

A spoonful of sugar (answers on page 34)

Part one

Dr. Ndege was on two week's very welcome leave, and his duties had been taken over by his former senior colleague Dr. Dogma—now in retirement, but glad to be taking on this locum position. Dr. Dogma had found his meagre pension insufficient to fund his golf, travel and eating out; so the extra finances were an added attraction!

One of Dr. Dogma's first duties was to run the monthly Diabetic Clinic, and his first two patients had been newly referred with 'possible diabetes'. One had nocturia and a random blood glucose of 9.6 mmol/l, and the other had glycosuria but no symptoms. Realising that both needed further confirmatory tests, Dr. Dogma pondered appropriate investigations.

Q1 Which of the following tests may be used to confirm a diagnosis of diabetes?

- (a) Random blood glucose (RBG)
- (b) Fasting blood glucose (FBG)
- (c) Post-prandial blood glucose (PPBG)
- (d) Oral glucose tolerance test (OGTT)
- (e) Glycated haemoglobin (HbA1c)

Part two

Dr. Dogma's next patient had a recent confirmed diagnosis of type 2 diabetes but was yet to receive advice or medication. He was a 45-year-old civil servant with a body mass index (BMI) of 31.2. He had marked thirst and polyuria, but was otherwise well. His random blood glucose on the clinic glucose meter was 21.3 mmol/l. His urine was heavily positive for glucose but negative for ketones.

Q2 What therapy is indicated here?

- (a) Lifestyle advice (dietary restriction and regular exercise)
- (b) Immediate admission for insulin treatment
- (c) Metformin alone
- (d) Glibenclamide alone
- (e) Combined metformin and glibenclamide

Part three

Dr. Dogma's next patient was an obese 65-year-old lady who had type 2 diabetes of over 15 years duration. Retinopathy had been diagnosed five years previously, and at recent clinic visits her urine had been positive for protein, and blood pressure levels borderline—systolic levels 130 to 145 mm Hg and diastolic levels 80 to 95 mm Hg. She was taking glibenclamide 5 mg daily and metformin 1 gm twice daily, but no other regular medications. She felt well and was happy to carry on with her normal drugs.

Q3 What action would you take concerning her blood pressure?

- (a) Salt restriction and weight loss
- (b) ACE inhibitor treatment
- (c) Any anti-hypertensive drug
- (d) Continue to observe BP levels
- (e) Refer her to a nephrologist