

Section 5

MONITORING AND FOLLOW UP OF PEOPLE WITH DIABETES

5.1 How to Monitor and Follow up People with Diabetes?

- Urine glucose has limitations, do not use alone.
- Blood sugar-FPG and 2 hr PPPG.
- Individualized regimens of SMBG- frequency and timing should be planned.
- HbA1c every 3-6 months.
- Clinical examination need to be done during every visit every visit – minimum 3 months.
- Optimizing weight, blood pressure, lipids.
- Screening for long term complications like retinopathy, nephropathy, PVD.
- Encourage foot care.
- Discourage tobacco use.
- Children growth.

5.2 Self Monitoring of Blood Glucose (SMBG) with Glucose Monitor

It is indicated in the following conditions:

- Ideal for every diabetic to achieve better control of diabetes.
- All people with diabetes on Insulin.
- Brittle DM.
- Prone to ketosis/recurrent hypoglycemia.
- Hypoglycemic unawareness.
- Whenever tight control is indicated – pregnancy, acute illness and advanced complications.
- If renal threshold low/high.

5.3 What to Do During Annual Check-Up

- Lipids
- Ophthalmology check-up/ fundus examination (through a dilated pupil).
- Blood urea / serum creatinine.
- Urine – protein/albumin, micro-albuminuria.
- ECG in those above 40 years of age.

5.3 Recommended Methodology for Laboratory Investigations

- Plasma glucose – GOD/POD.
- HbA1c – HPLC / Immuno-turbidometry.
- Lipids -Cholesterol – CHOD-PAP.
- Triglyceride – GPO-PAP.
- Microalbumin – Nephelometry, Radio immunoassay.