


# Case DM discussion

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Patient 71 year - old diagnosed with DM , three weeks ago ...

Has numbness , wieght loss , blurred vision



→ ↑ blood sugar  
>200 >300

- HbA1c = 8
- Cr = 1.2

Take Metformin and MRAs (Sulfonylureas)

\* DM type 2 : هو بنقله إيه؟

- renal : 1. Cr
- 2. GFR

3 urine analysis → if (+) → كل سنة لازم زجع شيلك

4. ACR (Microalbuminurea) / moderately increased albumin urea → first

small particles of protein  
ما بتبينه بال urine analysis

→ at time of diagnosis بتقدر تكتشفه  
in DM type 2 ✓

but in DM type 1 can't do diagnosis at time of screening ⇒ 5 years بل بعد  
of diagnosis  
→ its diagnosis early → DKA واقع بييجي قبل

5. Pottassium & sulfonylurea , hypokalemia سمي يعضو يعطو  
but rare / ACE i / ARBs → ممكن يعطو hyperkalemia

(Type 2)

2) 16 week gestational pregnant lady, obese with family history of DM, when you screen this lady?

At time of visit

2) Which of the following is false?

Start screening for neuropathy, nephropathy, and ophthalmopathy at time of diagnosis of dm type

1. ✓



from archive

\* if Microalbuminurea + → next step → Culture  
↳ ممكن يكون سببها UTI

why? [ ACE inhibitors ①  
ARBs ②  
↳ بس نتأكد

↳ Mechanism of action / Progression  
تعتبر Treatment for Diabetic Nephropathy / به ممكن نفعي  
به فترة ديلوع (-)

\* GFR → Medications / Metformin → if GFR < 30 ممنوع  
↳ follow up stages

\* Chronic Kidney disease caused by nephropathy

• Retinopathy → fundoscopy, screening each year

↳ Cause of hyperglycemia  
لح تراكم على ال film of eye ← sugars with tears ← عيش ← No Problem in Retina

• **Peripheral Neuropathy** → Comprehensive foot examination **every year**  
↳ Monofilament is first ⇒ اذا اُمره كويس ، ما فيه دايج ، ... check-up

\* if there is problem in pulses → Do ankle-brachial index.

\* Causes of increase risk of DKA in DM type 2 :

- severe infections
- MI
- corticosteroids
- anti-psychotics
- SGLT2 i.

• **lipid profile** & every **6 months**

↳ any DM Pt. ≥ 40 year old → statin كس حتماً في

↳ Primary prevention →  
→ angina  
→ CVD  
→ stroke  
→ MI

• **Liver function** → for fatty liver (Nash) → obese

→ family history  
→ liver enzymes mildly elevated

← كذا كل سنة يتوفى طبيب الأسنان

Criteria ← screening for depression ←

history ←

examination ←

mood ←

1. anhedonia

2. depressed mood

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\* factors increase Diabetic foot ?

1 Poor hygiene (depression)

7 edema

2 uncontrolled blood sugar levels

3 Trauma cause of neuropathy → loss of sensation

4 ↓ Microvascular

5 infections (poor healing)

6 Poor Vision (Retinopathy)

\* DDX for numbness ☺

1. Diabetic Neuropathy
  2. Metformin (↓ vit. B12)
  3. alcohol
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\* Management of neuropathy ☺

1. TCA
  2. Gabapentine / Pregabalin
  3. anti-convulsants (-zapine) → bad side effects
  4. Capsaicin cream
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\* low carb → hypoglycemia ← ليد في اقبل الزكل - 10 min

\* Mixed insulin → intermediate rapid short acting

\* best regimen for insulin mimicking physiological insulin production in our body ?  
⇒ long acting + short rapid with meals } Pt. with DM 1 ايس في 6