

# CNS Diabetes Cycle of Care workshop

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# When to refer to CDNS

- HbA1C above or equal to 58 (7.5%)
- Patients who require GLP1 initiation
- Patients who require insulin initiation
- Those with poor control on insulin therapy
- Patients with recurrent hypoglycaemia or those with loss of hypoglycaemia awareness
- Patients with learning disability/language difficulty.

# Key recommendations

- All treatment plans where possible should take into account patient preference, needs and values.
- Individualise glycaemic targets and glucose lowering therapies
- Healthy eating, exercise and lifestyle education remain foundation of **all** Type 2 diabetes treatment plan.
- Metformin is optimal first line drug
- For many patients insulin will be required to maintain glucose control.

# Case studies



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# Case Study A

- 64 year old lady
- BMI 30,B/P 140/70,Low risk Foot Disease ,No Diabetic retinopathy/ Nephropathy .
- Egfr > 60 , Creatnine 54 ,Chol all within target
- HbA1c 76 Nov 14
- Home blood glucose monitoring adhoc
- Poor motivation and adherence with diet and exercise
- Diabetes Medication upon referral : Actos 30mg, unable tolerate Glucophage .
- What treatment plan ?

# Case study A Results

- Dec 15 Following results :
- Investigations: Hba1c 54, chol and other blood tests within target . BMI 26 , B/P 110/80
- Completed Xpert programme and Xpert refresher update.
- Walks 2-3 times a week with her daughter
- Commenced victoza 2014 and presently tolerating 1.8mg daily . Maintain glucose diary daily .
- Patient feels very well,looking forward to daughters wedding.

# Case study B

- 60 year old male
- Lives alone . Mother passed away 1 year ago used to live with him. Works on machinery and all 12 hr shifts.
- Mood low a times.
- Attends takeaway/ chipper 3 times a week and drinks 500ml- 1 litre coke daily.
- Test blood glucose level “ when he thought of it”
- BMI 30 ,B/p 140/80, blood glucose 10.5mmols, Hba1c 66mols/mol egfr > 60
- No End organ Damage yet
- Competact 15/850,trajenta 5mg
- Next step ?

# Case study B Results

- On review discussed injectable medication options patient refused same and said he would first make following changes :
- Stopped attending chipper and taking fizzy drinks
- New meter given and target blood glucose testing discussed
- Had 1:1 dietetic review
- Access psychological service Ireland ( 6 week session).
- Rang him on a biweekly basis to discuss readings .
- Last Hba1c Dec 15 56mmol/mol
- Now plays cards 3 nights a week.
- No Hyperglycaemia symptoms and mood a lot better.





# Case Study C

- Sheila is aged 81 years. She has Type 2 diabetes treated with janumet .
- Taking blood pressure and statin therapy.
- HbA1c 8.0%/ 64mmol/mol
- She copes with life well with aid from her nearby family. Uses Dosset box for medication adherence .
- Would you change her treatment regime ?

# Case Study D

- 55 year old male unemployed.
- Aug 15 :BMI 27, B/P 126/82, Feet low risk, Afib and CCF.
- Xpert completed 2015
- Diabetes medication : diamicron mr 120, Trajenta 5mg and glucophage 500 bd.
- HbA1c 72mmols/mol, eGFR>60, Creatinine 126, Lipids normal
- Next Step ?

# Case Study D Results

- Commenced insulin glargine 12 units Sept 15
- Insulin titrated as required to meet target blood glucose ranges
- Jan 16; insulin dose is 38 units Recent Hba1c 60 .
- Commenced cycling 3 times a week and BMI still 27.
- Reviewed him every week for first 2 weeks ,then monthly and maintained phone contact also.