

6 Organization of diabetes care

6.1 Levels of diabetes care

Levels of care can be clearly identified as primary and secondary. Primary care is represented by primary care doctors and nurses. Their role should involve screening and management of “non-complex diabetes”.

Secondary care should support primary care teams by team building and continued professional development, and by taking care of complex patients with poor control, diabetes complications and special needs. These include paediatric care, adolescents, care during pregnancy, unusual forms of diabetes, and people on complicated therapeutic regimens.

Academic institutions should specifically appoint and support academics from qualified practising physicians in diabetes and endocrinology to undertake leading roles in education, training and research.

At all these levels, diabetes services should run in designated places with access to a multidisciplinary team, and the maximal use of an individual's encounter time with continuing educational TV shows, sessions, and materials.

6.2 The diabetes care plan

6.2.1 Initial visit

6.2.1.1 Medical history

Take a medical history to include:

- Symptoms of hyper- or hypo-glycaemia
- Meal patterns including frequency and content, and any change in weight
- Smoking history
- Lifestyle and psychosocial elements
- Any acute complications such as infection, kidney and nervous system problems, or cardiovascular events and symptoms
- Any associated cardiovascular risk factors such as a positive family history, hypertension, and dyslipidaemia
- Review of all medications.

6.2.1.2 Physical examination:

- Height, weight, BMI, and waist circumference
- Vital signs, including blood pressure supine and sitting
- Oral examination, including gums
- Cardiovascular, including evaluation for pulses and bruits
- Abdominal examination, including liver size
- Foot examination, for oedema, ulcer, deformities and footwear

- Neurological examination: including vibration, reflexes, touch, monofilament and motor system.

6.2.1.3 Diagnostic studies

Perform diagnostic studies:

- Blood glucose and HbA_{1c}
- Serum creatinine and eGFR, lipid profile (total-, LDL-, HDL-cholesterol and triglycerides)
- Urinalysis (microscopy, proteinuria, and microalbuminuria)
- Thyroid stimulating hormone for people with type 1 diabetes.

6.2.1.4 Treatment plan

The patient and doctor should formulate a treatment plan including measures to:

- Control blood glucose
- Control and treat diabetic complications
- Address and treat associated risk factors such as obesity, physical inactivity, hypertension, and dyslipidaemia
- smoking cessation.

6.2.1.5 Referral

Arrange referral to:

- Diabetes educator
- Dietician
- A health care professional trained in foot-care
- Comprehensive eye examination by a retinal camera or an ophthalmologist or optometrist
- Nephrologists, neurologist, vascular surgeon and cardiologist as needed (see Section 9)
- Psychological assessment if indicated
- Family planning and preconception advice for women in reproductive age.

6.2.2 Follow-up care plan

6.2.2.1 Every visit

- Blood pressure
- Weight
- Blood glucose level/SMBG/hypoglycaemia
- Medication review
- Smoking status

- Physical activity
- Dietary review
- Foot problems.

6.2.2.2 *Every 3 – 6 months*

- HbA_{1c}
- Lipid profile if not controlled

6.2.2.3 *Annually*

- Fundus examination (see above)
- Feet examination including peripheral pulses sensation and feet inspection.
- Cardiac symptoms
- Lipid profile.
- Creatinine and eGFR
- Microalbuminuria
- Inspection of injection sites
- Oral examination, including gums.

6.3 Criteria for Referral of People with diabetes:

6.3.1 Team members

6.3.1.1 Dieticians/nutritionists

- Initial diagnosis of diabetes
- Change in management
- Episodes of hypoglycaemia
- Dyslipidaemia
- Pregnancy
- Uncontrolled diabetes.

6.3.1.2 Diabetes educators

- Initial diagnosis of diabetes
- Change in the management of diabetes
- Help with self management
- Self monitoring.

6.3.1.3 Endocrinologist/diabetologist

- Uncontrolled diabetes
- Diabetes complications
- Uncontrolled hypertension and dyslipidaemia

- If considering pregnancy or pregnant
- Diabetes in children
- Diabetes complicated by other medical conditions.

6.3.2 Other health professionals

6.3.2.1 Ophthalmologist

- see section 9.3

6.3.2.2 Vascular surgeon

- Intermittent claudication or rest pain
- Critical or subcritical ischaemia.