

## 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](#)

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  
<http://guidelines.diabetes.ca/screening> Nice little tool to use in the clinic.  
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](#)
- ✓ [Canadian Task Force - Screening](#)
- ✓ [CANRISK](#) and [FINDRISC](#) tools for risk assessment

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**  
<http://guidelines.diabetes.ca/self-management/sme-5-infographic>

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](#)

**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