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 >11.0mmol 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 <48mmol/mol (6.5%)
- If repeat >48mmol/mol (6.5%)





Diagnosis of diabetes

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

For further information contact:

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