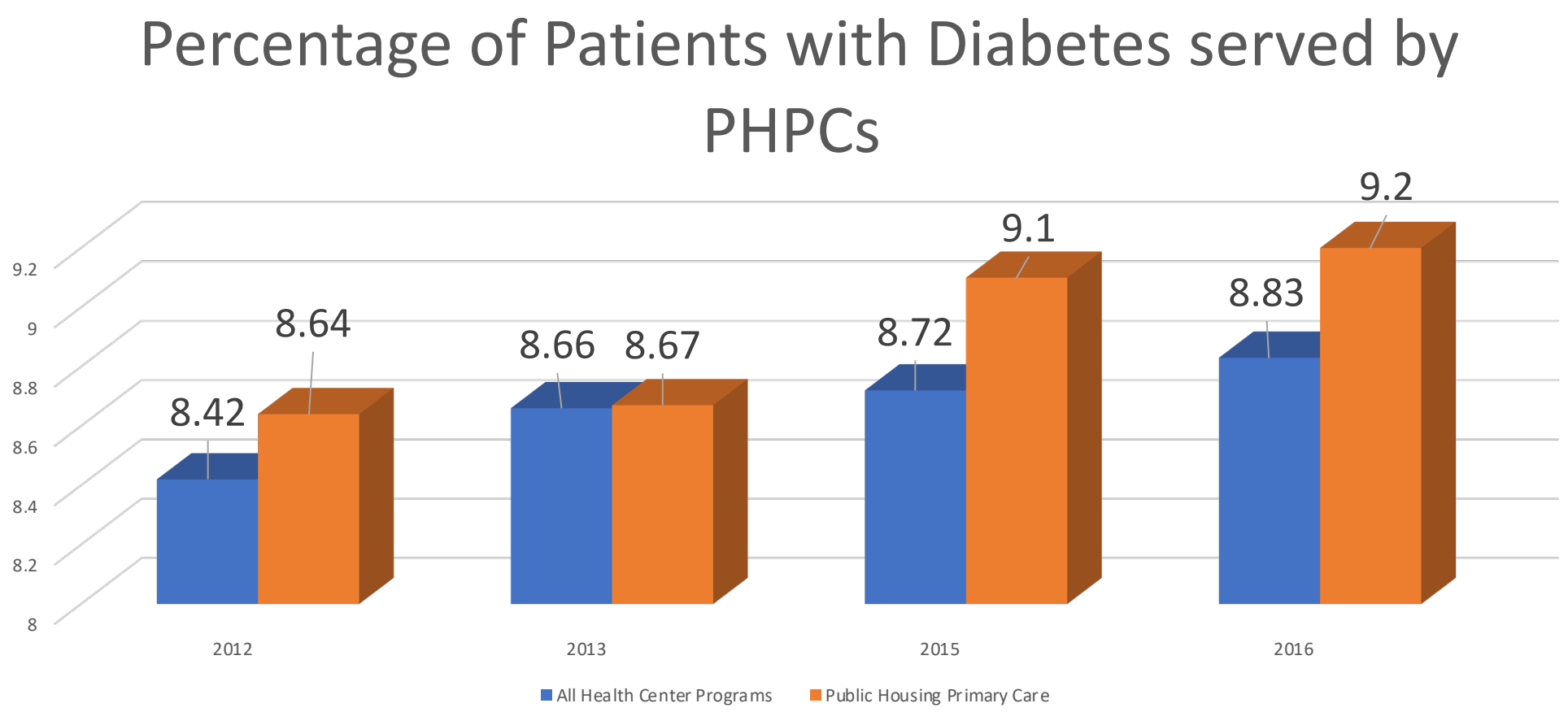
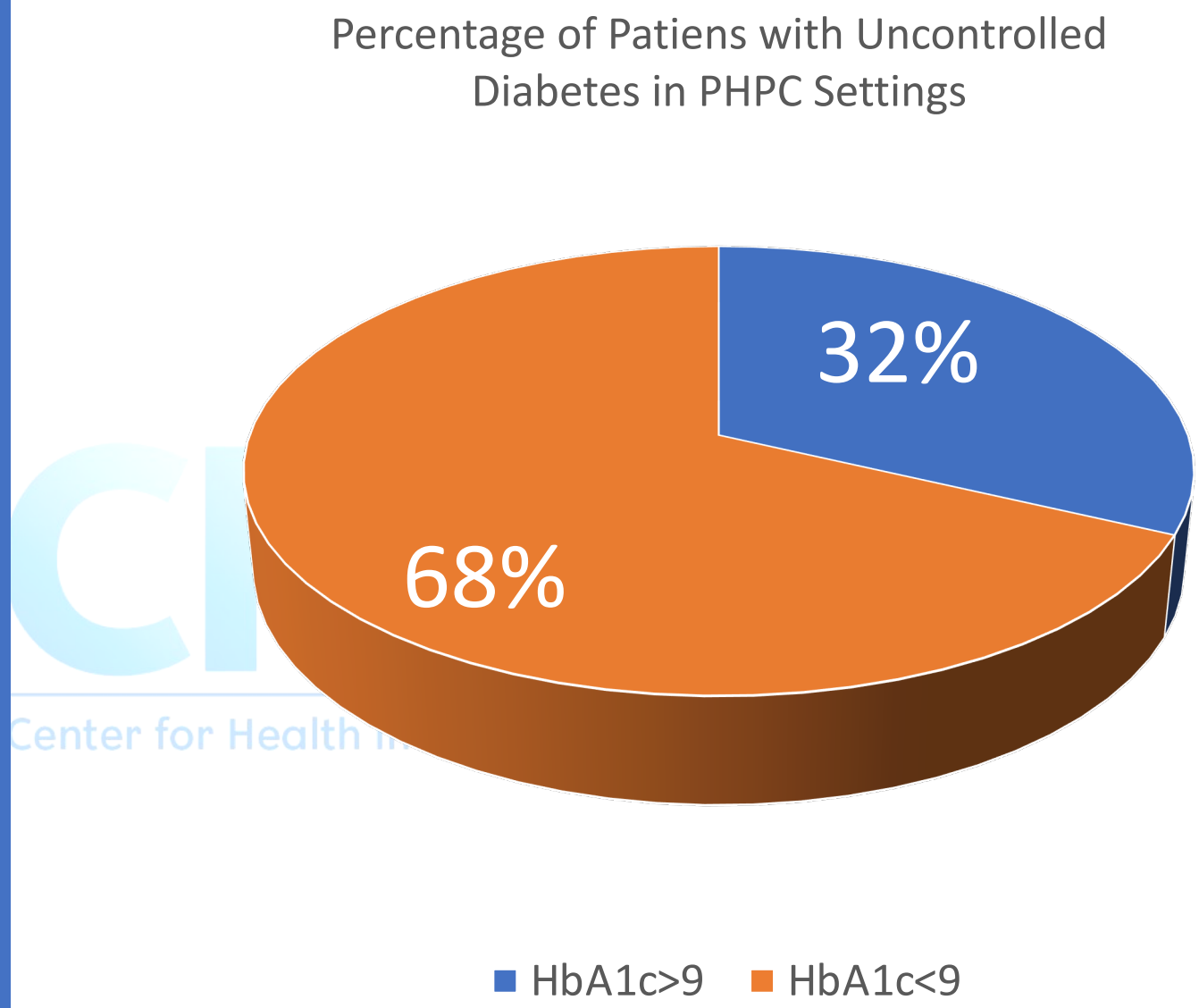
Diabetes: Microvascular Complications

National Center for Health in Public Housing

Diabetes in PHPC Settings



HBA1c>9 in PHPC Settings



Barriers to Successful Management of Diabetes

- Clinical limitations
- Clinical inertia
- Underutilization of team support
- Treatment nonadherence:

*psychosocial

*environmental

*interpersonal

*socioeconomic

*treatment-related

Diabetes Self-Management Education and Support

Diabetes Self-management Education and Support for Adults With Type 2 Diabetes: Algorithm of Care

ADA *Standards of Medical Care in Diabetes* recommends all patients be assessed and referred for:

Nutrition
Registered dietitian for medical nutrition therapy

⟺

Education
Diabetes self-management education and support

⟺

Emotional Health
Mental health professional, if needed

Four critical times to assess, provide, and adjust diabetes self-management education and support

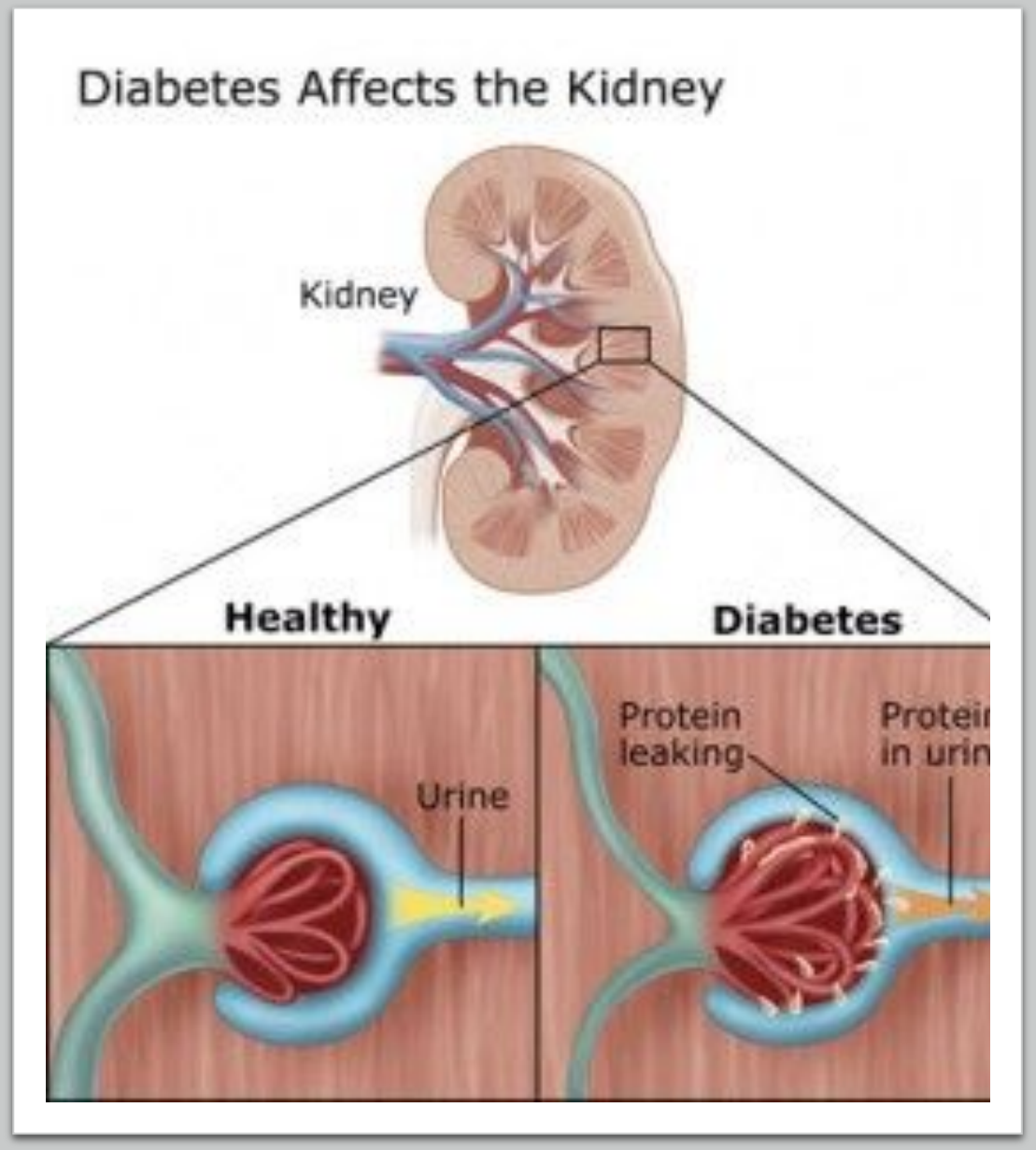
1	2	3	4
At diagnosis	***Annual*** assessment of education, nutrition, and emotional needs	When new ***complicating factors*** influence self-management	When ***transitions*** in care occur
When primary care provider or specialist should consider referral:			
❑ Newly diagnosed. All newly diagnosed individuals with type 2 diabetes should receive DSME/S ❑ Ensure that both nutrition and emotional health are appropriately addressed in education or make separate referrals	❑ Needs review of knowledge, skills, and behaviors ❑ Long-standing diabetes with limited prior education ❑ Change in medication, activity, or nutritional intake ❑ HbA_{1c} out of target ❑ **Maintain positive health outcomes** ❑ Unexplained hypoglycemia or hyperglycemia ❑ Planning pregnancy or pregnant ❑ For support to attain and sustain behavior change(s) ❑ Weight or other nutrition concerns ❑ New life situations and competing demands	Change in: ❑ Health conditions such as renal disease and stroke, need for steroid or complicated medication regimen ❑ Physical limitations such as visual impairment, dexterity issues, movement restrictions ❑ Emotional factors such as anxiety and clinical depression ❑ Basic living needs such as access to food, financial limitations	Change in: ❑ Living situation such as inpatient or outpatient rehabilitation or now living alone ❑ Medical care team ❑ Insurance coverage that results in treatment change ❑ Age-related changes affecting cognition, self-care, etc.

Diabetes Programs and Initiatives

Diabetic Kidney Disease

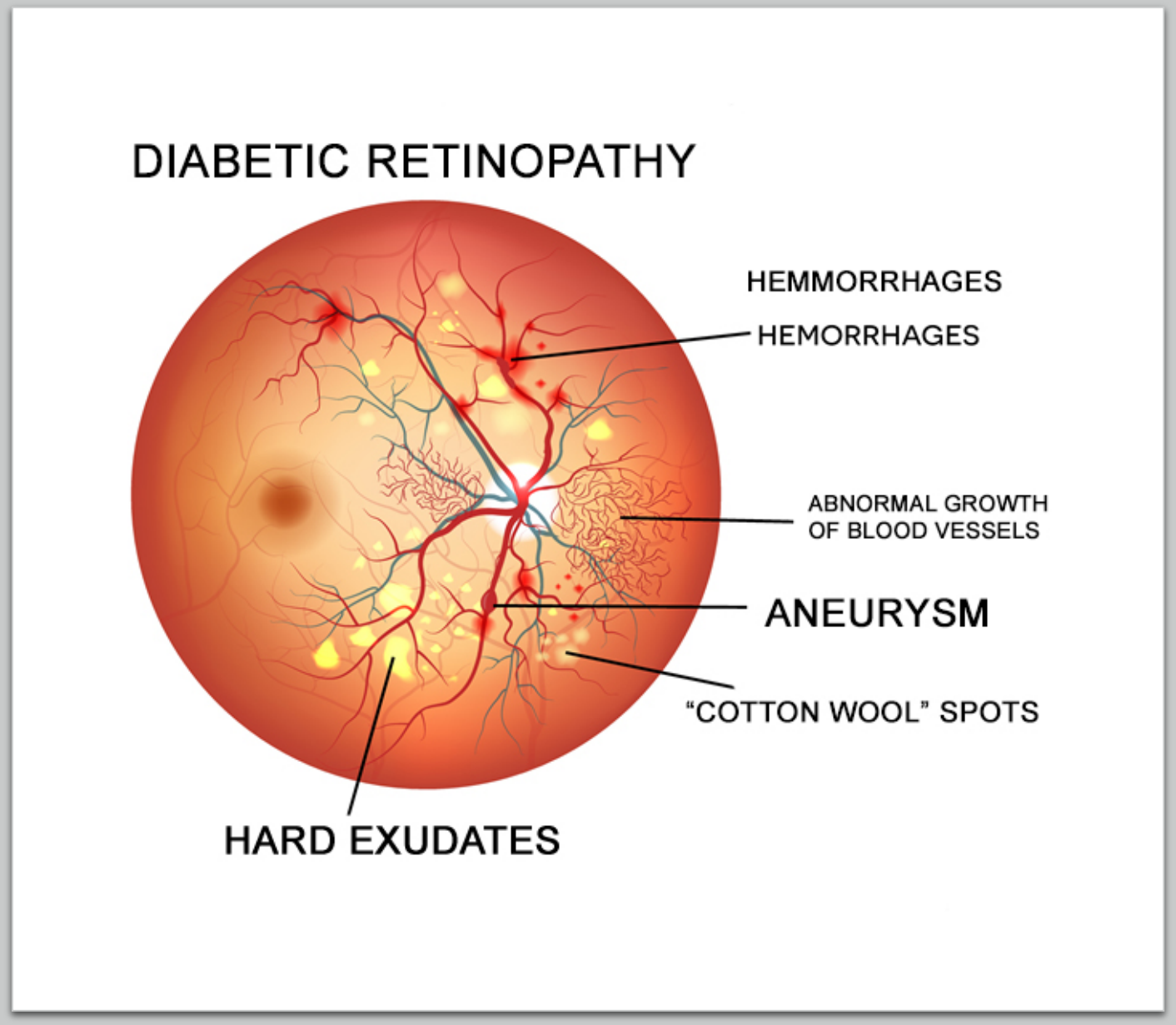
- Screening

At least once a year assess urinary albumin and eCGR in patients with type 1 diabetes with duration of >5years, in all patients with type 2 diabetes, and in all patients with comorbid hypertension



Diabetic Retinopathy

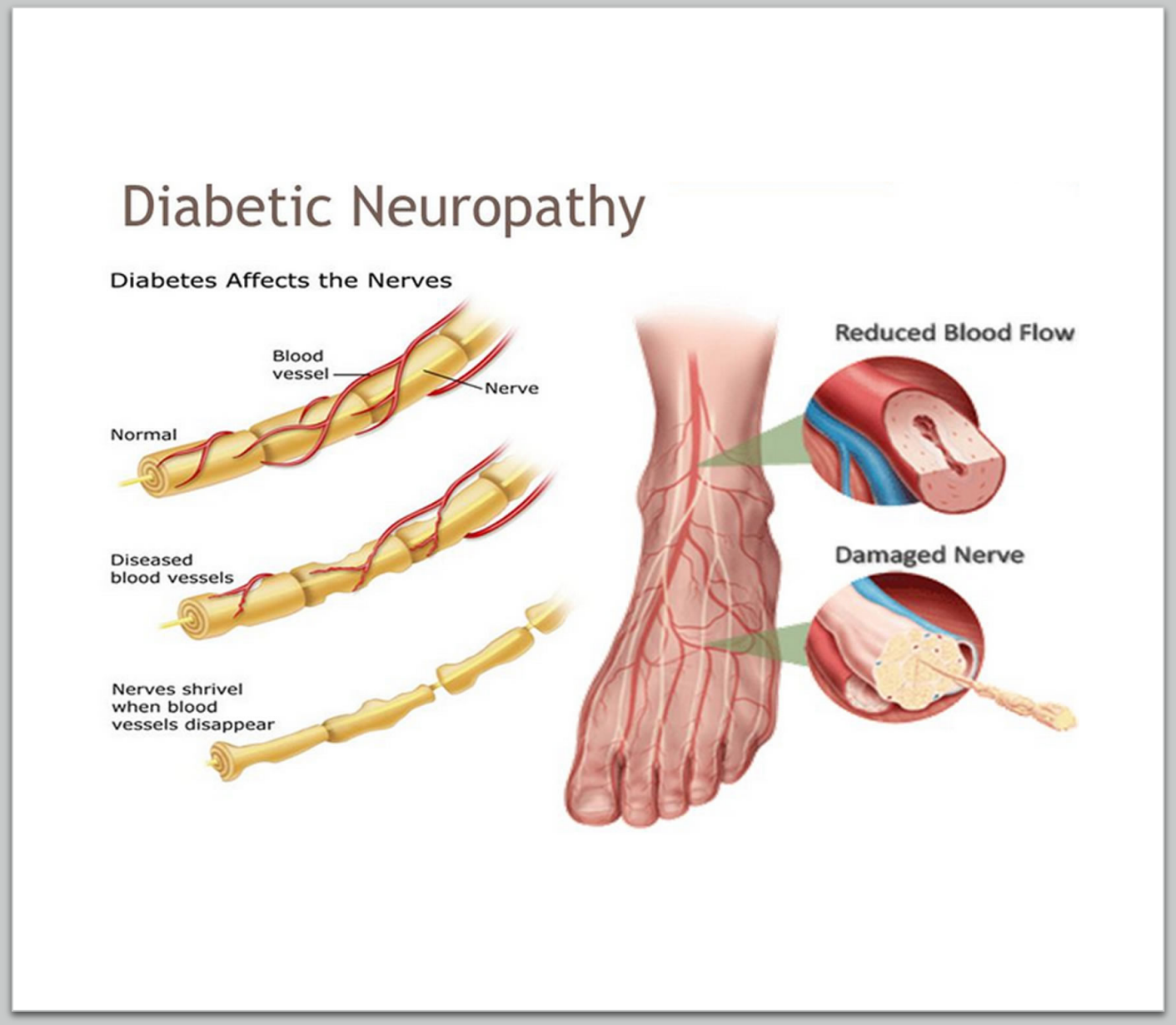
- Screening
  - Adults with type 1 diabetes should have an initial dilated and comprehensive eye examination within 5 years after the onset of diabetes
  - Patients with type 2 diabetes should hae an initial dilated and comprehensive eye examination at the time of diagnosis
  - Subsequent dilated retinal examinations should be repeated at least annually



Diabetic Neuropathy

- Screening

All patients should be assessed for diabetic peripheral neuropathy starting at diagnosis of type 2 diabetes and 5 years after diagnosis of type 1 diabetes and at least annually thereafter



Diabetes & Foot Care

- Recommendations
  - Perform a comprehensive foot evaluation at least annually to identify riks factors for ulcers and amputations
  - All patients with diabetes should have their feet inspected at every visit
  - Patients with symptoms of claudication or decreased or absent pedal pulses should be referred for ankle-brachial index and for further vascular assessment as appropriate