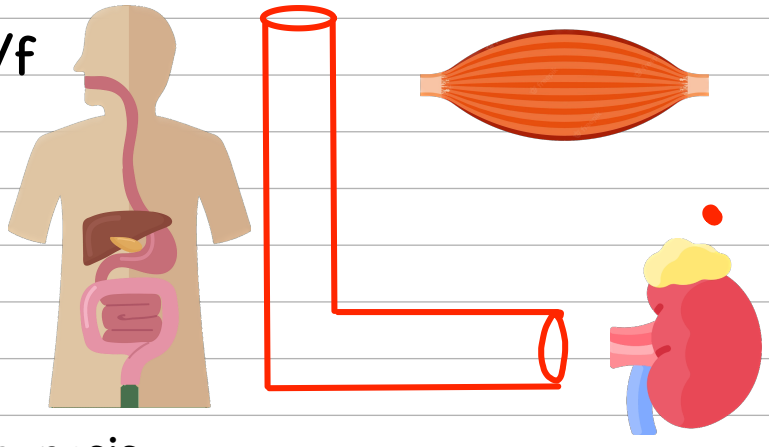
Chapter 2

Diabetes Presentation , diagnosis and Complications

C/f



Diagnosis

Pre-diabetes

	Normal	Impaired glucose tolerance	Diabete
Fasting			
Post prandial			
HbA1C			
Random			

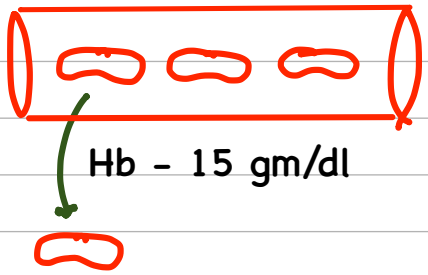
Post prandial means -

Best test for

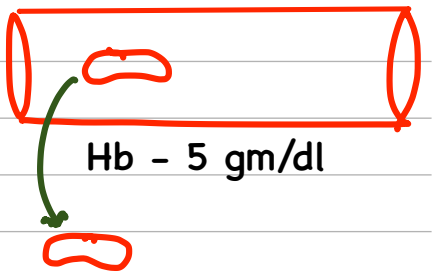
HbA1C



Sugar level
95 mg/dl



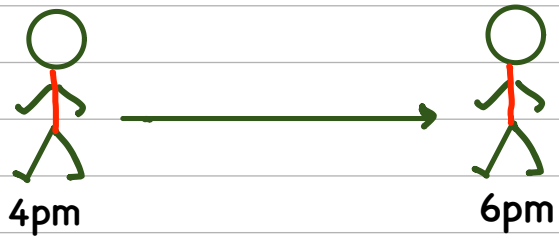
Sugar level
95 mg/dl



Glycated albumin (s. Fructosamine) -

Shows average blood sugar of -

Oral glucose tolerance test (OGTT)



Extra point

Healthy



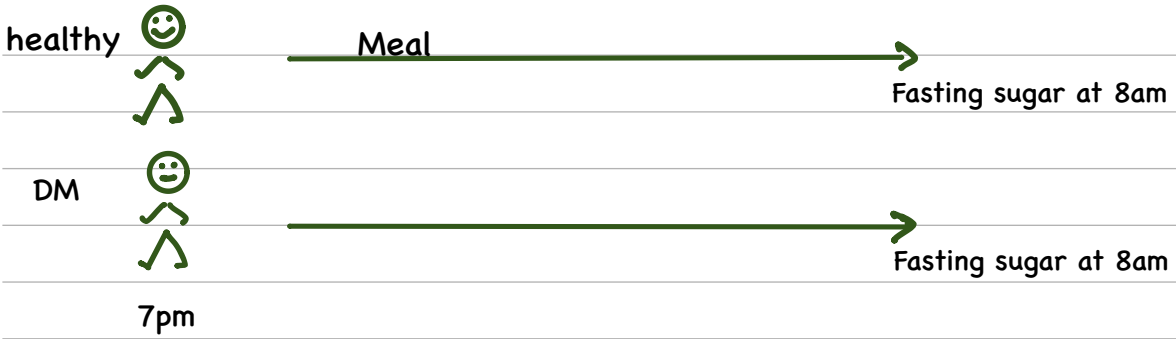
So

DM



So

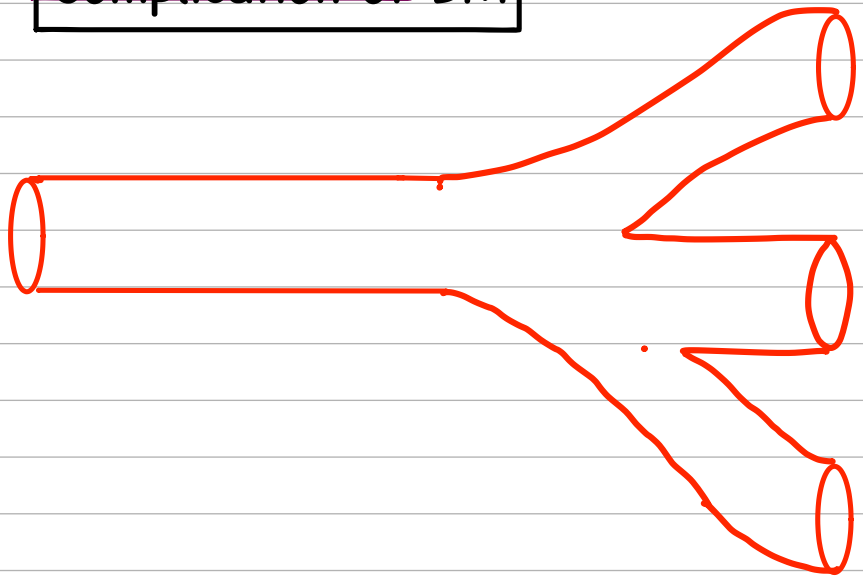
Mechanism for Fasting hyperglycemia

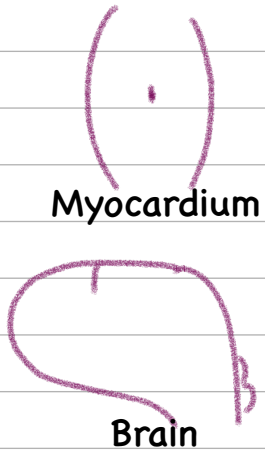


Mechanism for Post prandial hyperglycemia.

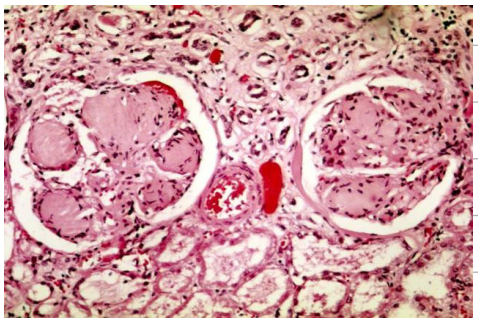


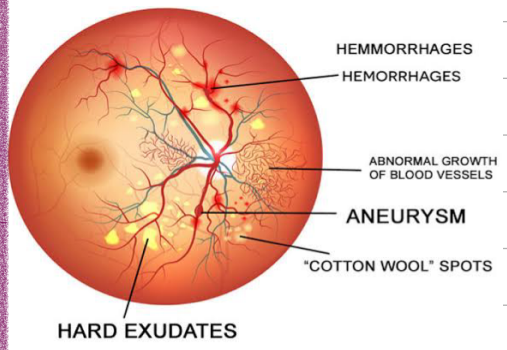
Complication of DM













Earliest change

Most specific change

Earliest change

Most specific change

So retinal examination in type 1 DM.....

and type 2 DM .....





Managment of DM

1- BIGUANIDES

MOA

Effect on Hb1aC

S/E -

C/I

2 - sulfonylurea

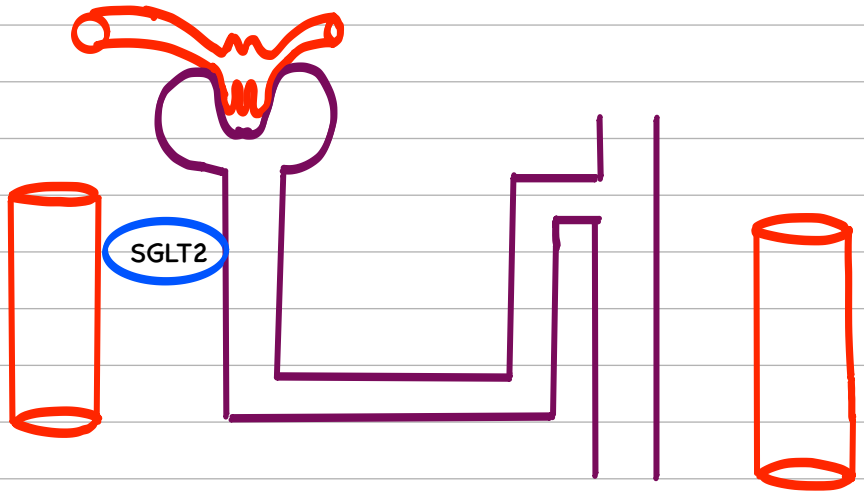
- 1st generation
- 2nd generation

MOA

S/E

MOST POTENT

3- SGLT -2 inhibitors



Eg-

S/E

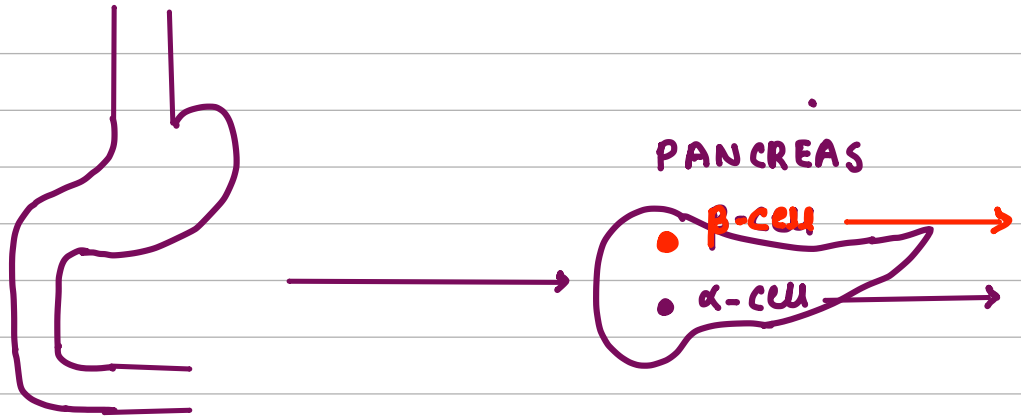
Preferred in

4 thiazolidinediones

MOA

S/E

5.Incretins



GLP(glucagon like peptide -1) analogue -

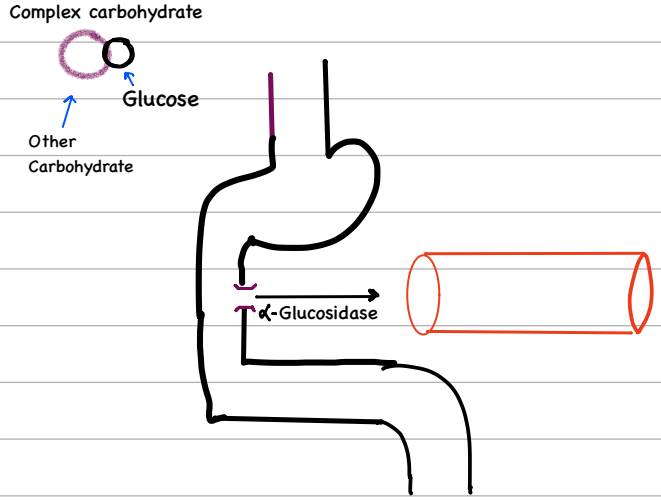
MOA

S/E-

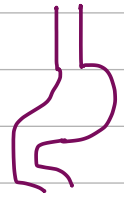
DPP-4 INHIBITOR-

Most renal safe DPP-4 #-

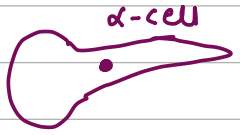
6. Alpha- glucosidase inhibitor



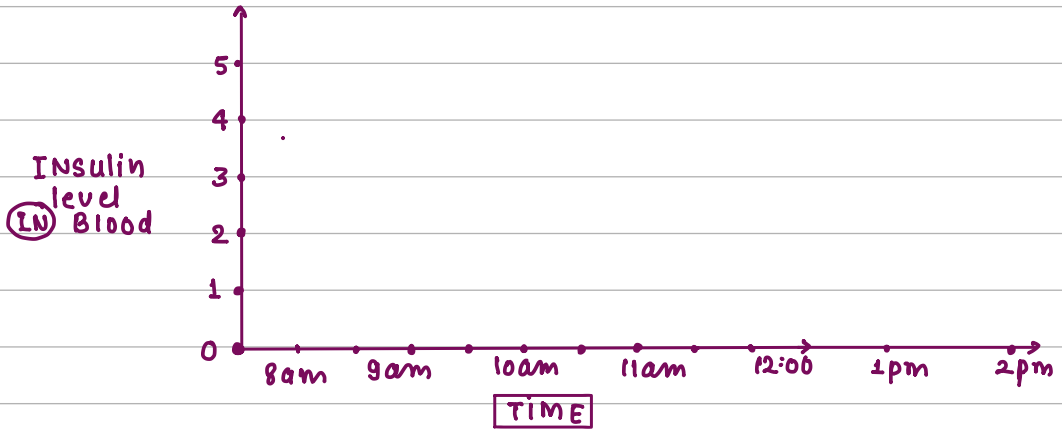
7. Amylin analogue



Gastric emptying



8.insulin

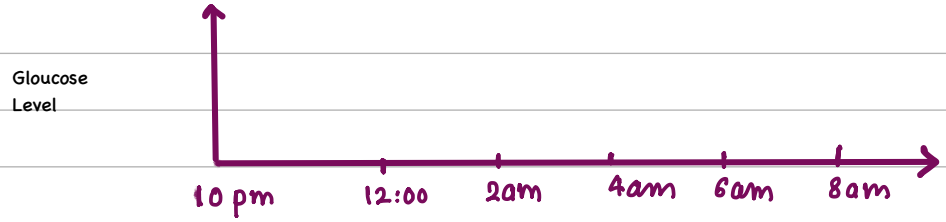


Basal insulin

Prandial insulin

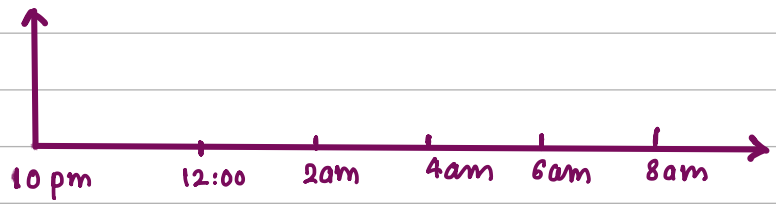
Complication of insulin therapy

DAWN phenomenon



Rx -

Somogyi phenomenon



R_x -

So in

Type 1 DM

Type 1.5 DM

Type 2 -

MODY

Summary

*Hb1ac shows average of - .....weeks

2. Anemia leads to fasle HB1ac

3. FALSE + OGTT --

4. FALSE - ve OGTT -

5. Fasting hyperglycemia in DM is due to .....

6.anti - diabetic to avoid

If -- DM + HF

-- DM + medullary ca of thyroid

-- DM + uti

-- DM +MI