



## DIABETES

### Proposed Management of Allergic Rhinitis on Medical Missions in Resource-Limited Settings

#### Case Definition

8-hour **fasting blood glucose (BG) >126mg/dl**

**Random BG >200mg/dl**

Repeat testing for asymptomatic patients, unless unequivocally elevated

*Consider hospital referral or early follow-up for the following signs:*

1. Random BG >400mg/dl, or >200mg/dl WITH hypertension, dehydration, altered mental status
2. 2+ proteinuria on two different days: order serum creatinine and potassium, and refer to nephrology if glomerular filtration rate (GFR) is >30
3. Previous ulcer or amputation OR two of: difficulty with foot care, peripheral arterial disease, foot/nail deformity or callous, visual or monofilament evidence of neuropathy, decreased pedal pulses.
4. Hypertension despite treatment with 2 or 3 antihypertensives

#### Clinical management

1. Assess risk factors: >45 years, overweight, hypertension/dyslipidemia, family history
2. Assess symptoms: polyuria, polydipsia, hunger, weight loss, fatigue
3. Assess for complications: vision changes and fundoscopy, diabetic neuropathy (10g monofilament or pin prick), diabetic ulcers, peripheral vascular assessment (pedal pulses). Ophthalmologist visit at diagnosis and every 2 years.
4. Routinely record BG, blood pressure, pulse, and body mass index (BMI)
5. Consider urinalysis for glucose, ketones or proteins
6. Recommend lifestyle changes including diet, exercise, weight loss
7. Educate on signs of hypoglycemia and hyperglycemia, foot care and hygiene, nail cutting, footwear, and callouses
8. Keep a local/community list of all persons with diabetes. Detection should be opportunistic and limited to high risk individuals.

#### Pharmacologic management

##### **First line:**

Metformin 500mg BID (may increase after a few weeks)

##### **Second line:**

Sulfonylurea (glybenclamide, glyburide, glipizide, glimeprimide)

Start if fasting BG >200 despite lifestyle changes and metformin

*Adapted from:*

World Health Organization. Prevention and control of non-communicable diseases: guidelines for primary health care in low resource settings. 2012.