.sallypembery.co.uk/diabetes-check-up-and-advice



https://www.qualityfootcare.com/healing-diabetic-foot-ulcerations-part-2-lonnie-kaplan-dpm/


Apply enough pressure to slightly bend the monofilament
This will exert 10g of pressure
GEEKYMEDICS.COM


Posterior Tibial Artery
Dorsalis Pedis Artery
OPENPEDIATRICS

Informing patient and updating template:

- **Low** – no risk, or a callus without any other problem.
- **Moderate** – one sign of foot problem, such as a loss of sensation or a change in foot shape.
- **High** – more than one sign of a foot problem, or a previous ulcer or amputation.

- Referrals:
  - Moderate or high referral to foot clinic
  - Local referral per borough

Understand cardiovascular risk of diabetes and be able to calculate QRISK

What is Cardiovascular risk?

- Cardiovascular disease (CVD) is a term that describes a group of disorders of the heart and blood vessels caused by atherosclerosis and thrombosis, which includes:
  - Coronary heart disease
  - Stroke
  - Peripheral arterial disease
  - Aortic disease.
- **Higher risks:**
  - Men, patients with a family history of CVD
  - Ethnic backgrounds such as South Asians.
  - Age: CVD risk is also greater in patients aged over 50 years and increases with age; patients aged 85 years and over are at particularly high risk.
    - Modifiable: Hypertension, Lipid, Obesity, low physical activity, diet and lifestyle, excessive alcohol, smoking.
    - A Non-modifiable: Age, FHx, DM, MH?

CVD and diabetes

Why does diabetes increase your risk of heart disease?

- High blood sugar levels can damage blood vessels leading to serious heart complications.
- Your body can't use all of this sugar properly, so more of it sticks to your red blood cells and builds up in your blood. This build-up can block and damage the vessels carrying blood to and from your heart, starving the heart of oxygen and nutrients.

Why are we worried?

‘Every week, we estimate, diabetes is a cause in over 590 heart attacks and 770 strokes in the UK’.

Diabetes UK

Qrisk 2

QRISK®2

- QRISK®2 is a risk calculators to assess CVD risk for patients in England and Wales.
- Assess cardiovascular risk of coronary heart disease (angina and myocardial infarction), stroke, and transient ischaemic attack.
- Tool uses data based on:
  - lipid profile, systolic blood pressure, sex, age, ethnicity, smoking status, BMI, chronic kidney disease (stage 4 or above), diabetes mellitus, atrial fibrillation, treated hypertension, rheumatoid arthritis, social deprivation, or a family history of premature CVD.

Qrisk 2

Tool on Emis- should be part of most LTC templates.

Interpreting and why?

- >10% Qrisk increased risk of CVD over 10 years
- Initiating statins
- Significant for DM patients and next steps of management

HbA1c values in DM review and targets

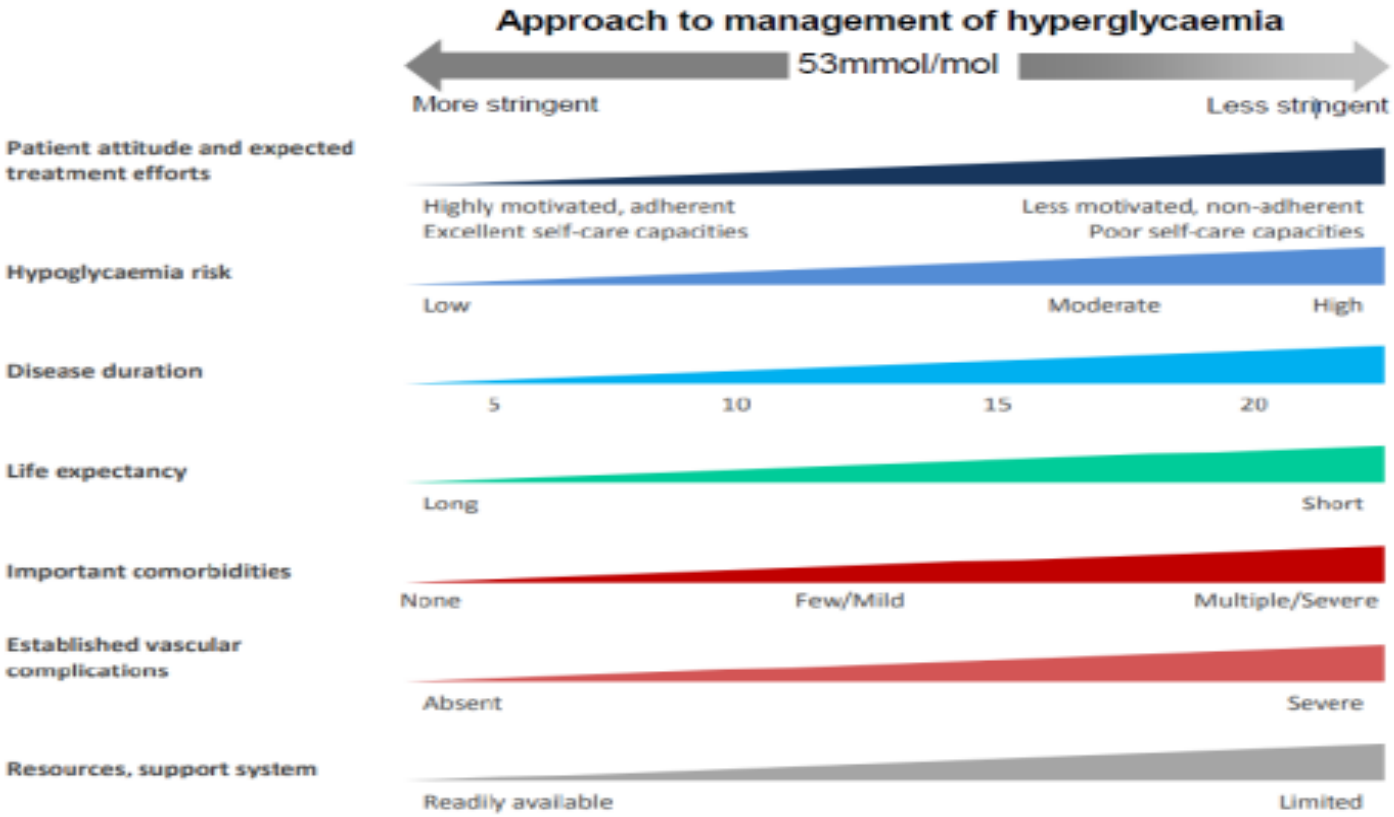
Why do we use them?
How do we use them?

TARGETS FOR GLYCAEMIC CONTROL:

INDIVIDUALISATION OF PATIENT HbA1c TARGETS

Involve adults with type diabetes in the decisions about their individual HbA1c. Encourage them to achieve the target and maintain it unless any resulting adverse effects (including hypoglycaemia), or their efforts to achieve their target, impair their quality of life. NICE patient decision Aid

Offer lifestyle and dietary advice (NICE NG28, section 1.3) and drug treatment to support adults with type 2 diabetes to achieve and maintain their HbA1c target.



Ismail-Beigi, et al Individualizing glycemic targets in Type 2 Diabetes mellitus: Implications of recent trials. Ann intern med. 2011 Apr19; 154(8)554-9

INDIVIDUALISATION OF PATIENT HbA1c TARGETS

Agree an individualised HbA1c target based on: the person's needs and circumstances including preferences, comorbidities, risks from polypharmacy and tight blood glucose control, and ability to achieve longer-term risk-reduction benefits. Support the person to aim for the agreed HbA1c target, measure HbA1c levels at:

- 3-6 monthly intervals (tailored to individual needs), until the HbA1c is stable on unchanging therapy
- 6 monthly intervals once the HbA1c level and blood glucose lowering therapy are stable

Patients Group	Target HbA1c presumption (this must be individualised)
Patients managed by lifestyle and diet	<48% mmol/L (6.5%)
If **all** the following apply: • Younger patients <60years within 10 years of diagnosis • Without established macrovascular disease (IHD, CVA, PVD) • Taking a single oral agent not associated with the hypoglycaemia (metformin, DPP-4i, SGLT-2I, pioglitazone)	48 mmol/L (6.5%)
If **all** the following apply: • Younger patients <60 years within 10 years of diagnosis • Without established macrovascular disease (IHD, CVA, PVD) • Without CKD • Low risk for serious consequence of hypoglycaemia • Taking SU/repaglinide/insulin/GLP-1 OR more than one oral agent • Without significant comorbidity	53mmol/L (7.0%)
If life-expectancy > 10 years and **any** of the following apply: • Age >60 years or duration diabetes >10 years • Established macorvascular disease (IHD, CVA, PVD) • CKD on dialysis • Tight control poses a high risk of the consequences of hypoglycaemia (e.g. risk of falling, impaired awareness of hypoglycaemia, people who drive or operate machinery as part of their job) • Experiences recurrent hypoglycaemia on SU/insulin • Significant comorbidities.	58mmol/L (7.5%)
Patients who have moderate or severe frailty (the 'Rockwood Frailty Score' or the 'electronic Frailty Index' (eFI), which is integrated into EMIS, can be used to guide the clinicians judgement) and/or elderly (>80 years), and/or life-expectancy <10 years	<75mmol/L (<9%)

Note: Fructosamine may be more appropriate for monitoring diabetes if the following apply: Sickle cell anaemia, other anaemia , homozygous haemoglobin variant disease or increased cell turnover. In these situations fructosamine provides an alternate means of assessing glucose control. It gives an estimate of glucose control in the proceeding 2 to 3 weeks. A level below of 340µmol/L indicates very good diabetes control and a level below 380µmol/L indicates good control. Seek advice from diabetes team.

Any questions?

Before completing the review process and management.

LO: Diabetes review and identify action plans

Part 1

- Appointment with HCA/Nurse for BP, pulse rate and rhythm, weight, discuss diet, exercise, alcohol and smoking, foot check, blood test- hba1c, cholesterol, kidney function, urine ACR

Part 2

- Follow up with nurse/pharmacist/physician associate/GP- review blood/ urine results, ensure yearly eye screening, medication review, complete diabetic care plan in collaboration with patient, refer/signpost to extra support where required
  - ENSURE ALL ASPECTS COVERED ON TEMPLATE

Targets we are aiming for:

- Blood pressure:
  - DM alone <140/80mmHg
  - DM with CKD <130/80
- Cholesterol:
  - Non-HDL <2.5
  - 40% from baseline
- Diabetic nephropathy:
  - ACR< 3mg
  - EGFR>60ml/min
- BMI
  - <23 BAME
  - <25 Non-BAME

Optimisation and action plan:

Management of diabetes:

- **Aims and targets:**
  - Holistic approach to management always
    - Age
    - Duration of diagnosis
    - Comorbidities
    - Occupation- work patterns

- **Non-pharmacological:**
  - Life style interventions
  - BMI review
    - Diet
    - Exercise
  - Smoking
  - Alcohol
  - Low mood

Referral to local services:

Review

- Raised BP>140/90mmHg new
  - Home monitoring 7 days review
- BMI> 23 BAME and >25 non-BAME
  - Guidance: 30mins x5 per week brisk walking/Cardio.
  - New diagnosis: BMI >27 BAME and >30 non-BAME.
- Smoking
- Alcohol
- Low mood- GAD and PHQ9 scores.

Where to refer

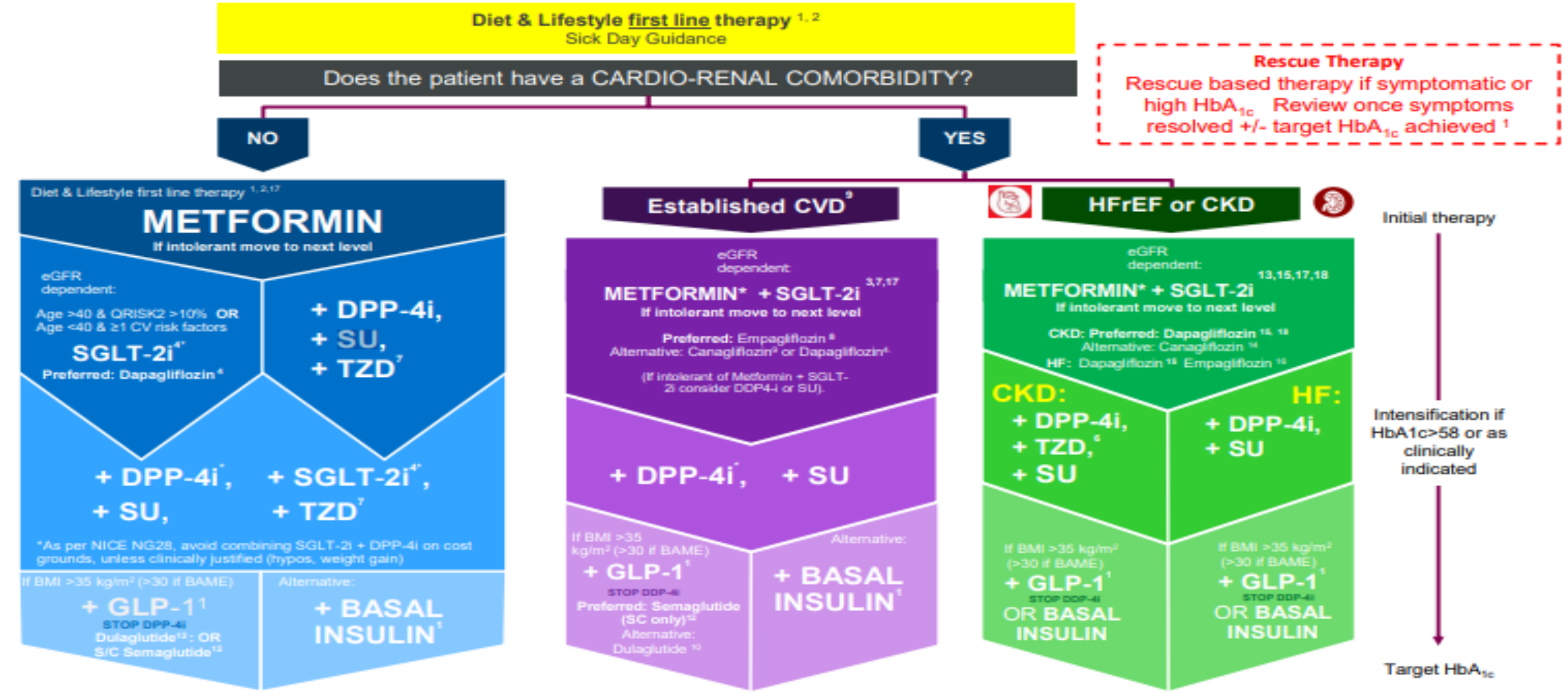
- Local pharmacy BP ambulatory
- Weight management local services
- Low calorie supported weight loss 12months
  - Type 2 diabetes pathway to remission.
- Local pharmacy cessation services
- Local pathways
- Talking therapies, clinician.

https://www.mynmchealth.org/types-of-medicines-to-treat-diabetes/

Common drugs available for management:

- Metformin
- Sulphonylureas- gliclazide
- Repaglinide
- Pioglitazone
- Sodium Glucose Co-transporter-2 (SGLT-2)- Dapagliflozin/Empagliflozin
- DPP4- Sitagliptin
- GLP1-RA- Trulicity (dulaglutide), Victoza (liraglutide)
- Insulin- Long acting, short acting, Intermediate

TYPE 2 DIABETES – MANAGEMENT ALGORITHM



*** When initiating metformin**	Consider 2 weeks of monotherapy before initiating another agent to assess for gastrointestinal side-effects
When initiating a SGLT-2i	Consider a 25% dose reduction in any concomitant SU or Basal insulin & monitor for evidence of hypoglycaemia
GLP-1	Consider discontinuing in those who do not achieve a beneficial metabolic response after 6 months (see additional guidance)
Definitions	DDP-4i (Dipeptidyl Peptidsase-4 Inhibitor), SGLT-2i (Sodium Glucose Co-Transporter 2 Inhibitor), SU (Sulfonylurea), TZD (Thiazolidinedione) GLP-1 (Glucagon-like-peptide 1 analogues)

Common drugs and Side effects encountered during reviews:

Drug:	Mode of action	Side effects:
Metformin Immediate release/Sustained release.	Increase insulin sensitivity- increased muscle uptake of glucose.	Diarrhoea/nausea
Gliclazide	Increase secretion of residual insulin.	Hypoglaycaemia
SGLT-2-Dapagliflozin/Empagliflozin	Increasing renal excretion of glucose	Thrush/UTI/Polyuria/Fauner's gangrene- genital infection of the skin.
Insulin	Mimicking bodies natural insulin and increase uptake of glucose into cells.	Hypoglacaemia, weight gain

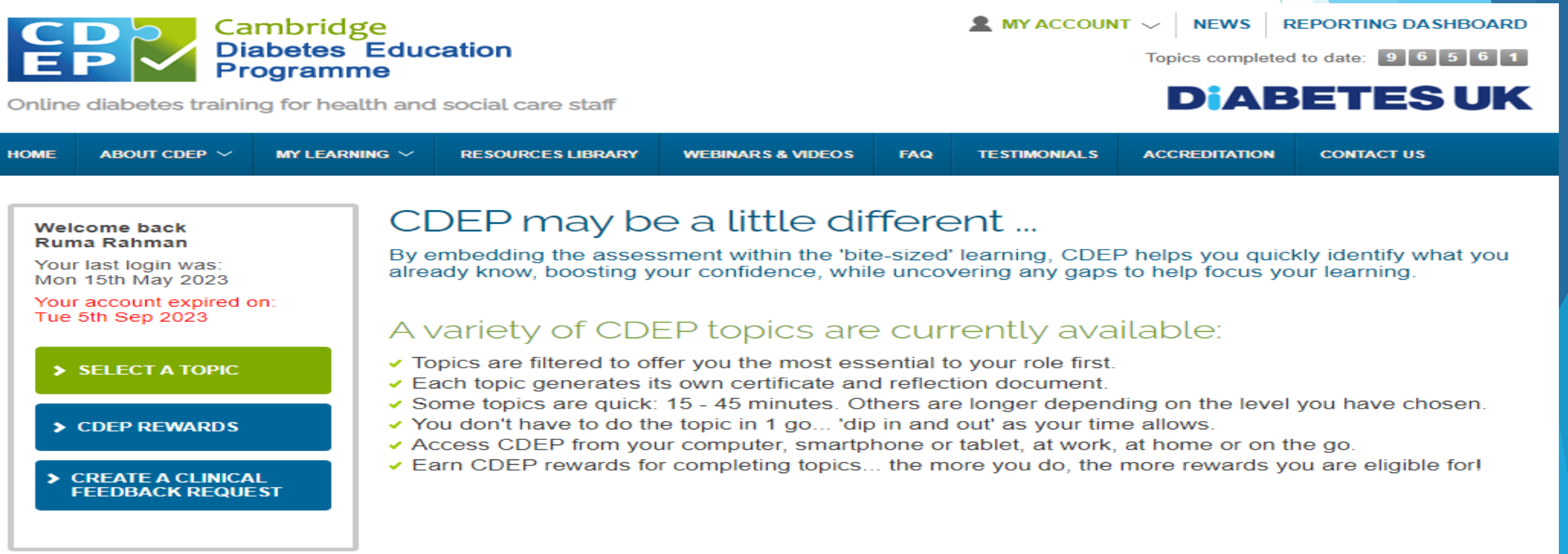
Scenarios you may encounter during reviews that should be escalated:

1. During any appointment especially DM part 1, patients complains of frequent diarrhea.
2. Patients feels shaky and sweating, cant talk and has to eat something sugary.
3. Stopped taking all medicine as doesn’t like the SEs, feels well so stopped.
4. Complaining of frequent UTI like symptoms-what would you do?
5. Started waking up to pee a lot at night and always thirsty.

Additional resources and links

NEL Training Hub Diabetes Webpages: https://www.newhamtraininghub.org/programmes/nel-diabetes-workforce-education-programme/

RESOURCES: https://www.cdep.org.uk/select-your-topic/1/diabetes.htm



diabetesframe.org

Diabetes Foot Screening

Foot Risk Awareness and Management Education (FRAME)

Training modules (NHS England)

There are 5 modules and it is recommended you work through these in the order given.

Start NHS England training modules

- 01: Overview of diabetes (NHS England)
- 02: Overview of diabetic foot problems (NHS England)
- 03: The purpose of foot screening (NHS England)
- 04: The procedure (NHS England)
- 05: Additional external resources (optional) (NHS England)
- Module quiz (NHS England)

diabetes.org.uk

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OUR TACKLING INEQUALITY REPORT

What are we saying needs to change, and what are we doing to change?

Interim North East London Integrated Care Strategy

North East London (NEL) Joint Forward Plan

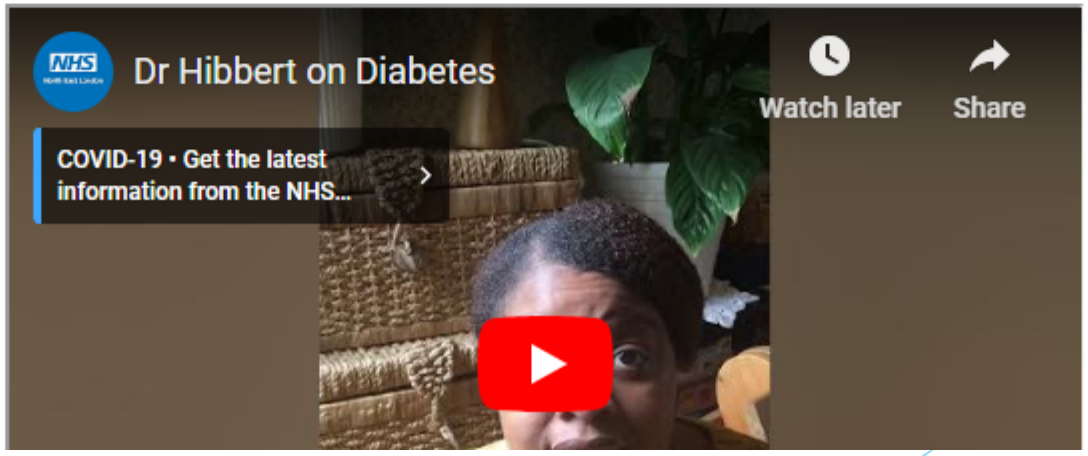
Maternity

Developing a people and workforce strategy

People and services

Children and young people

Diabetes



What you should be expecting today:

LEVEL 3

Target Audience - Aimed at HCA /Pharmacist /PA/school nurses/Practice nurses / and community pharmacist

Learning outcomes -

- Understand pathophysiology of Diabetes (basic)
- Know the types of Diabetes
- Understand how to diagnose diabetes
- Understand who to test
- Understand and undertake Diabetes review and identify action plans
- Understand the target levels and signpost
- Understand cardiovascular risk of diabetes and be able to calculate QRISK
- Understand Drug groups and common side effects
- Be able to refer to local resources for weight/smoking /mood management
- Understand role of PCP workers and the PCN based referral pathway
- Understand obesity and levels of intervention
- Understand foot care and when to refer or escalate
- Alerts

Thank you for listening