Suspected new diagnosis of diabetes – guidance notes for primary care teams

Patient age: _____ years   **Patient weight** _____kg   **Patient nationality/ethnicity:** _____

Patient occupation: _____   **Patient drives: Y/N**   **Home alone/carer or cared for?**

AGE and WEIGHT <u>not</u> always reliable to inform diabetes type- always talk yourself OUT of ? type 1 diabetes

Symptoms suggestive of hyperglycaemia *Usually weeks in T1D, months with T2D*	Y/N	Duration of symptoms	Notes
Increasing fatigue: '**Tired**'			*Usually persistent/progressive over 4-12 weeks with T1D*
Increasing thirst: '**Thirsty**'			*Usually persistent/progressive over 4-12 weeks with T1D, often day and night* *May be reduced or absent in older persons*
Passing water more often (day +/- night, frequency, and amount): '**Toilet**'			*Usually persistent/progressive over 4-12 weeks with T1D*
<u>Unplanned</u> weight loss* (how much if known): '**Thinner**'			*Usually persistent/progressive over 4-12 weeks with T1D* *Rarer in T2D*
Blurred vision			*Not always a feature*
Recurrent skin infections or cuts slow to heal			*More common with T2DM*
Recurrent urine infections or thrush			
Increased appetite			

Risk factors for diabetes	Y/N	Notes
FH of diabetes (who and type)		*Could suggest genetic diabetes if affecting several generations*
History of Gestational Diabetes		
History of Pre-Diabetes		*Increases risk of T2D*
Personal or Family History of autoimmune disease		*Increased association with T1D*
Drinks alcohol		How much?_____units/week History of pancreatitis? Y/N (? T3c DM)
Recent oral, IV or IM **steroid** use – which and how long?		
Recent **immunotherapy** use – which and when?		*<u>Strongly suggests need for insulin</u> due to autoimmune nature – seek advice urgently*
Recent use of medications for mental health or retroviral therapy – which ones?		*Can increase risk of T2D by increasing insulin resistance*
Person of Afro-Caribbean heritage?		*Can be at increased risk of **ketosis-prone T2 diabetes**, where insulin likely to be needed*

GI Symptoms	Y/N	Notes
Exocrine Pancreatic symptoms (e.g., steatorrhoea)		*Can be present in all types of diabetes and suggests need for pancreatic enzyme replacement*

Other diabetes/cardiovascular risk factors	Y/N	Notes
Smoker		
Cardiac/renal/stroke history		
Hypertension		
High cholesterol (on treatment)		

Results available:

Random CBG _____ mmol/L (>11.1mmol/L with osmotic symptoms is diagnostic)

Blood ketone reading: _____ mmol/L (Ketonaemia ≥ 1.5mmol/L OR Ketonuria ≥ +2 highly suspicious for T1D)

(NB – starvation ≥ 48hrs, eating less than 30-50g carbohydrates for preceding 3-5 days, alcohol excess and pregnancy can also cause ketonaemia (≥ 1mmol/L) or ketonuria ≥ +1)

HbA1c (if available): _____ mmol/mol (THIS CAN BE NORMAL WITH TYPE 1 DIABETES if symptoms less than 3 months duration)

Summary

People with newly diagnosed type 1 diabetes typically (but not always) * have 1 or more of:

- ketonaemia (>1.5mmol/L)
- age of onset under 50 years
- personal and/or family history of autoimmune disease
- rapid/unplanned weight loss**
- body mass index (BMI) below 25 kg/m^2

*NICE guidance (NG17)

Impression: Type _____ Diabetes

Plan:

Other investigations needed: Routine bloods (HbA1c, FBC, U&E, LFT, Cholest/Trigs, TFT) ☐

Type 1 diabetes? – seek specialist advice ☐ (usually random BGL >11.1mmol/L with osmotic symptoms)

Type 2 diabetes? – follow local/NICE treatment guidance ☐ (HbA1c >48mmol/mol)

Type 3c ('pancreatic') diabetes? – may need insulin, seek specialist advice ☐

Pregnancy test if indicated

**If over 60 years, unplanned rapid weight loss, consider Ca 19-9 and CEA blood tests & CT pancreas as ?? ca pancreas ☐

Seek Medical advice if indicated – **is patient well?** Southampton Community Diabetes team 0300 1233397 or ☐ West Hampshire Community Diabetes team 0300 0030120 OR hospital referral if unwell/acute clinical concerns

Red flag symptoms to reassess promptly (could suggest therapy not working, diabetes misclassification or impending Diabetic Ketoacidosis or Hyperosmolar Hyperglycaemic State)

- ongoing osmotic symptoms
- worsening fatigue
- abdominal pain
- drowsiness
- unplanned weight loss
- shortness of breath
- nausea &/or vomiting

If referring patient to hospital diabetes team in working hours, please convey urgency of the need for prompt attendance

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