

DIABETES CASES , MEDICINE CLERKSHIP

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Case 1

A 51 year-old man presents to you with a one month history of fatigue and weakness. He complains of thirst, frequent urination and occasional blurred vision. His weight has been stable. His mother and brother have diabetes. A finger stick glucose is 300.

1. How is a diagnosis of diabetes made?
2. Which type of diabetes is more likely? Does it matter? Discuss the classification of diabetes.
3. What is the differential diagnosis? I.e., What other causes of hyperglycemia should you consider?
4. If you establish the diagnosis of diabetes, what initial therapy would you recommend?

Case 2

A 44 year-old man with newly diagnosed type 2 DM is referred to you in Student Discharge Clinic.

1. Which aspects of his history should be reviewed?
2. Which aspects of the physical examination deserve special attention?
3. List those baseline laboratories you will order.
4. What will you emphasize in patient education?

Case 3

A 56 year-old woman with long-standing type 2 DM returns for follow-up. Her BP is 150/95. Routine lab results include HbA1c 9.5%, dipstick 1+ proteinuria and glycosuria, normal electrolytes, normal renal function and a glucose of 250. She takes glyburide 5 mg qd.

1. Are you satisfied with her glycemic control?
2. Are you concerned with this degree of proteinuria?
3. What can be done to delay the onset and slow the progression of diabetic nephropathy?
4. What other complications of diabetes should be considered?

Case 4

A 58 year-old homeless male (currently staying in shelters or on the street) presents to you in DESC student clinic. He usually takes his Metformin (1000 mg BID). His most recent HbA1c was 16%. His weight is 80 kg.

1. What treatment options would you discuss?
2. What are the indications for insulin therapy in type 2 DM?
3. If the patient chooses to switch to insulin, what regimen would you recommend?
4. How often should he monitor her blood sugar? (Ideally)
5. Does patient's homelessness factor into your management plan? What are some additional considerations for this patient because of his living situation?
6. When should he return for follow-up?

Case 5

A 60 year-old man with type 2 DM weighs 60 kg. His insulin regimen is NPH 10 U SQ AM and QHS. His HbA1c is 8.5%, and the home glucose record has the following average readings: fasting 175, noon 225, dinner 300, and bedtime 350.

1. What is a reasonable goal for glycemic control?
2. Discuss reasons for erratic glucose control.
3. How would you adjust his regimen?

Case 6

A 65 year-old woman on glyburide is brought to clinic by family members. You find her lying on the exam table complaining of thirst, muscle cramps and blurry vision. She answers your questions slowly and with slurred speech. The nurse reports that her finger stick measurement is over 800.

1. What is her Problem list?
2. What is the pathogenesis of severe hyperglycemia?
3. How (and where) will you lower her blood sugar?

Case 7

A patient is brought into walk-in clinic by her parents. She is a confused 18 year-old woman who is unable to give a coherent history. Her respirations are rapid and deep, and her breath has a fruity odor. Other vital signs are BP 90/50, HR 118, T 35.6 (oral).

1. What is the most likely diagnosis?
2. What initial management can you institute in the clinic?
3. What labs would you order and why?
4. Should this patient be admitted and why?

References:

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