

.DM

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Sunday

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1) all of the following can be used to screen for type 2 DM except :

- A. FBG
- B. OGTT
- C. HbA1C
- D. RBS ✓

in diabetic Range ↙

2) patient come to clinic with fasting blood sugar 130 , what you will do next ?

- A. Start metformin
- B. Repeat reading FBS ✓ → لازم فزاد تيبيت  
→ الاعمل
- C. diet
- D. Reassure your pt.

|          | HbA1c (percent) | Fasting Plasma Glucose (mg/dL) | Oral Glucose Tolerance Test (mg/dL) |
|----------|-----------------|--------------------------------|-------------------------------------|
| Diabetes | ≥ 6.5           | ≥ 126                          | ≥ 200                               |

و لكن نعم الـ Random pt. symptomatic في حالة كان الشخص

• if pt. Symptomatic + RBG > 200 → diabetic ✓

• if pt asymptomatic + RBG > 200 → diabetic X → لا يعنى الشخص

FBG جا في كتوبيت أو في كل حاجة ↙

or another Reading for Random later on  
 $> 200$

3) You are evaluating a 36-year-old obese woman who complains of fatigue. She denies polydipsia, polyuria, polyphagia, or weight loss. Which of the following laboratory reports confirms the diagnosis of diabetes?

رسائل من الأستاذ  
كل المعلومة ملحة



- a. A random glucose reading of 221 mg/dl.
- b. A random glucose reading of 221 mg/dl, and another, on a later date, of 208 mg/dl.
- c. A fasting glucose measurement of 128 mg/dl. **xxx**
- d. A glucose reading, taken 2 hours after a 75-g glucose load, of 163 mg/dl.

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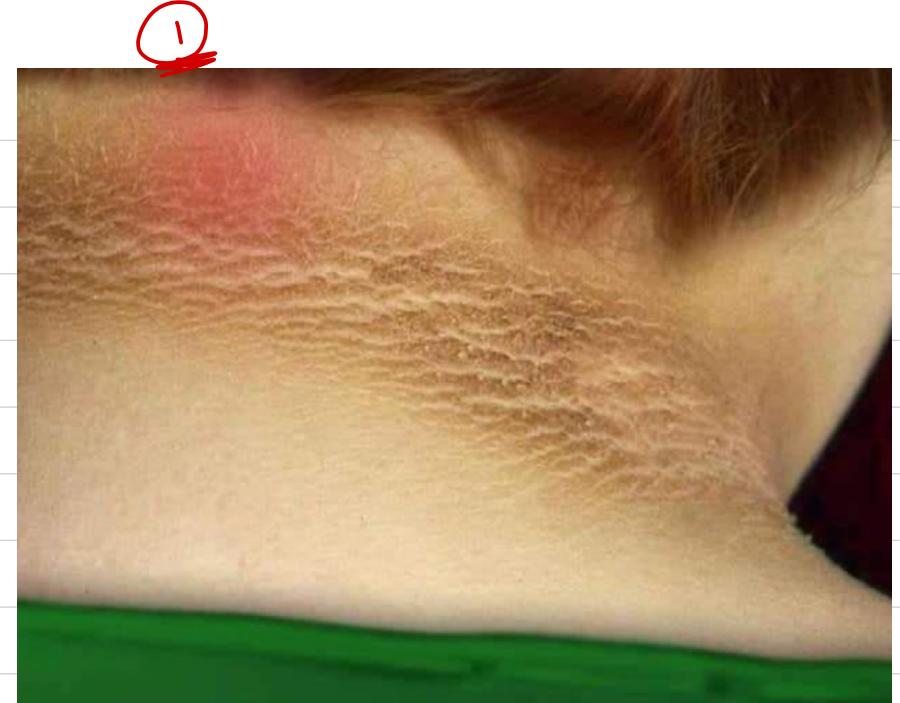
Select one:

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- c. A fasting glucose measurement of 128 mg/dL.
- d. A glucose reading, taken 2 hours after a 75-g glucose load, of 163 mg/dL.
- e. A hemoglobin A1C of 6.3%.

3) What is this lesion? **Acanthosis nigricans**

Indication (cause) for?

- 1- DM type 2
- 2- Cushing
- 3- insulin resistance , PCOS
- 4- hypothyroidism
- 5- obese
- 6- some malignancies such as gastric CA



(other sign on DM Patients)

Figure 2. Brown macules with atrophic scars on the shins of a diabetic patient



② → **diabetic dermopathy**

**(Most Common skin lesion in Diabetics)**

→ Shins of bilateral lower limbs.  
( hyperpigmented lesions )

④ candidiasis ↗ جفونی

Cause of lower immunity ↗  
( high infection )

③ → **Xanthoma diabetorum**



59) Skin diseases associated with diabetes mellitus include all the following except

سؤال من الأدبي  
كل المذكورة مصابة ←

- A. xanthoma diabetorum
- B. generalized pruritis
- C. acute dermatophytis
- D. hyperhydrosis
- E. recurrent staphylococcal infection



4) all of the following medications have protective cardiovascular effect except?

- A. SGLT2 inhibitors
- B. Metformin
- C. GLP1 agonist → Most effective for wt loss, قليل رابه و متلازمة
- D. Sulfonylureas ✓

Kidney ↓ glucose reabsorption & glucose excretion

inhibition reabsorption ↑ ← nephrons ↓

glucose → ↑ glucose in urine (+4, +5 in urinalysis) # Then → More infections

but in FBG → Normal

So that, in side effects of SGLT2 → recurrent UTIs

& in females

✓ Vaginitis / Candidiasis

↓ kidney function → polyuria (diuresis)

HF

→ ↓ Risk of hospitalization, symptoms

↓ Risk of decompensation in HF

Pt. DM + HF  $\rightarrow$  SGLT2 i.

Pt. DM + obese  $\rightarrow$  GLP-1

5) If a screening FBS came back as 120, When would you repeat it?

A. 1 year ✓  $\rightarrow$  سیاهی ایشان می بینیم خواهی شد

B. 3 years life-style Modification, Medications (Metformin)

C. 3 months

D. 2 years

$\hookrightarrow$  Prevention Diabetes

\*DM is preventable disease

6) The target blood sugar for a diabetic patient should be :

A. FBS less than 110 A

hipoglycemia  $\rightarrow$  ایشان دیابتی نباشد

Fasting blood glucose 80-130.

B. Postprandial less than 180 ✓

Postprandial capillary blood glucose  $<180$ .

C. HbA1C less than 6.5

HbA1C  $< 7\%$ .

LDL  $<100$  /on long term  $<70$

7) Higher HbA1C target (ex. 8%) could be acceptable for an elderly patient with multiple comorbidities.

A. True ✓

B. False

\* individualized treatment  $\rightarrow$   Comorbidities  
age  $\rightarrow$   $\geq 8$ , A1C = 6.4 و 20 و عمرها نجل کمان  
social

- ١) side effects التي عدتها هي فقط براقة، ما بعد العلاج، بعدها يتعسر تغذى.
- 8) All are side effects of Metformin except :
- A. Vit. B12 deficiency
  - B. Nausea
  - C. Diarrhea
  - D. Ketoacidosis ✓ → lactic acidosis ✓  
Very rare
- Cost ↗ hypoglycemia ↓  
Tolerable ↗ Neutral ↗ wt. loss  
Neutral ↗ (loss of appetite)  
عن كل العلاج ينخفق على الماء → متن أكثر من ٢ كيلو

• how to reduce side effects of Metformin ?

- 1• By gradual doses شوي شوي
- 2• مع الاكل
- 3• extended release : بعطي مرة وحدة باليوم و بظل فترة طويلة

9) Antidiabetic of choice in a patient with heart failure is :

- A. GLP1 agonist
- B. SGLT2 inhibitors ✓
- C. Biguanides
- D. TZDs

10) liraglutide ( from GLP1 ) wt. loss

مشكلتها غالباً

Injectable

Pancreatitis , thyroid cancer

11) all true about metabolic syndrome except :

A. LDL ... **X** not from components

- impaired fasting blood sugar = prediabetic

| Component           | Clinical Cutoff Values  |
|---------------------|---|
| Waist Circumference | $\geq 102$ cm in men<br>$\geq 88$ cm in women                 |
| Triglycerides       | $\geq 150$ mg/dL  |
| HDL Cholesterol     | $<40$ mg/dL in men<br>$<50$ mg/dL in women                    |
| Blood Pressure (BP) | $\geq 130$ mmHg Systolic BP or<br>$\geq 85$ mmHg Diastolic BP |
| Fasting Glucose     | $\geq 100$ mg/dL  |
| Diagnosis           | Any 3 of the 5 features above                                 |