

## Acute Complications in Diabetes

### Hypoglycaemia – RBS <3.0

#### Symptoms + Signs:

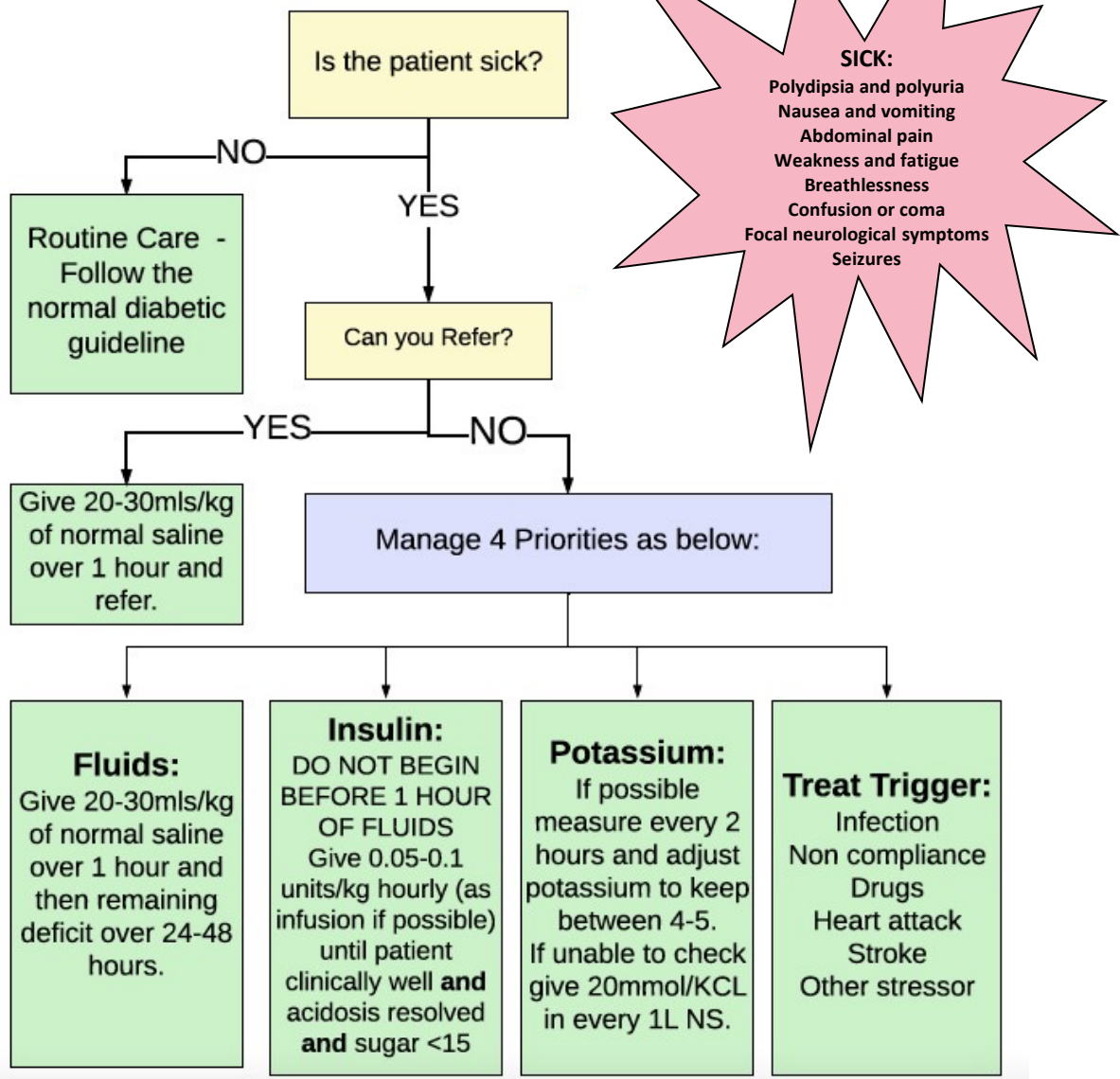
- Shaking and trembling
- Sweating, pins and needles in the lips and tongue
- Hunger, palpitations
- Headache
- Neurological Changes e.g. slurred speech

#### Management:

GIVE SUGAR!

- Oral if possible
- IV if not:  
Adults 25 mls of 50% Dextrose  
Children 3-5mls/kg of 10% Dextrose

### Hyperglycaemia – RBS >12

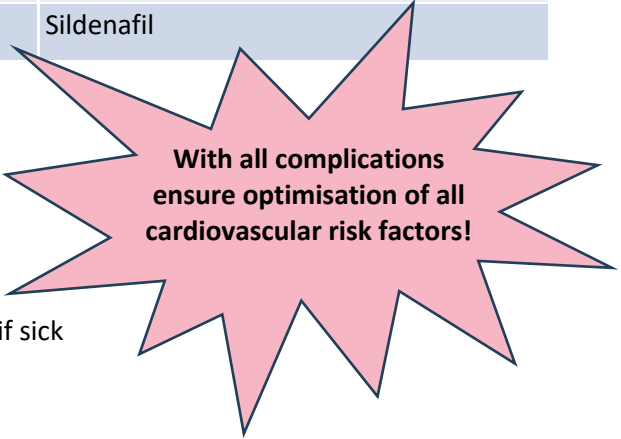


## Macrovascular & Microvascular Complications in Diabetes

Complication	Possible Symptoms or Signs	Management
<b>Coronary Artery Disease</b>	Chest pain Breathlessness Sweating Nausea Angina	If acute pain/possible ACS, give aspirin and refer See guideline 'CAD, chest pain' for long-term management
<b>Cerebrovascular disease (Stroke)</b>	New onset neurological deficit	If acute event, refer – do not give aspirin prior to CT scan See guideline 'Stroke' for long-term management
<b>Peripheral Arterial disease</b>	Acute ischaemia - Pain, Pulseless, Paresthesia, Paralysis, Perishingly cold;	Start aspirin and refer See guideline 'PAD'
<b>Renal disease</b>	Raising creatinine and/or proteinuria	Ensure on ACEi or ARB Lower BP target <130/80 if proteinuria
<b>Retinopathy</b>	Visual changes	Refer ophthalmology and ensure annual eye check
<b>Neuropathy &amp; Diabetic Foot</b>	Neuropathic pain Peripheral neuropathy Autonomic neuropathy	Regular foot examination to check for wounds Amitriptyline for neuropathic pain
<b>Erectile Dysfunction</b>	Impotence	Sildenafil

### Other Chronic Complications

- **Dental complications** – ensure regular dental checkups
- **Depression/anxiety** – screen for at reviews, see guideline
- **Complications of pregnancy** – pre-pregnancy and contraceptive counselling to women of child-bearing age
- **Increased risk of infection** – patient education to attend hospital if sick



**With all complications ensure optimisation of all cardiovascular risk factors!**

### Managing Cardiovascular Risk in Diabetes

<b>Lifestyle:</b>	Diet, exercise, stop smoking
<b>BP:</b>	Target <140/90 (<130/80 if proteinuria); use ACEi or ARB NNT = 13 over 2 years
<b>Blood sugar:</b>	Target HbA1c 7-8%; metformin particularly beneficial, no benefit in tight glycaemic control
<b>Lipid lowering:</b>	Consider statins in all patients >40y (cost, NNT); give in all patients with <i>known</i> CVD No real benefit in checking lipid levels NNT = 34 over 5y in primary prevention