OPTUMHealth™
Education

Q&A Summary
Diabetes: Management and Prevention of Complications

Responses completed by: Vikesh Patel, MD, Optum, Population Health Management and Bhupendra M. Rajpura (Raj), MBBS, MS, MD, FAPA, Diplomat of American Board of Psychiatry and Neurology (Adult & Geriatrics), Chief Medical Officer, Behavioral Health, Optum

When should we consider referral to a nephrologist?

If there is evidence of diabetic kidney disease, complex cases, or when estimated glomerular filtration rate (eGFR) is <30, patients should discuss with their provider if a nephrology evaluation would be appropriate in their case.

What is the recommendation on alcohol intake with diabetes?

Adults with diabetes should drink in moderation—no more than one drink per day for women, and no more than two drinks per day for men.

What about angiotensin-converting enzyme inhibitors/angiotensin-receptor blocker (ace/arb) therapy?

For non-pregnant patients with hypertension, an ace/arb is recommended for those with evidence of albuminuria and/or impaired eGFR.

How do we get diabetics to decrease their food intake?

Encourage evaluation by a registered dietician.

Is an endocrinology referral always indicated, or may PCP manage individuals if type II diabetes is well controlled?

Well-controlled diabetics may remain with their PCP. Difficult-to-control or complex diabetics should review if an endocrinology evaluation would be appropriate.

Why would a patient be started on a medication such as metformin if he/she were classified as pre-diabetic?

Metformin therapy may be considered in prediabetics to help prevent the progression to type II diabetes, especially in those that are obese, less than 60 years of age and women with a prior history of gestational diabetes.

Who sets the A1C or blood sugar (BS) target level for a specific patient?

The provider and patient should set treatment targets based on the patient's unique history and comorbidities.

What is considered a long-term weight maintenance program?

Long-term weight maintenance program involves at least routine monthly contact, ongoing monitoring of weight and continued reduced-calorie diet and high levels of physical activity (200–300 minutes/week)

Generally speaking, what is the fasting blood glucose (FBG) goal range for a diabetic?

In most non-pregnant adults, the goal of fasting/preprandial blood glucose should be between 80–130 mg/dL, and <180 mg/dL postprandial.

As a case manager with the Medicare retiree population, I understand that A1C guidelines are less strict than the normal adult population. Do you advise that we educate our members to talk to their doctor about coming off of insulin therapy if their A1C is < or = 8%?

A1C goals should be individualized. Members should discuss their individual risk factors and goals for treatment to determine if changes in therapy would be appropriate.

How do you screen for mental health, and when is the most appropriate time to refer?

Patients should be screened for psychiatric issues at the time of initial assessment. If they are on psychiatric medications but not seeing psychiatrist, there should be consideration for referral. Screening like PHQ-9 or GAD-7 can be done relatively quickly in an outpatient PCP setting and can be used as guide. There should be substance abuse screening, such as SBIRT (Screening, Brief Intervention and Referral to Treatment) and the member may be referred for substance abuse (SA) treatment if necessary.

Are there alternatives to Remeron, Zyprexa, and Seroquel due to increased risks of weight gain, dyslipidemia and diabetes?

Yes there are. Anti-depressant medications from selective serotonin reuptake inhibitors (SSRI) or from selective norepinephrine reuptake inhibitors (SNRI) class are less likely to cause weight gain and metabolic abnormalities compared to Remeron. Wellbutrin would be another option. For anti-psychotic medications, some of newer second generation anti-psychotics (such as Geodon or Abilify) are less likely to cause weight gain and dyslipidemia compared to Zyprexa or Abilify. If it is a primary psychotic disorder, older or first generation antipsychotic may have a role to play. If these medications are being used as a mood stabilizer, there may be use for Lamotrigine or Carbamazepine.