**Priority Topic: DIABETES**

### Key Features:

Most of these study resources are from Diabetes Canada. For a concise tool, see the [Diabetes Quick Reference Guide CDA 2018](http://guidelines.diabetes.ca/screening)

1. Given a symptomatic or asymptomatic patient at high risk for diabetes (e.g., patients with gestational diabetes, obese, certain ethnic groups, and those with a strong family history), screen at appropriate intervals with the right tests to confirm the diagnosis.

**What you should study:** See also Quick Reference Guide

- Diabetes Canada Screening and Diagnosis
  - Essentially memorize the “Risk factors for Diabetes” table
- Diabetes and Pregnancy 2018 - you can also see it in video form on the [Diabetes Canada website](http://guidelines.diabetes.ca/screening)
- [Canadian Task Force - Screening](http://guidelines.diabetes.ca/screening)
- [CANRISK and FINDRISC tools for risk assessment](http://guidelines.diabetes.ca/screening)

2. Given a patient diagnosed with diabetes, either new-onset or established, treat and modify treatment according to disease status (e.g., use oral hypoglycemic agents, insulin, diet, and/or lifestyle changes).

**What you should study:** Note: All the Diabetes Canada Guidelines have short videos for those who prefer multimedia.

- Nutrition Therapy 2018
- Physical Activity 2018
- Weight Management 2018
- Pharmacologic Management 2018
3. Given a patient with established diabetes, advise about signs and treatment of hypoglycemia/hyperglycemia during an acute illness or stress (i.e., gastroenteritis, physiologic stress, decreased intake).

**What you should study:**

- Hypoglycemia 2018
- Sick day tool - Quick Reference Guide 2018 page 7

4. In a patient with poorly controlled diabetes, use effective educational techniques to advise about the importance of optimal glycemic control through compliance, lifestyle modification, and appropriate follow-up and treatment.

**What you should study:**

- Tool to assess and promote readiness for patient’s self management

5. In patients with established diabetes:
   a) Look for complications (e.g., proteinuria).
   b) Refer them as necessary to deal with these complications

**What you should study:**

- Quick Reference Guide 2018 - last page ABCDE’s of Diabetes Care

**Screening for Complications:**
Cardiac: ECG every 3-5 years if age >40 OR diabetes complications
Foot: Monofilament/Vibration yearly or more if abnormal
Kidney: Test eGFR and ACR yearly, or more if abnormal
Retinopathy: yearly dilated retinal exam

- Diabetic Foot BMJ Infographic
6. In the **acutely ill** diabetic patient, diagnose the **underlying cause** of the illness and investigate for **diabetic ketoacidosis** and **hyperglycemia**.

**What you should study:**

- ✓ Hyperglycemic Emergencies in Adults 2018
- ✓ Hyperosmolar Hyperglycemic State AAFP 2017

7. Given a patient with **diabetic ketoacidosis**, manage the problem appropriately and advise about **preventing future episodes**.

**What you should study:**

- ✓ Diabetic Ketoacidosis in the clinic AIM 2010
- ✓ Diabetic Ketoacidosis Evaluation and Treatment AAFP 2013

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**Exam tip:**

1. The SAMP tends not to ask a lot of detailed questions about “guidelines”. But they do ask about big themes and using clinical judgment.

2. For any question about “management”: Remember to include: “**multidisciplinary team approach**” as an answer and to list specific “non-pharmacologic” managements.