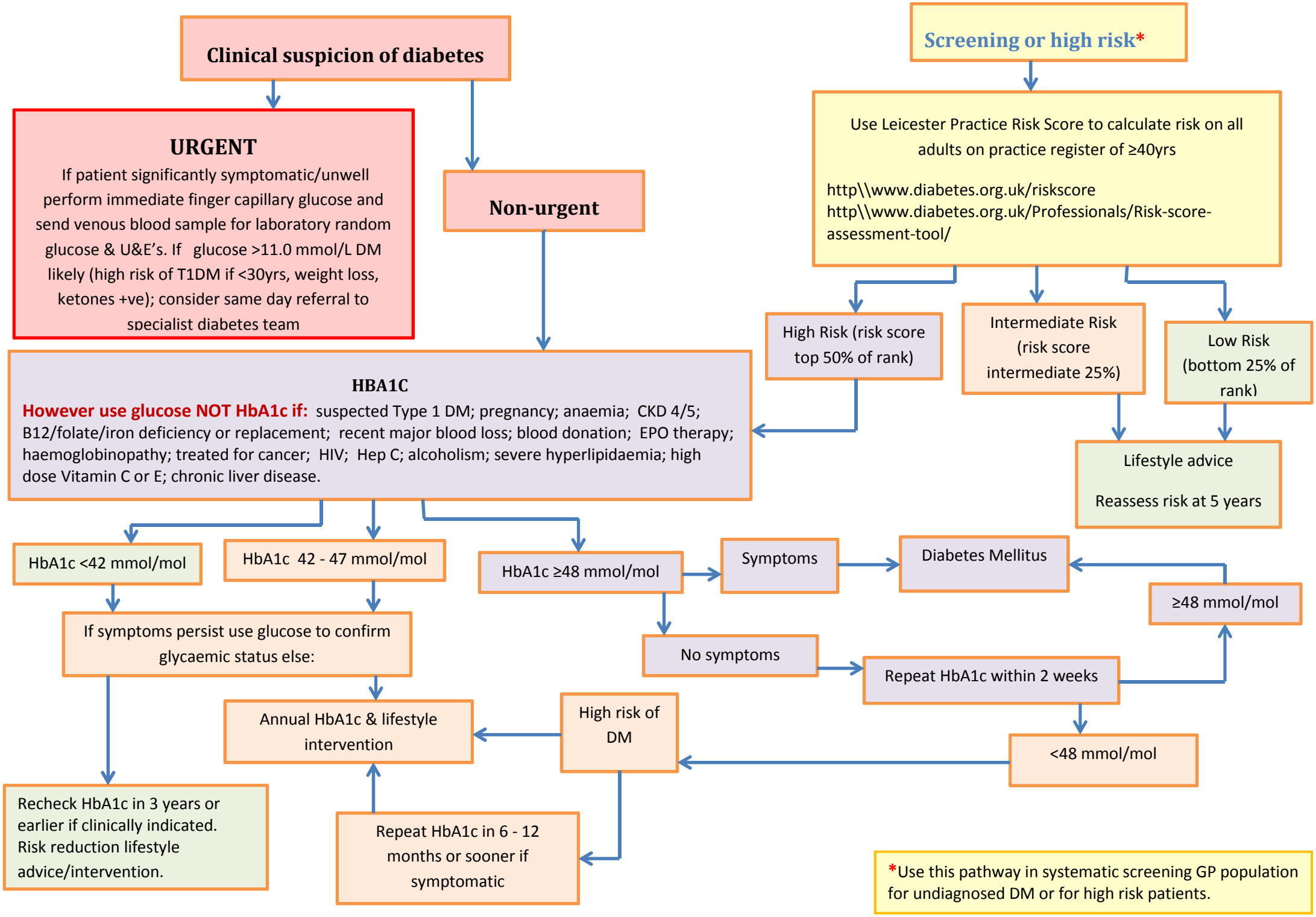
Clinical suspicion of diabetes
URGENT
If patient significantly symptomatic/unwell perform immediate finger capillary glucose and send venous blood sample for laboratory random glucose & U&E's. If glucose >11.0 mmol/L DM likely (high risk of T1DM if <30yrs, weight loss, ketones +ve); consider same day referral to specialist diabetes team
Non-urgent
Screening or high risk*
Use Leicester Practice Risk Score to calculate risk on all adults on practice register of ≥40yrs
http\\www.diabetes.org.uk/riskscore
http\\www.diabetes.org.uk/Professionals/Risk-score-assessment-tool/
High Risk (risk score top 50% of rank)
Intermediate Risk (risk score intermediate 25%)
Low Risk (bottom 25% of rank)
Lifestyle advice
Reassess risk at 5 years
HBA1C
However use glucose NOT HbA1c if: suspected Type 1 DM; pregnancy; anaemia; CKD 4/5; B12/folate/iron deficiency or replacement; recent major blood loss; blood donation; EPO therapy; haemoglobinopathy; treated for cancer; HIV; Hep C; alcoholism; severe hyperlipidaemia; high dose Vitamin C or E; chronic liver disease.
HbA1c <42 mmol/mol
HbA1c 42 - 47 mmol/mol
HbA1c ≥48 mmol/mol
Symptoms
Diabetes Mellitus
≥48 mmol/mol
If symptoms persist use glucose to confirm glycaemic status else:
No symptoms
Repeat HbA1c within 2 weeks
Annual HbA1c & lifestyle intervention
High risk of DM
<48 mmol/mol
Recheck HbA1c in 3 years or earlier if clinically indicated. Risk reduction lifestyle advice/intervention.
Repeat HbA1c in 6 - 12 months or sooner if symptomatic
*Use this pathway in systematic screening GP population for undiagnosed DM or for high risk patients.