



Level 4

NEL Diabetes Education Session

Dr Tamara Hibbert & Dr Miriam Samuel

Aims

- What is diabetes?
 - Different types
- Monitoring of diabetes
 - Annual Health Check
 - Targets
- Personalised Care
 - Personal circumstances, working patterns, religion
 - Whole person approach (social prescribing)
- Pathways to remission
- Medications
- Sick Day rules
- Complications
- When to ask for support
 - Local pathways - will vary between areas

Word cloud - Together:

What are the different types of diabetes?

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Types of Diabetes

- Type 2 Diabetes - almost 90%
- Type 1 Diabetes - around 10%

Specific circumstances

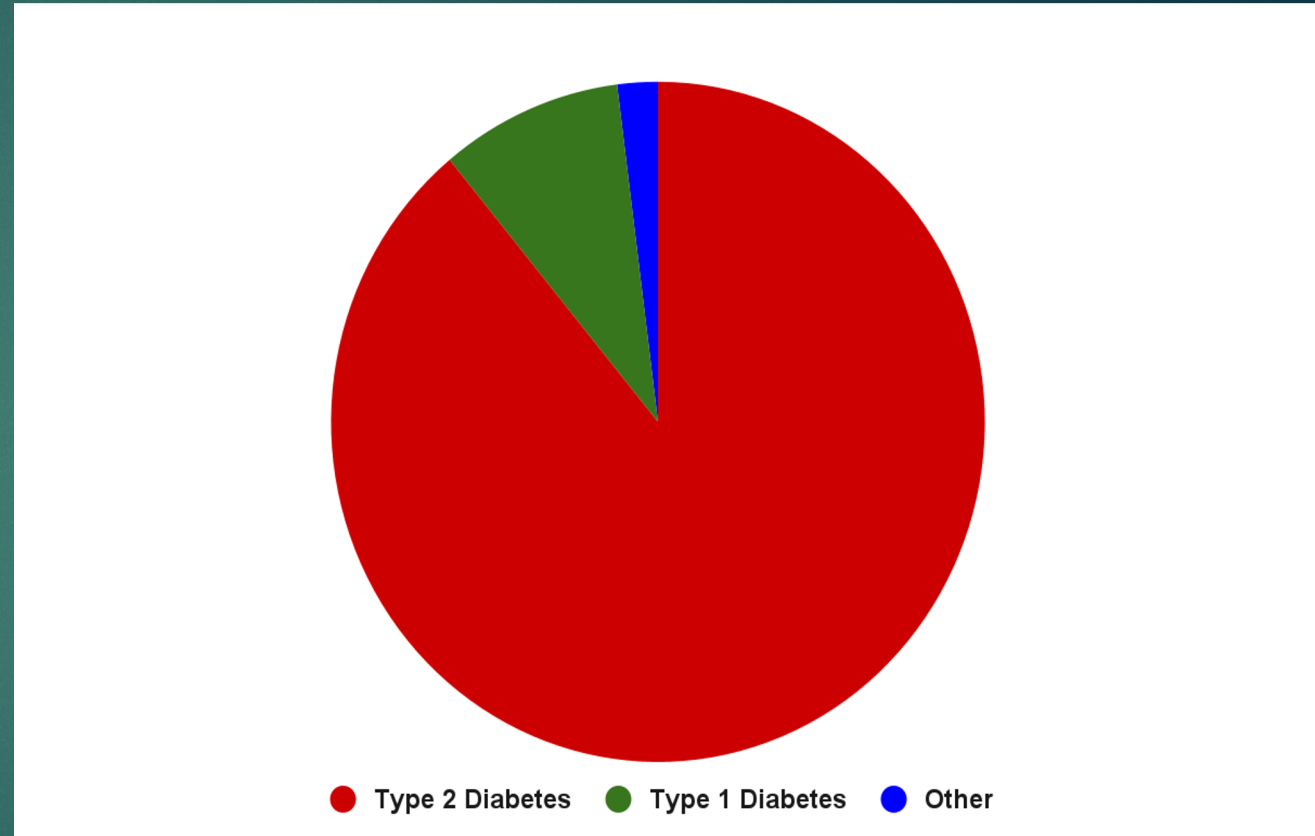
- Gestational
- Steroid Induced

Persistent

- MODY (< 25 years old, FHx)
 - 1-2% of diabetes in UK
- Type 3c - damage to the pancreas
- Latent Autoimmune Diabetes in adults

Neonatal presentation

- Wolfram Syndrome, Alstrom Syndrome, Neonatal Diabetes

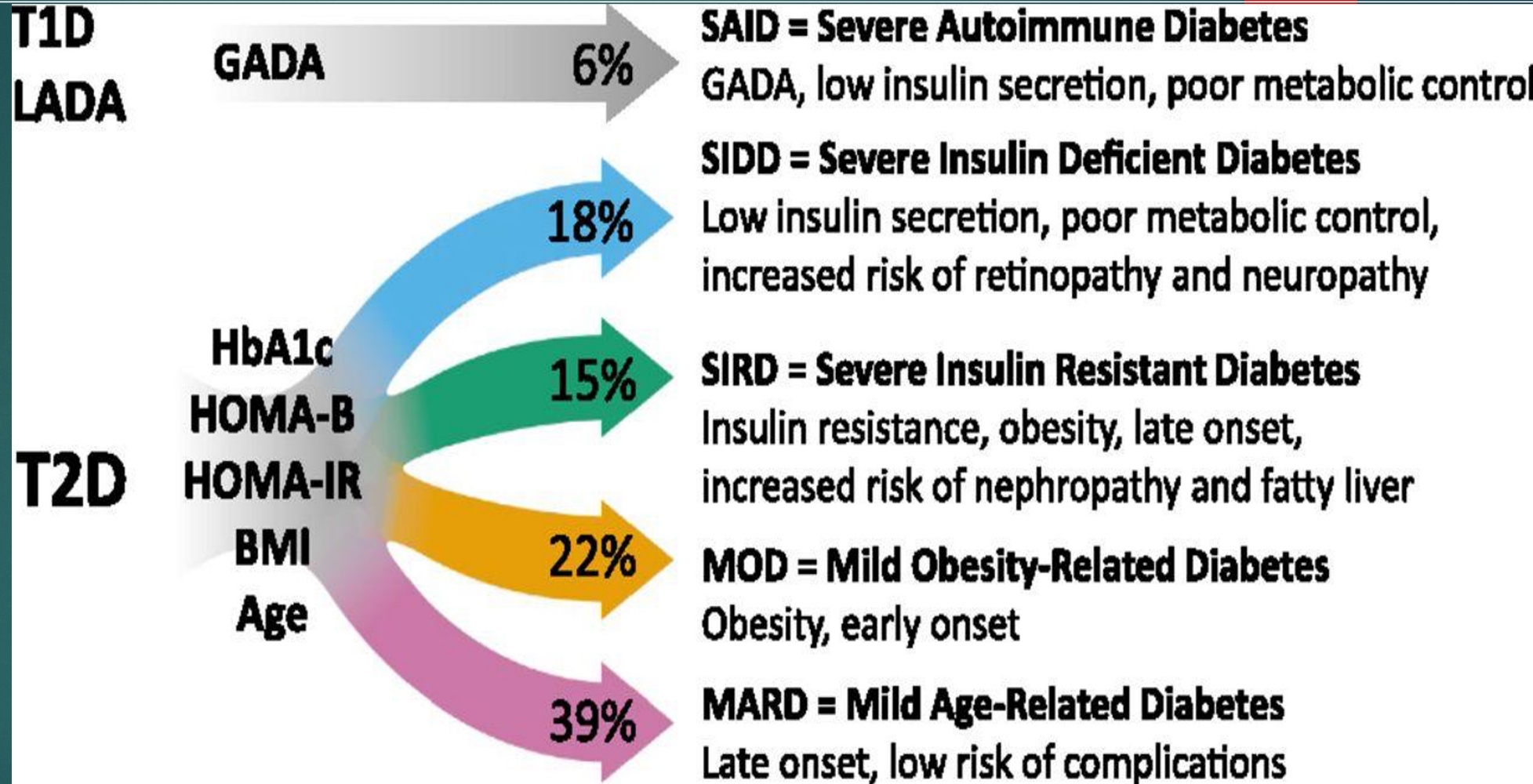


Type 1:

- Autoimmune, insulin deficiency

Type 2:

- Insulin deficiency and resistance
- Heterogenous Disease



Novel diabetes subtype characteristics. Overview of distribution and characteristics of subtypes generated by clustering based on clinical parameters in the Swedish ANDIS cohort.

Diabetes. 2020;69(10):2086-2093. doi:10.2337/dbi20-0001

Diagnosing Diabetes



IF AN INDIVIDUAL PRESENTS WITH CLINICAL SUSPICION



Common signs/symptoms:

- Polyuria
- Polydipsia
- Blurred vision
- Weight loss/gain
- Infections
- Glycosuria



Significantly symptomatic

- Immediate capillary glucose
- Venous random glucose
 - If >11.0 mmol diabetes likely
 - If type 1 suspected, (Ketones present) urgent referral to specialist and insulin within 24 hours



Not significantly symptomatic

- Baseline assessment:
 - BP
 - Urine dip
 - ACR request
 - Weight, height, waist
 - U&Es, LFTs, Lipids TFT HbA1c
 - Book follow up **within** 2 weeks



HbA1c 42-47mmol/mol (6.0-6.4%)

- Lifestyle advice
- Refer to NDPP
- 6-12 months HbA1c



HbA1c <42mmol/mol (6.0%)

- No symptoms
 - Lifestyle advice
 - Recheck HbA1c in 3 years (or before if indicated)
- If symptoms
 - Investigate other potential causes for symptoms



HbA1c >48mmol/mol (6.5%)

- Repeat **within** 2 weeks
- If repeat <48 mmol/mol (6.5%)
- If repeat >48 mmol/mol (6.5%)



Diagnosis of diabetes

- NICE treatment guidelines
- Diabetes pathways
- Code on IT system
- Structured education

Diagnosing Diabetes

https://static1.squarespace.com/static/5a6439bab7411c94f2ebe216/t/5f3d32521dfbf869d023d00f/1597846099388/Diagnosing_Diabetes_Infographic_V3.pdf

Mr New Diagnosis

- ▶ 56 year old man
- ▶ Works shifts in a factory
- ▶ Recurrent tinea pedis
- ▶ Smokes 20 cigarettes a day since 15 years old
- ▶ South Asian
- ▶ HbA1c 65mmol/mol
- ▶ BP 130/76
- ▶ BMI 28
- ▶ First appointment

Breakout Room Discussion (5 mins):

What would be your top three areas to cover at this initial appointment?



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Mr New Diagnosis

- ▶ 56 year old man
- ▶ Works shifts in a factory
- ▶ Recurrent tinea pedis
- ▶ Smoker
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Discuss diagnosis

- Asking ND's understanding of a diabetes diagnosis?
- Types of diabetes.
 - testing for diabetes type?
- Symptoms of diabetes
- Confirmatory test if asymptomatic
- Aims of management?
 - Reduce blood sugar
 - Reduce risk of complications

<https://www.diabetes.org.uk/diabetes-the-basics>

Word cloud - Together:

How would you assess his risk of complications?



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Mr New Diagnosis

- ▶ 56 year old man
- ▶ Works shifts in a factory
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- ▶ HbA1c 65mmol/mol
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- ▶ BMI 28
- ▶ First appointment

Reducing the risk of complications

1) Addressing Risk Factors

- a) Smoking
- b) Blood Pressure
- c) Weight (>27.5 in BAME)
- d) What other tests do we need?
- e) QRISK: 15%

1) Controlling Blood Glucose

- a) Diabetes structured education
- b) Diet and physical activity
- c) Medication

Newly diagnosed template

(RP) Newly Diagnosed Diabetes NH CEG v1

Pages

Newly diagnosed diabetes

Diabetes Management

Lifestyle Intervention

Wider Determinants

Ethnicity

Versions

[CEG Website](#)

This template has been created to aid structured clinical data entry and present clinical information already coded in the health record. It is not a diagnostic tool or intended to replace clinical judgement.

For any feedback on this template, please contact us on;
ceg-feedback@qmul.ac.uk

Diabetes Education

Care Arrangments

*Referral to diabetes structured education programme

Diabetes structured education programme declined

Education in self management of diabetes

16-Mar-2011 [Diabetes: pr...](#)

11-Jul-2016

No previous entry

11-Jul-2016

Diabetes Diagnosis

Please review initial diabetic diagnosis. Have you considered:

- MODY
- LADA
- Ketosis prone diabetes

[Types of Diabetes \(Diabetes UK\)](#)

Diabetes Remission

Diabetes Remission

"Diabetes Remission is when your HbA1c blood test result remains below 48 mmol/mol (or 6.5%) for at least three months without diabetic medication."

[Diabetes UK - Diabetes Remission](#)

NHS Type 2 Diabetes Pathway to Remission Programme - T2DR (formerly known as Low Calorie Diet)

12 month digital programme led by specialist healthcare professionals using total diet replacement for patients recently diagnosed with Type 2 diabetes

[NHS T2DR Eligibility Criteria](#)

[NHS T2DR Oviva Information](#)

Investigations/Results

*QOF Target HbA1c

Moderate/Severe frailty <= 58 mmol/mol

Mild frailty <= 75 mmol/mol

*HbA1c

mmol/mol

No previous entry

Mr New Diagnosis Symptomatic

- ▶ 56 year old man
 - ▶ Works shifts in a factory
 - ▶ Recurrent tinea pedis
 - ▶ Smoker
 - ▶ South Asian
 - ▶ HbA1c 65mmol/mol
 - ▶ BP 130/76
 - ▶ BMI 28
- ▶ Presents with:
 - ▶ Thirst
 - ▶ Weight loss
 - ▶ Polyuria

Breakout Room Discussion (5 mins):

What would you do?



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Symptomatic Hyperglycaemia

Consider control with Insulin or Sulphonyl urea then review

Sulfonylureas: Gliclazide, Tolbutamide, Glimepiride, Glipizide

- Weight gain
- Risk of hypoglycaemia (in elderly) - especially long acting
- Dose adjust with renal dysfunction
- Avoid with hepatic impairment

What is diabetes education

- **Level one: Information and one-to-one advice.**
- **Level two: Ongoing learning that may be quite informal, perhaps through a peer group.**
 - **Diabetes UK have online resources**
 - **Local resources**
- **Level three: Structured education that meets nationally-agreed criteria**

Eating with diabetes

What you eat can affect how well you feel and how you manage your diabetes. Although there's no such thing as a diabetes diet or food plan, we've put together advice to help you make healthier choices when eating.



Emotional wellbeing

Practical advice

Looking for information about work or travel? Need advice about driving, sex or dealing with burnout? Read our practical guide to life with diabetes for help with fitting diabetes into your daily life.



Treatments

Complications

Diabetes complications can seriously affect parts of your body, including your eyes, feet and heart. We've got more information about these problems, including the steps you can take to prevent or delay them.



Managing your diabetes

Back to Top

<https://www.diabetes.org.uk/guide-to-diabetes>

What is diabetes structured education

Level three: Structured education that meets nationally-agreed criteria

- Structured Programme
- Shown to reduce complications
- Excellent local resources
- DESMOND
- X-PERT

NHS Health Living for people with type 2 diabetes

- Patients can self refer
- <https://www.healthyliving.nhs.uk/>

Type 2 diabetes self management education programmes available in Tower Hamlets.⁶

LEVEL ONE EDUCATION is provided in general practice with specialist support. Bengali speaking diabetes link workers and translators from the hospital advocacy team are available if necessary.

Patient activation measures (PAM)⁷ determine which education or support option is most suitable.⁸

PAM LEVEL ONE/TWO

LEVEL TWO EDUCATION

Course name: Manage My Health

Provider: Women's Health and Family Services

Location: Local centres, linking to existing community groups

Duration: Ten sessions over nine weeks

Content: Short Key Messages (these are short, consistent health messages written by the diabetes centre staff and delivered by a diabetes specialist nurse (DSN) or diabetes educator), Healthy Hearts education, guided group discussions, healthy eating and cooking, exercises, self management support for cardiovascular disease and hypertension. Befriender support scheme also available as part of the programme

Outcomes and quality assessment: PAM and mental wellbeing scales⁹ assessed at the start and end of the course

PAM LEVEL TWO/THREE

LEVEL TWO EDUCATION

Course name: Good Move

Provider: Social Action for Health

Location: Local centres, linking to existing community groups

Duration: Eight sessions over eight weeks

Content: Also available for cardiovascular disease and hypertension. Short Key Messages as above, gentle exercise activities and healthy eating advice. There will be courses specifically targeted for families and pre and post natal women. Peer group support will be run for some courses

Outcomes and quality assessment: PAM and mental wellbeing scales⁹ assessed at the start and end of the course

PAM LEVEL THREE

LEVEL THREE EDUCATION

Course name: X-PERT Diabetes Education

Provider: Diabetes centre, Mile End Hospital (Barts Hospital NHS Trust)

Staffing: Four DSNs, two full time Bangladeshi diabetes educators, three dieticians, one diabetes coordinator, one diabetes administrator

Location: Diabetes centre, GP surgeries and community venues

Duration: 48 sessions run over 12 months. Each course is six weeks long

Content: Regular courses in English and Bengali. Other language options are available through translators. One to one sessions can be arranged. The team have developed a video in Bengali. For more information or to access the video, email sharedpractice@diabetes.org.uk

Outcomes and quality assessment: All instructors are X-PERT accredited and undergo regular internal peer reviews. HbA1c, cholesterol and blood pressure are audited

Game Changing Remission Pathway

The NHS Type 2 diabetes pathway to remission programme (formally LCD, now T2dR)

Focus on newly diagnosed and those diagnosed within the last SIX years

Shared decision making with patients

An alternative offer to the typical pharmacological management of diabetes

CHOICE for patient at diagnosis

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graph LR; A[CHOICE for patient at diagnosis] --> B[Diabetes into REMISSION- 'T2dR' FREE - Shakes and supported changes to diet and activity]; A --> C[DESMOND - Structured education FREE group training to promote self-care and self-management]; A --> D[Typical pharmacological management];
```

Diabetes into REMISSION- 'T2dR'
FREE - Shakes and supported changes to diet and activity

DESMOND - Structured education
FREE group training to promote self-care and self-management

Typical pharmacological management

Type 2 diabetes remission pathway

(formerly LCD)

NHS T2DR Referral Form 20230504

ICBxxx pg1 

Section 1: Confirm patient's eligibility - Confirmations must be reviewed and agreed before referring. Eligibility guidance is at section 4/page 4

Confirm you have verified eligibility and that no exclusion criteria apply Yes

Confirm the patient has a type 2 diabetes diagnosis by adding the date of diagnosis - dd/mm/yyyy

Confirm you will carry out 6 and 12 month checks (please share the HbA1c result with Oviva) Yes

Confirm the patient either:

1. Attended their last retinal screening and it did not detect proliferative retinopathy that is not yet treated	<input type="checkbox"/> Yes
2. Is a newly diagnosed patient	<input type="checkbox"/> Yes

Is the patient on the Learning Disability Register?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the patient on the Serious Mental Illness Register?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- Before completing the referral form please let the patient know they must agree to:
- Continuing attending diabetes review appointments at their GP practice, regardless of whether remission is achieved
 - Notifying the GP practice of unexpected / concerning symptoms which are considered urgent
 - Notifying the GP practice if they disengage or drop out before the end of the intervention

Section 2: Patient Information - All information must be populated before referring

Patient information	Date of Referral (dd/mm/yyyy):
---------------------	--------------------------------

Section 3: Patient medications and changes to take place on day 1 of TDR

Medication guidance is at section 5/page 5

Medication changes should be communicated in the most appropriate manner to the patient, ensuring that these have been agreed, understood and retained.

- Please add blood glucose-lowering and blood pressure-lowering medications which are currently being taken - Note that blood pressure-lowering medications include medicines used for indications other than hypertension – i.e. diuretics, alpha blockers for BPH, beta blockers for migraine prophylaxis
- Please specify the agreed changes to occur on day 1 of TDR, STOP, NO CHANGE, NEW PRESCRIPTION
- Sulfonylureas, meglitinides and SGLT2 inhibitors must be stopped on day 1 of TDR to safely start TDR

Confirm any blood glucose-lowering or blood pressure-lowering medications commenced/ceased will be communicated to both the patient and to Oviva Yes

Blood Glucose Lowering Medications:		T D R C H A N G E S	Agreed changes for patient on day 1 of TDR
Medication class	Current prescription		
Biguanides (e.g. metformin)	Specific medication name: <input type="text"/> Dose: <input type="text"/> Frequency: <input type="text"/>		<input type="checkbox"/> STOP <input type="checkbox"/> NO CHANGE <input type="checkbox"/> NEW PRESCRIPTION: Dose: <input type="text"/> Frequency: <input type="text"/>
Sulfonylureas (e.g. gliclazide, glimepiride)	Specific medication name: <input type="text"/> Dose: <input type="text"/> Frequency: <input type="text"/>		MUST BE STOPPED
Meglitinides (-glinides)	Specific medication name: <input type="text"/> Dose: <input type="text"/> Frequency: <input type="text"/>		MUST BE STOPPED
Thiazolidinediones (e.g. pioglitazone)	Specific medication name: <input type="text"/> Dose: <input type="text"/> Frequency: <input type="text"/>		<input type="checkbox"/> STOP <input type="checkbox"/> NO CHANGE <input type="checkbox"/> NEW PRESCRIPTION: Dose: <input type="text"/> Frequency: <input type="text"/>
DPP4 inhibitor (-gliptins)	Specific medication name: <input type="text"/> Dose: <input type="text"/> Frequency: <input type="text"/>		<input type="checkbox"/> STOP <input type="checkbox"/> NO CHANGE <input type="checkbox"/> NEW PRESCRIPTION: Dose: <input type="text"/> Frequency: <input type="text"/>
SGLT2 inhibitors (-flozins)	Specific medication name: <input type="text"/> Dose: <input type="text"/> Frequency: <input type="text"/>		MUST BE STOPPED
GLP-1 analogues (-tides)	Specific medication name: <input type="text"/> Dose: <input type="text"/> Frequency: <input type="text"/>		<input type="checkbox"/> STOP <input type="checkbox"/> NO CHANGE <input type="checkbox"/> NEW PRESCRIPTION: Dose: <input type="text"/> Frequency: <input type="text"/>
Tick if patient is NOT currently on blood glucose lowering medication <input type="checkbox"/>			

Breakout Room Discussion (5 mins):

Mr Newly Diagnosed comes in a for his annual review. What should we cover - list three or more things?

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Annual Checks: Reducing Complications

Care Processes:

Blood tests: HbA1c, U&E, cholesterol

Urine test: ACR and dip for haematuria

Blood pressure (and pulse with rhythm)

Weight and BMI

Foot check

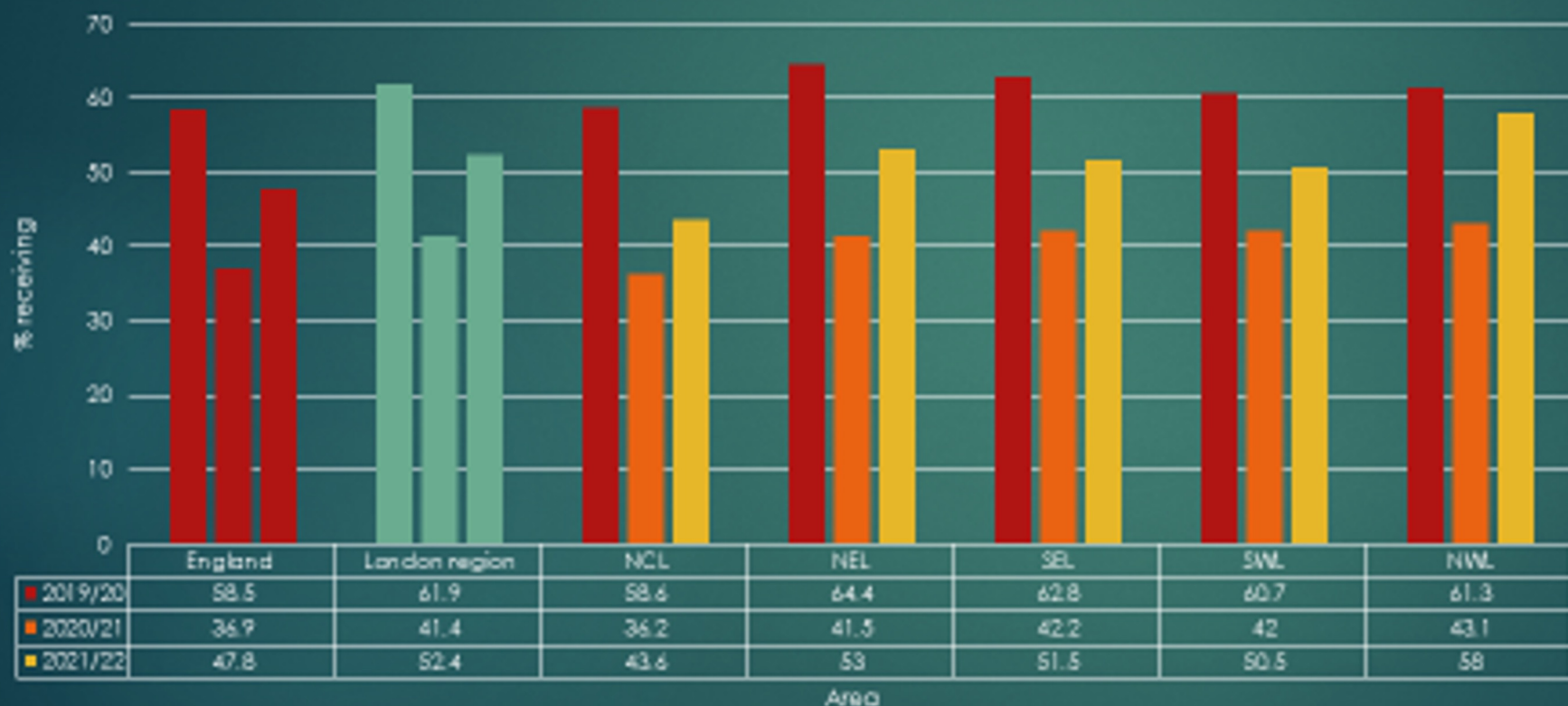
Retinal eye screening

Smoking status

Also, pre-pregnancy planning, sexual health, dietary review, emotional wellbeing assessment, review of care plan

Percentage of T2 patients who received 8CP

Type 2 receiving 8CP



Locality	% >12 Yrs & Core Proc recorded: 8 of 8 (15m) HbA1c
Barking and Dagenham	55.4%
City & Hackney	56.5%
Havering	50.9%
Newham	69.5%
Redbridge	54.4%
Tower Hamlets	63.5%
Waltham Forest	41.5%
NEL Total	57.5%

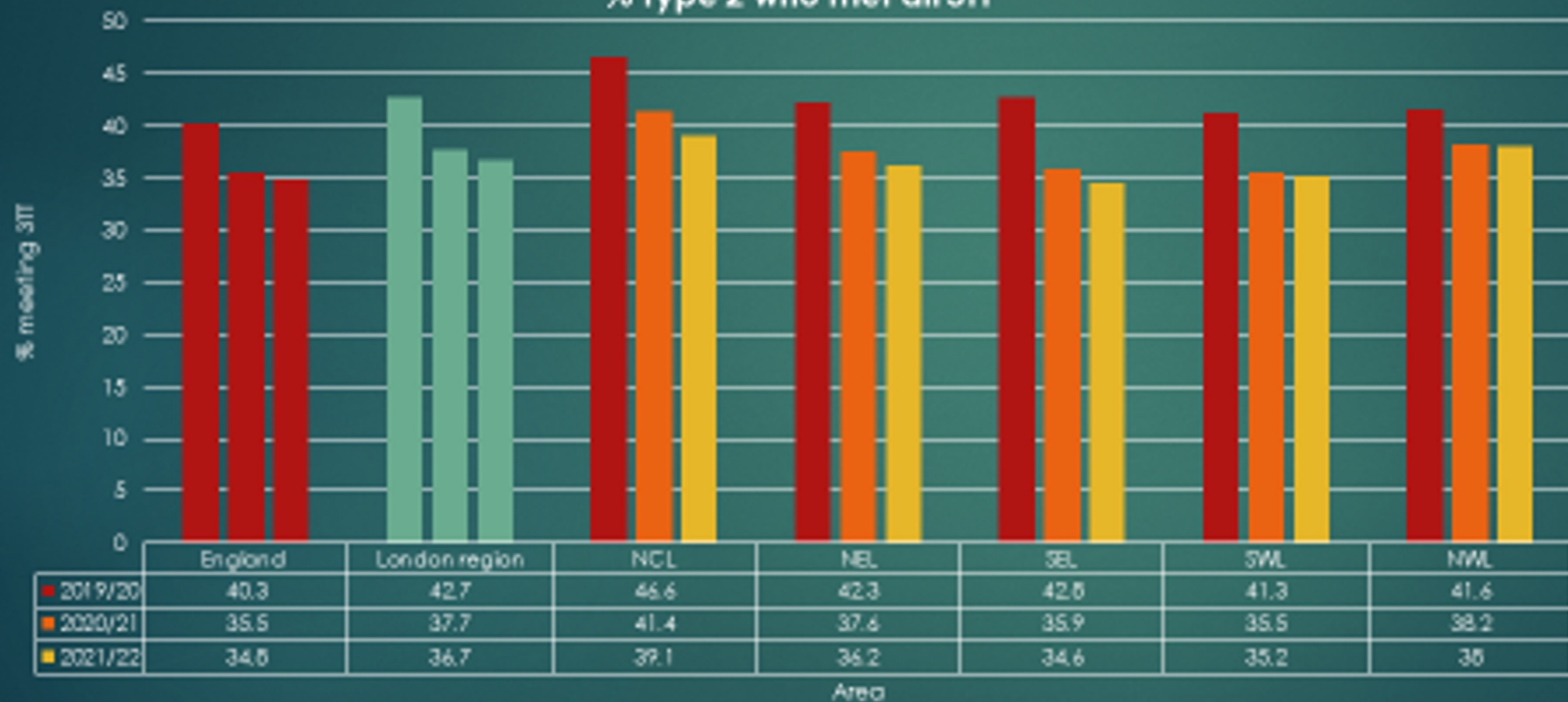
CEG dashboard Sept 2022

2019/20 2020/21 2021/22

8CP is one of the NHS oversight metrics for the ICS

Percentage of T2 patients who met all 3TT

% Type 2 who met all 3TT



Barking and Dagenham	39.3%
City & Hackney	39.4%
Havering	43.9%
Newham	44.9%
Redbridge	42.9%
Tower Hamlets	39.7%
Waltham Forest	42.9%
NEL Total	42.2%



BREAK

15 minutes

We will come back at 14:25

NICE Guidelines June 2022 update

[Overview | Type 2 diabetes in adults: management | Guidance | NICE](#)

[NG28 Visual summary on choosing medicines for type 2 diabetes in adults \(nice.org.uk\)](#)

Diet and lifestyle advice

At each point reinforce advice about diet and lifestyle.

Do we actually ask about food?

British Heart Foundation:

[Ultra-processed foods: how bad are they for your health? – BHF](#)

Ultra-processed foods Typically 5+ ingredients containing many additives, preservatives, emulsifiers, sweeteners, artificial flavours and colours are readily **available, cheap and obesogenic**



Word cloud - Together:

What is carbohydrate?

What advice would you give about them?

Join at

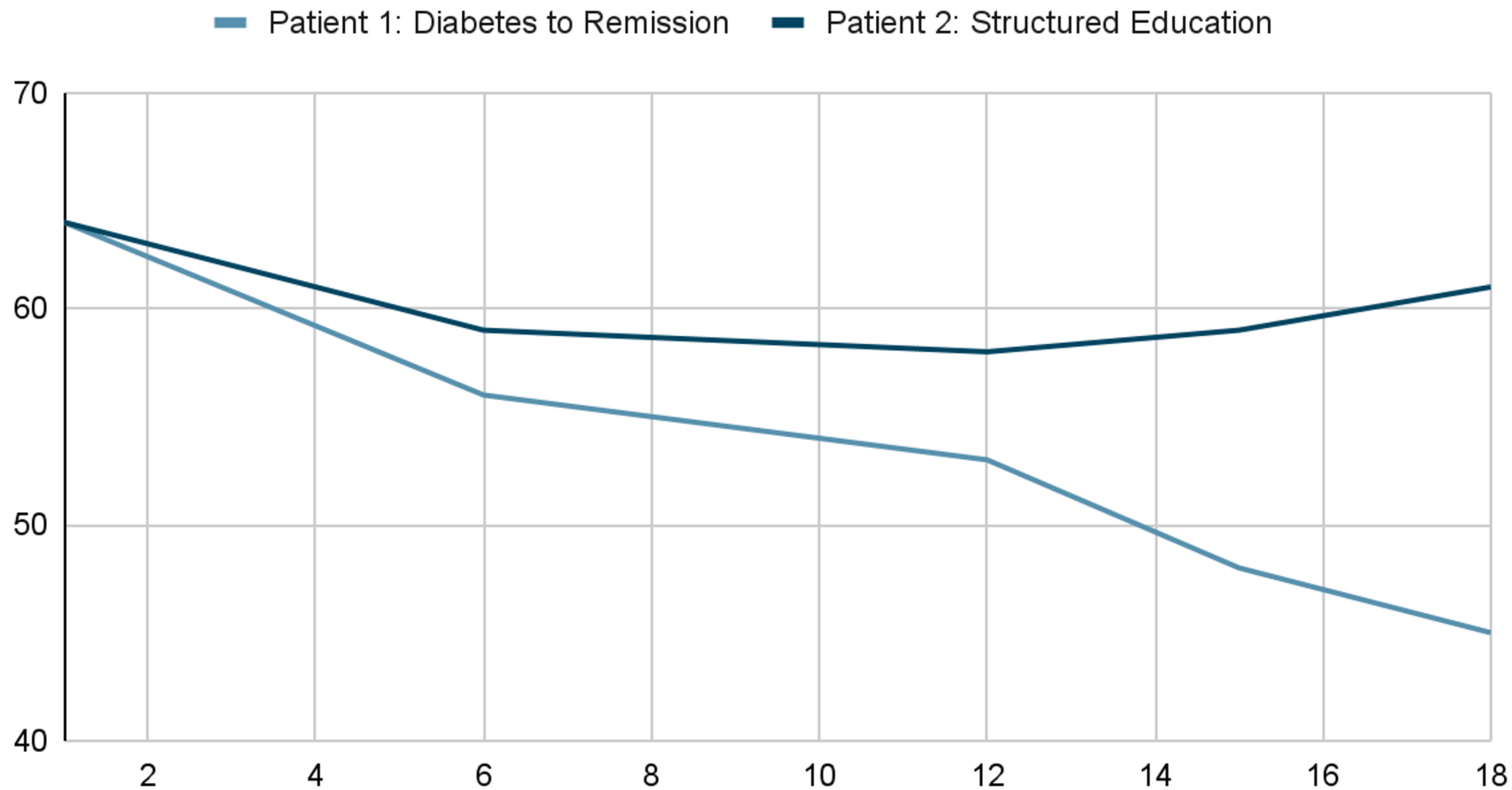
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Differing pathways

HbA1c over time



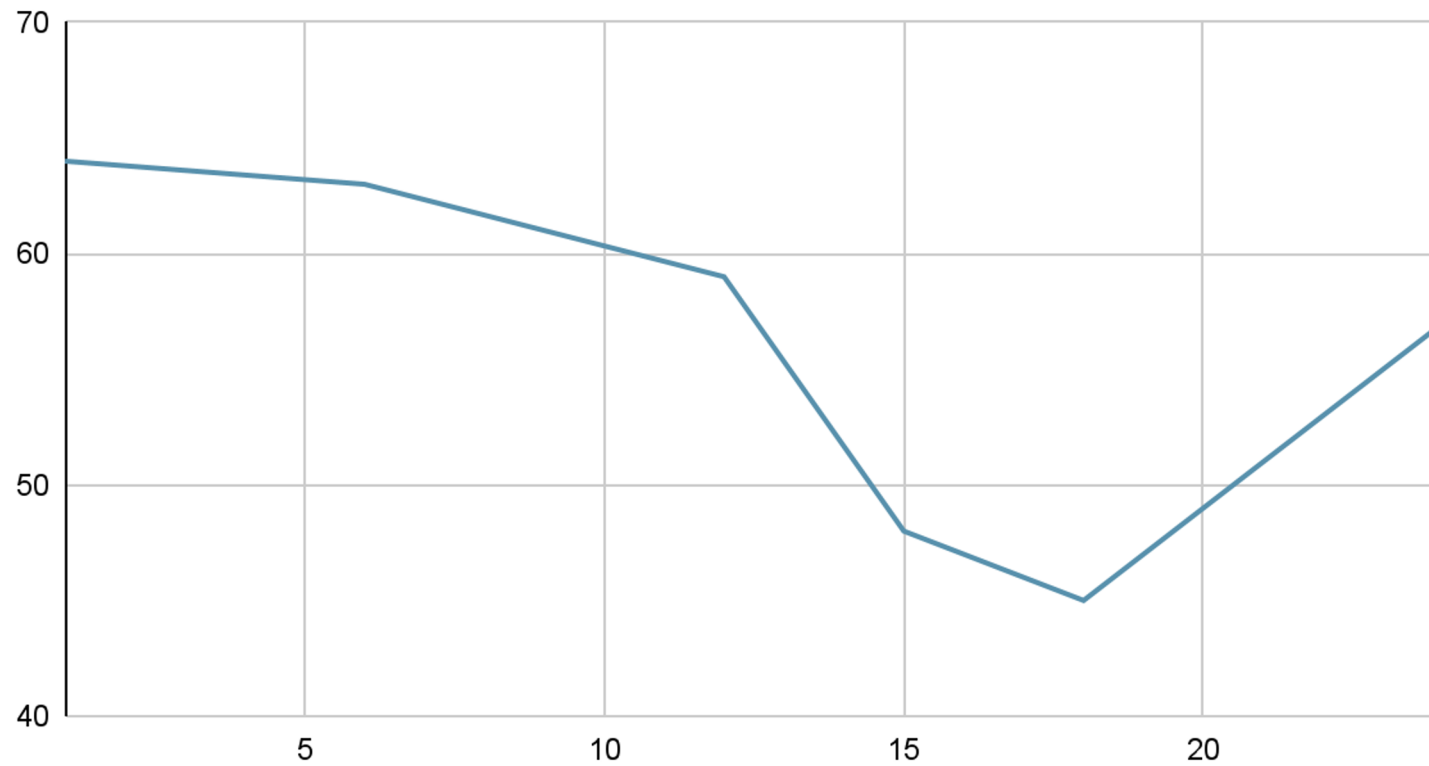
Patient 1:
Highly Motivated
Flexible Home
Working

Patient 2:
Unstable Housing
Casual Work
Hard to attend
education

HbA1c Result



HbA1c over time



Lost job and flat
Living on friend's floor

Breakout Room Discussion (5 mins):

What do you want to know before discussing medication options?

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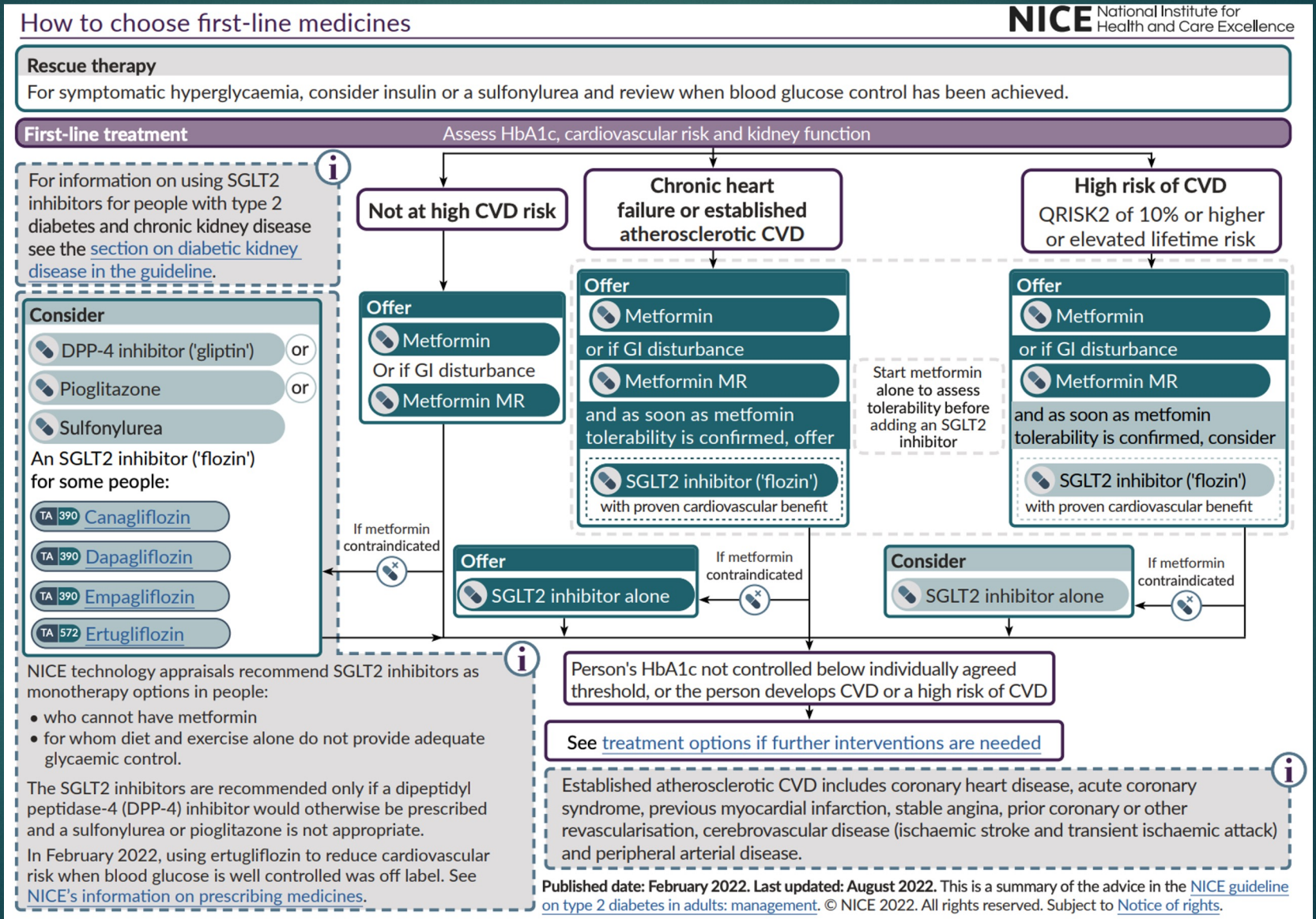
Optimising treatment and asking about compliance

Choosing treatments

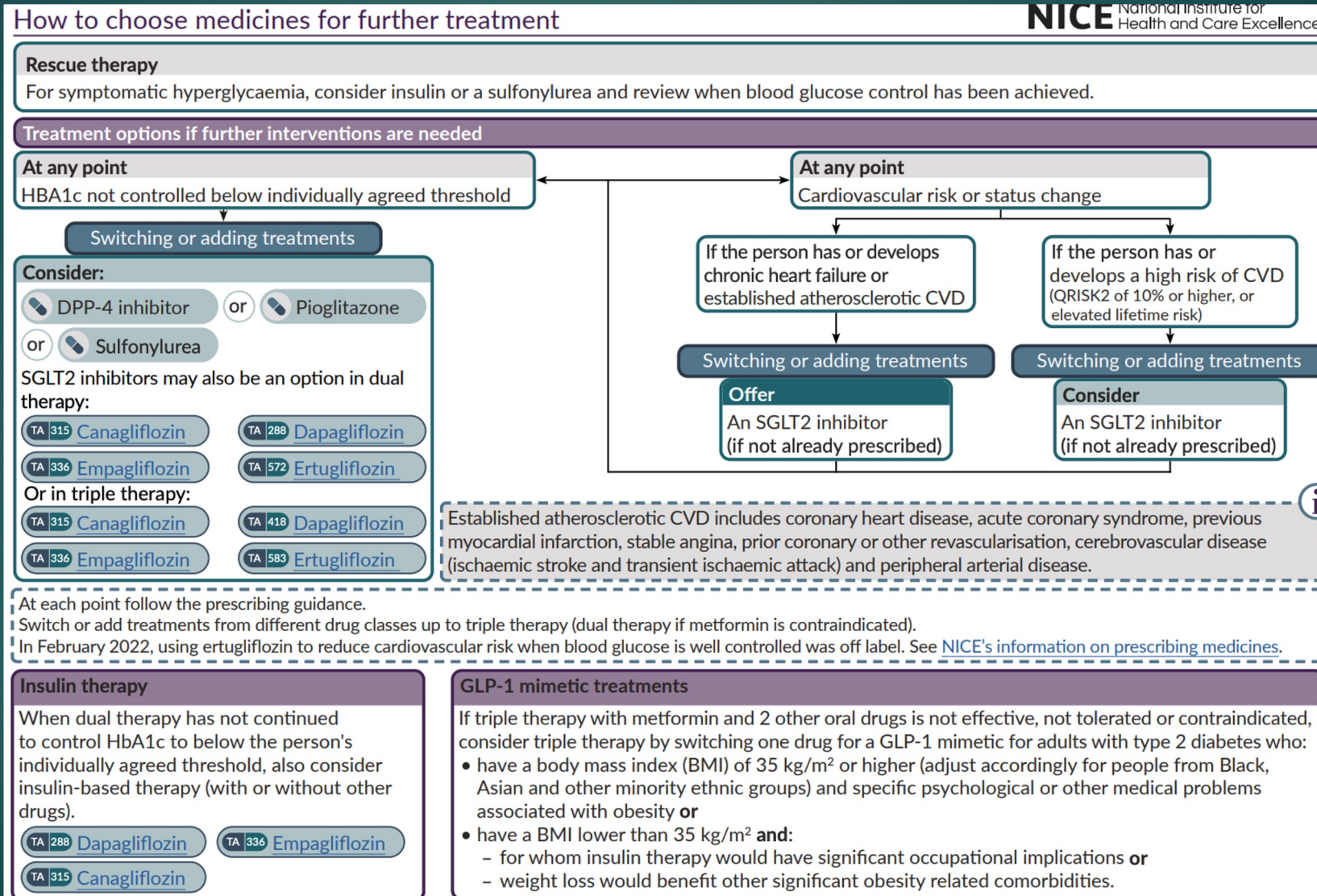
Base the choice of medicine on:

- the person's individual clinical circumstances, for example comorbidities, contraindications, weight, and risks from polypharmacy
- the person's individual preferences and needs
- the effectiveness of the drug treatments in terms of metabolic response and cardiovascular and renal protection
- safety (see [MHRA guidance](#), the BNF and individual SPCs) and tolerability of the drug treatment
- monitoring requirements
- the licensed indications or combinations available
- cost (if 2 drugs in the same class are appropriate, choose the option with the lowest acquisition cost)

Oral Medication



Further Intensification



Metformin

- First Line in Type 2 Diabetes
 - MR if GI intolerance
- No effect on weight
- Does not cause Hypos
- SICK DAY RULES

SGLT2-inhibitors: 'flozins'

- Sugar renally excreted
 - Glycosuria a normal side effect
 - Can lead to thrush
- Weight loss
- Should be added if
 - CKD
 - Heart Failure
 - Raised risk of cardiovascular disease
 - Established cardiovascular disease
 - QRISK RAISED
 - Elevated lifetime risk (1 or more cardiovascular risk factors if <40 years)
- RISKS
 - Normoglycaemic Ketoacidosis
 - Stay well hydrated
 - Sick day rules
 - Fournier's gangrene

Patient on SGLT2 Medications	
SGLT2 Checklist	
<input type="checkbox"/> Education about Fournier's gangrene	Text <input type="text"/>
<input type="checkbox"/> Education about ketoacidosis	Text <input type="text"/>

Case Mr 2 years post Remission Pathway...the blue pill

- ▶ 56 year old man
- ▶ Ex-smoker, gave up 15 years ago
- ▶ Completed remission programme after being referred at diagnosis
- ▶ Essential hypertension
- ▶ HbA1c 56mmol/mol
- ▶ BP 112/77
- ▶ BMI 25.6
- ▶ Current medication: Metformin 1g BD, Dapagliflozin 10mg OD, Atorvastatin 40mg OD, Ramipril 2.5mg OD

Word Cloud - Together:

What advice would you give?



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Mr ND, a few years on... the red pill

- ▶ 56 year old man
- ▶ Ex-smoker, gave up 5 years ago
- ▶ MI 2 years ago
- ▶ Left foot ulcer
- ▶ HbA1c 97mmol/mol
- ▶ BP 112/77
- ▶ BMI 30
- ▶ eGFR 54ml/min/1.73m²
- ▶ Urine ACR 33mg/mmol
- ▶ Current medication: Metformin 1g BD, Ramipril 10mg OD, Bisoprolol 5mg OD, Atorvastatin 80mg OD, Novomix 30 12units BD

Breakout Room Discussion (5 mins):

What would you like to know to develop a care plan?



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Considering Chronic Kidney Disease

[Initial investigations](#) | [Diagnosis](#) | [Chronic kidney disease](#) | [CKS](#) | [NICE](#)

Progression of CKD by GFR and Albuminuria Categories				Albuminuria categories		
				Description and range		
				A1	A2	A3
				Normal to mildly increased	Moderately increased	Severely increased
				<30 mg/g <3 mg/mmol	30-299 mg/g 3-29 mg/mol	≥300 mg/g ≥30 mg/mmol
GFR categories (ml/min/1.73m ²) Description and range	G1	Normal to high	≥90			
	G2	Mildly decreased	60-90			
	G3a	Mildly to moderately decreased	45-59			
	G3b	Moderately to severely decreased	30-44			
	G4	Severely decreased	15-29			
	G5	Kidney failure	15			

Breakout Room Discussion (5 mins):

What local resources may help you support people experiencing social challenges that prevent optimal diabetes management?

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Case YW

- ▶ 38 year old woman
- ▶ Gestational diabetes in her first pregnancy 4 years ago
- ▶ Within 2 years developed T2d
- ▶ Non-smoker
- ▶ Primary school teacher
- ▶ Black British
- ▶ HbA1c 64mmol/mol
- ▶ BP 144/88
- ▶ BM1 32
- ▶ Current medication: Metformin 1g BD, Ramipril 2.5mg OD, Atorvastatin 20mg OD

Breakout Room Discussion (5 mins):
How would you optimise?



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Risk of pregnancy

- ▶ Folic acid 5mg daily
- ▶ Contraception advice
- ▶ Preconception planning/referral to clinic
- ▶ Target HbA1c 48mmol/mol
- ▶ Robust advice not to become pregnant if HbA1c off target
- ▶ Medication review – teratogenicity
- ▶ Blood sugar testing QDS

Pre-conception planning

LTC and SNS CEG (NH) v22

- SNS Info
- Lab Results
- *Cancer Review
- Co-ordinate Care/AUA
- **Diabetes LTC Review**
- **Insulin Initiation
- GLP-1 Initiation
- **MH/Depression/Dementia
- *QOF Hypertension
- QOF Palliative Care
- QOF Rheumatoid Arthritis
- QOF PCAs (incl resolved co...
- Treatment OTC/Exceptions
- BP@home monitoring
- Adult Immunisations
- Depression/Anxiety Screen...
- Lifestyle Intervention
- Ethnicity
- Cervical Smear
- Wider Determinants
- FGM
- Dashboards
- Version control

During the past month have you often been bothered by:

- Little interest or pleasure in doing things?
- Feeling down, depressed or hopeless?

Is this something you would like help with?

**Depression screen done

07-Apr-2016



**Pre-conception Status & Advice

This section of the template outlines the advice and guidance to be discussed / given to women with diabetes.

Contraception Method

26-Jul-2010

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

07-Apr-2016



General contraceptive advice

27-Mar-2006



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/min

Please e-refer to Barts Health Renal 'Advice and Guidance'

Renal eReferral advice and guidance

No previous entry

Duty Doctor

Call from Mr ND - 18:30

- High fever
- Body Aches
- Breathing OK
- COVID test negative
- Wondering if he needs antibiotics?

Telephone assessment

- Stable
- Talking in full sentences
- Booked for face to face review the next day
- What else would you advise the patient

Sick Day Rules

- Stay hydrated by drinking plenty of unsweetened fluids
- Check blood sugars
- Continue to take most diabetes medication including insulin (dose may need adjustment)
- SGLT2i, ACEi, metformin should be paused until full recovery
- Speak to HCP if any concerns
- Type 1/ketone prone diabetes – check for ketones and contact diabetes team if positive

Case ND, further in the future...

- ▶ 86 year old man
- ▶ Dementia
- ▶ HbA1c 50mmol/mol
- ▶ BP 122/70
- ▶ BMI 25
- ▶ Current medication: Metformin 1g BD, Ramipril 10mg OD, Bisoprolol 5mg OD, Atorvastatin 80mg OD, Novomix 30 44units BD
- ▶ Frequent falls

Word Cloud - Together:

What factors do we need to consider?



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How to treat a hypo

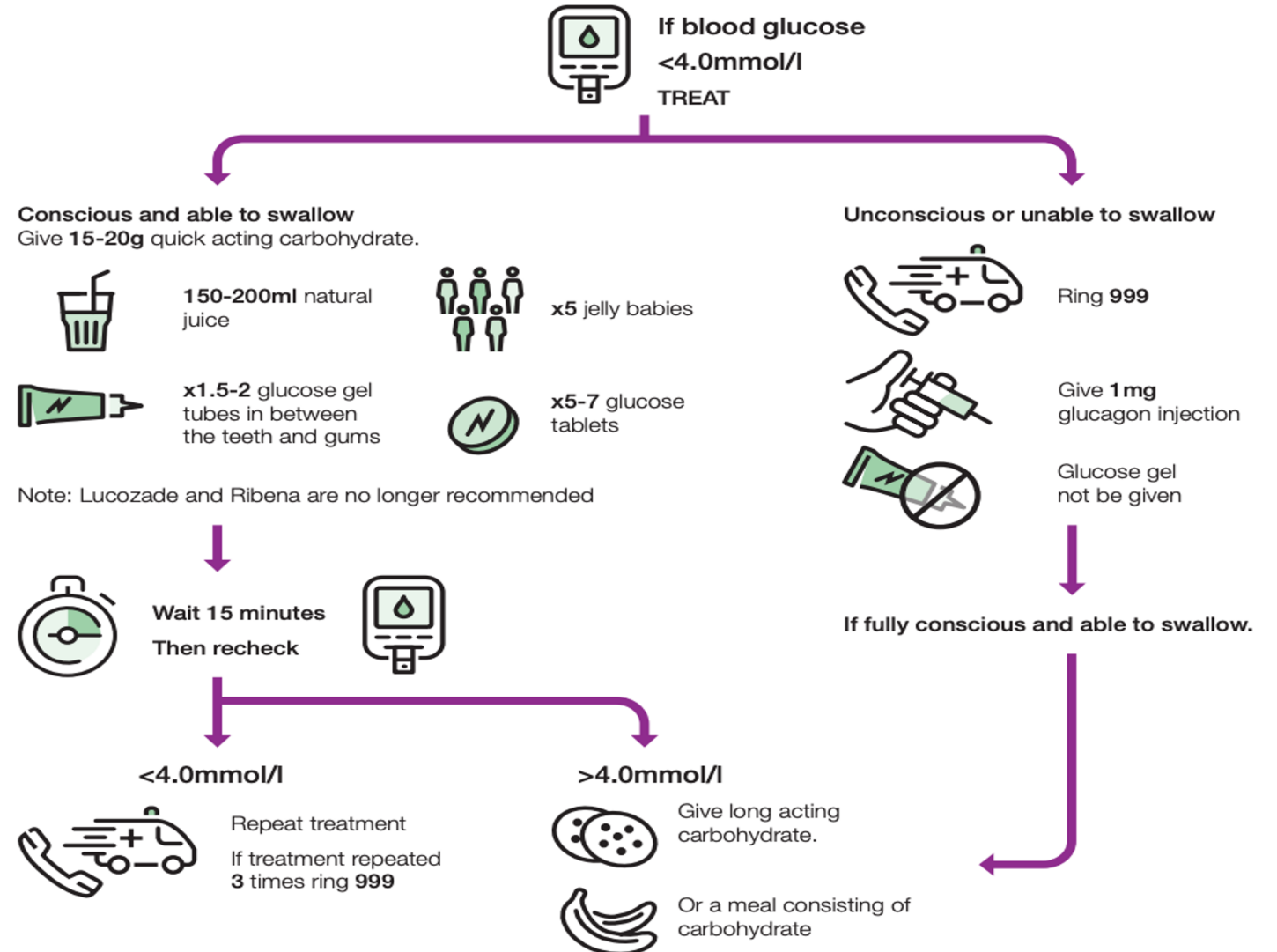
What Causes Hypoglycaemia?

What are the symptoms?

How to treat a hypo

eden

Note: Do not omit insulin if due & review medication, to prevent recurrence



Adapted from: JBDS (2018), The Hospital Management of Hypoglycaemia in Adults with Diabetes. 3rd edition.

Ramadan

- ▶ Open dialogue
- ▶ Risk assessment
- ▶ Medication adjustment
- ▶ Trial run if possible
- ▶ Dietary advice
- ▶ Fluid advice
- ▶ Exercise advice
- ▶ Plan to support breaking fast
- ▶ Signposting to trusted resources
- ▶ It's never too early to start planning for next time

The MDT approach

Traditional

Doctors – GPs and diabetologists
Nurses
DSNs
Podiatrists
Dietitians
HCAs
Administrators
Retinal screeners

Newer

Clinical Pharmacists
Physician's Associates
Psychologists/Psychiatrists
Care co-ordinators
Social prescribers
Health and well-being coaches
Voluntary sector/Charities
e.g. Diabetes UK



Thank you

Any questions?

Please participate to our very short **post-training survey**.

It is important for us to capture your learning and get your ideas on how to improve our sessions:

<https://www.surveymonkey.com/r/level4diabetes>