

BEST PRACTICE: WHAT'S NEW?

SUBTITLE:

WHAT'S DCPNS UP TO NOW?

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PREDIABETES

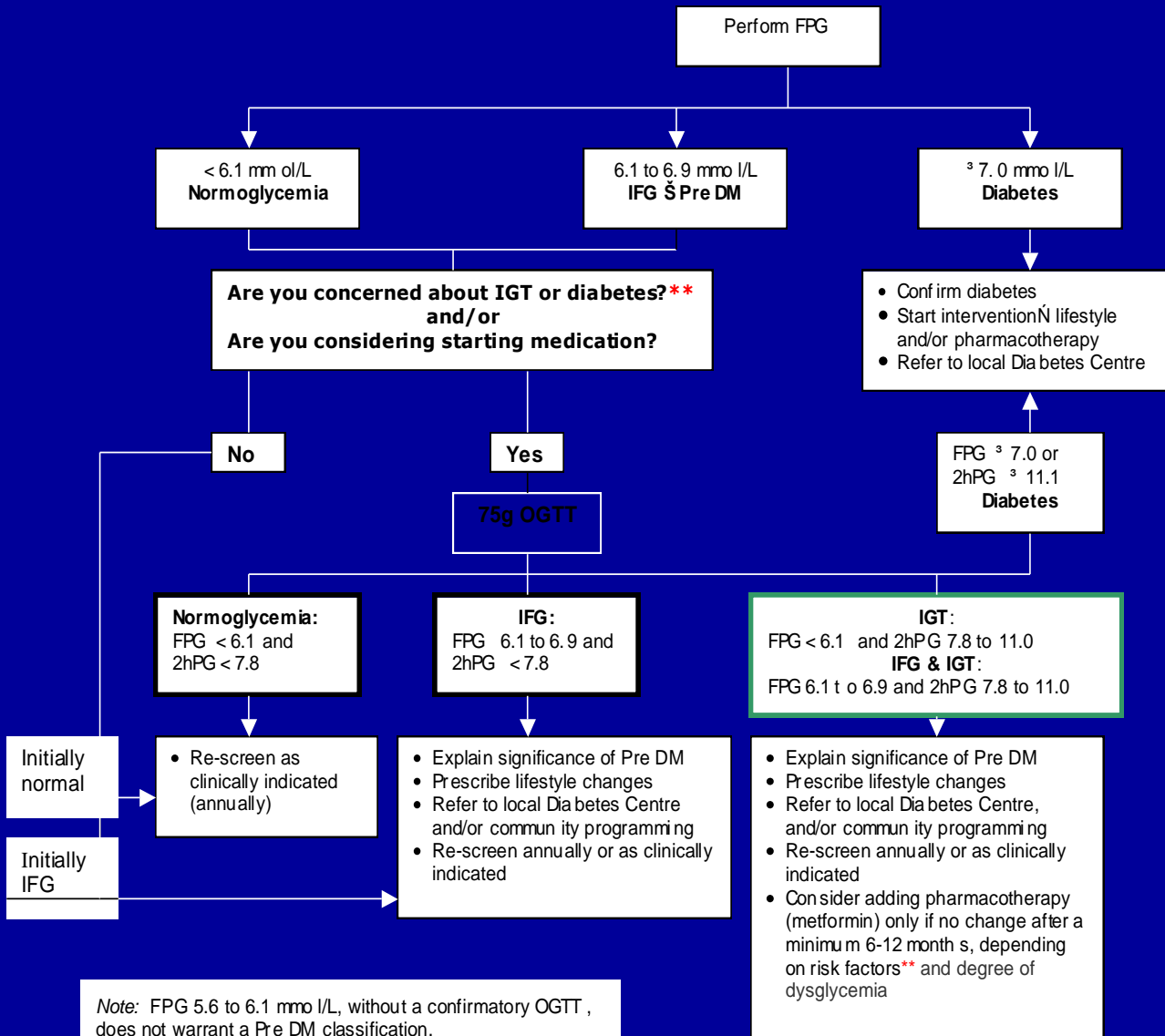
- DCPNS survey of DC's:
 - No consistency of approach
 - Same treatment as patients with DM
 - Initial assessment, then discharge
- No standardized management
 - CDA guidelines weren't helpful
 - Unclear or nonexistent literature

WHAT TO DO?

- Joined forces with Academic detailing service:
 - Dalhousie CME
 - Funded by DoH
 - Review topics in detail and present conclusions to Family Physicians across province
- Participated in drafting of a document:
 - Type 2 Diabetes:
 - Diagnosis, Prevention, and Rosiglitazone

BOTTOM LINE

- Prediabetes perspective:
 - Important to screen
 - But literature is iffy and recommendations are based on consensus
 - Clinicians need to use clinical judgment
 - Prediabetes is a risk factor , not a disease
 - Lifestyle interventions are critical
 - Pharmacotherapy :
 - Metformin(maybe)



- **Risk factors for type 2DM:**
- Age [≥] 40 yrs
 - 1st degree relative w/ type 2 DM
 - BMI > 27 Sedentary
 - HTN Dyslipidemia
 - Abdominal obesity
 - Previous GDM or macrosomic infant
 - Member of high-risk population (e.g., Aboriginal, Hispanic, South Asian, Asian, or African descent)
 - Schizophrenia EOS
 - Other

- Pre DM Management Goals:**
- **Weight reduction:** ↓ 5 to 7% of total body wt (as little as 10-15 lbs.)
 - **Healthy eating:** ↓ fat and ↑ fibre. Other modifications, i.e., ↓ Na, in presence of HTN.
 - **Physical activity:** Add 30 minutes of moderate activity (e.g., brisk walking) most days of the week. This can be accomplished in 10-minute blocks.
 - **Modify other risk factors** including smoking, stress, and metabolic abnormalities (HTN [target <140/90 mmHg] and dyslipidemia [targets based on Framingham Risk Assessment]).
 - **Self-monitoring of blood glucose** is **not** required.

Note: FPG 5.6 to 6.1 mmol/L, without a confirmatory OGTT, does not warrant a Pre DM classification.

WHAT CAN YOU DO?

- Meet with the academic detailers to receive “the rest of the story”
- Focus exclusively on the lifestyle interventions that have been proven to be effective
- Follow a “Prediabetes” standard approach in the province

WHAT TO DO?

- Assess in DC
 - Review at 6 and 12 months and then D/C
- Goals of therapy:
 - BP <140/90
 - Lipids: Framingham criteria
 - BMI <25
 - Waist circumference:
 - Men < 102 cm
 - Women < 88 cm

WHAT TO DO?

- Focus on:
 - Weight reduction
 - Dietary advice
 - Activity
 - Reduction of other risk factors

WHAT NOT TO DO?

- A1C
- Blood glucose monitoring
- Eye exams
- Foot exams
- Renal screening
- “these patients have a potential to have a disease”

WHAT ELSE ?

- CANRISK PREDIABETES STUDY:
 - Grant through Public Health Agency of Canada
 - AVDHA and GASHA
 - Test a screening tool to determine its whether it can predict those who are at risk
 - Develop a community lifestyle intervention

ANYTHING ELSE?

- Hypertension Intervention Initiative:
 - Demonstrated a significant improvement in the blood pressure control in the population
 - Simple communication intervention using the registry
 - Create a packet to allow centres with the registry to implement the process
 - Monitor the provincial effect of this intervention

