

Diagnosing Diabetes



IF AN INDIVIDUAL PRESENTS WITH CLINICAL SUSPICION



Common signs/symptoms:

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



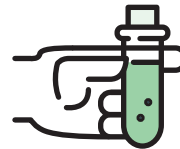
Significantly symptomatic

- 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 <42 mmol/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 >48 mmol/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

For further information contact:

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