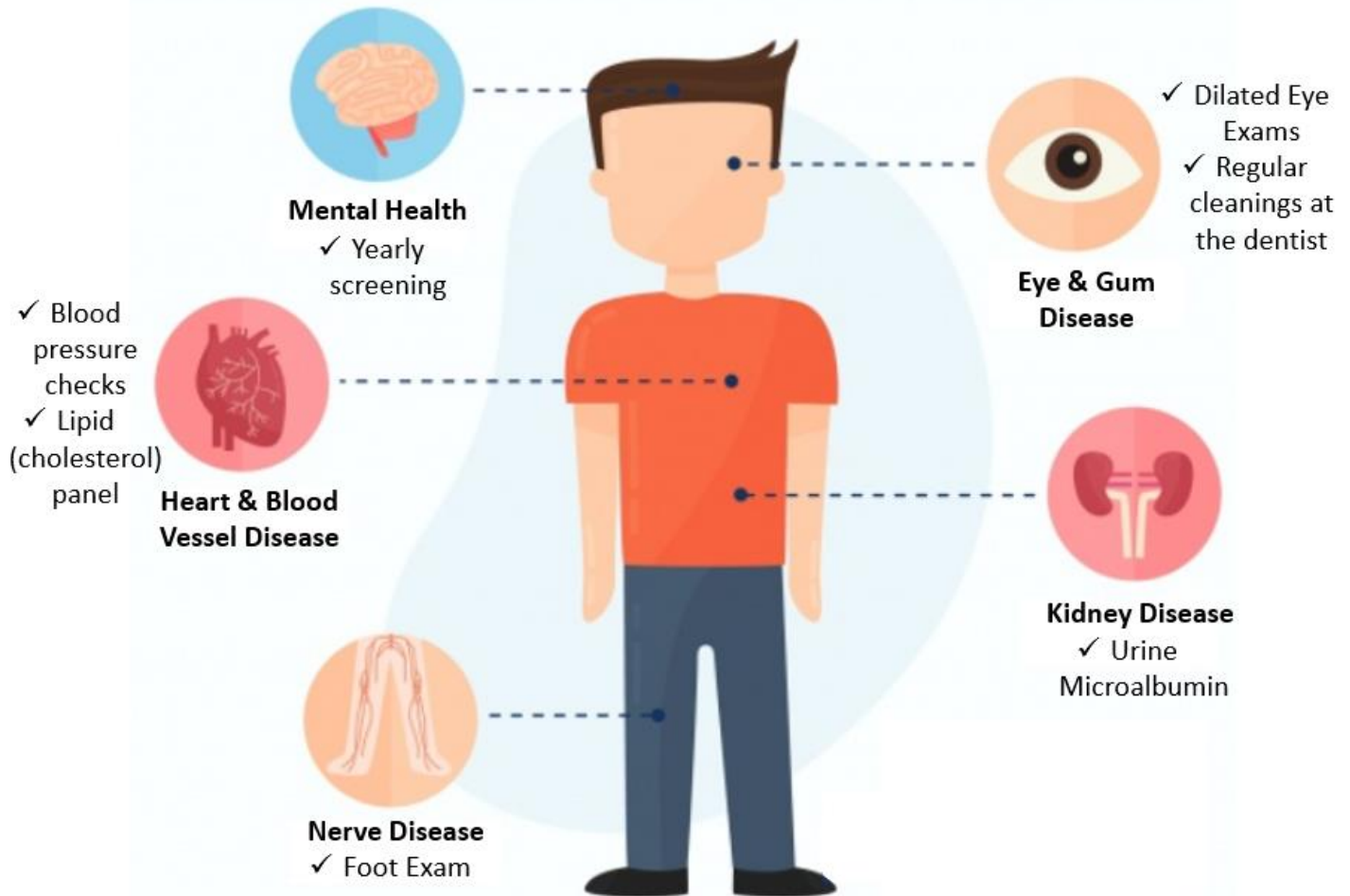


Screening for Complications in Patients with Diabetes

For the best diabetes care, the American Diabetes Association (ADA) recommends:

- ✓ Diabetes clinic visits every 3 months with a hemoglobin A1c
 - These may alternate between a physician and a nurse practitioner
- ✓ Yearly visits with a diabetes dietitian
- ✓ Ongoing diabetes education
- ✓ Screening for complications of diabetes (see below):



Mental Health: Unrecognized and undiagnosed mental health issues can make caring for diabetes more difficult. People with diabetes may experience diabetes distress, burnout, denial, or depression as a result of the stresses that can arise from daily diabetes management. Ask for help from your provider if you need mental health resources or if you would like to meet with a mental health professional.

Eye & Gum Disease: **Retinopathy:** damage to the blood vessels in the retina (back of the eye). Some early changes may be reversible. **Cataracts:** clouding of the lens of the eye. This happens when blood sugar levels have been very high for a long time. **Glaucoma:** pressure builds up in the eye causing damage to the optic nerve. This results in vision loss. **Gum Disease:** when there is plaque on the teeth and the body cannot fight against it because of poor blood circulation in the gums. Bone and gums become weaker and can lead to tooth loss.

Heart & Blood Vessel Disease: Having diabetes puts you at an increased risk for early heart and blood vessel disease. Having your blood pressure checked at each clinic visit and a lipid panel checked regularly helps catch problems early before they become a major health risk.

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Kidney Disease (Nephropathy): Kidneys filter waste and water from blood. When blood sugar levels are high, pressure increases in the kidneys' filtering system which can damage the blood vessels of the kidneys. This can also cause proteins (albumin) to start leaking into the urine. A urine microalbumin test checks for the presence of small amounts of protein (microalbumin) which is a sign of early kidney damage. This early damage may be reversible.

Nerve Disease (Neuropathy): This may cause persistent numbness, tingling, and sharp pains in the extremities, usually starting with your feet and lower legs. Check your feet for redness, pain, hard skin buildup, or numbness regularly. It can also lead to increased hypoglycemia unawareness (difficulty recognizing when your blood sugar is low), dizziness, heart problems, erectile dysfunction, and gastrointestinal problems such as gastroparesis or diarrhea.

Other Screenings: Thyroid disorders and celiac disease are not complications from diabetes. They are not caused by having diabetes or by taking insulin. However, it is common for people with Type 1 Diabetes to also have these conditions. We routinely check thyroid labs and screen for celiac disease in all our patients with Type 1 Diabetes. Left untreated, these conditions can make controlling blood sugars more difficult.

Screening Test	Frequency	Date			
A1c	Every 3 months				
Eye Exam (eyes <u>must</u> be dilated by an eye doctor)	Type 1: Yearly for those who have been diagnosed for more than 5 years, or after 10 years of age (whichever is first) Type 2: At diagnosis & then yearly				
Urine Microalbumin	Type 1: Yearly for those who have been diagnosed for 5+ years Type 2: At diagnosis & then yearly				
Foot Exam & Blood Pressure	Every visit				
Lipid Panel	Type 1: Every 3-5 years from age 8-18 years, yearly after age 18 Type 2: At diagnosis & then yearly				
Dental Visit	Every 6 months				
Thyroid Labs	Type 1: Once every 1-2 years or with symptoms Type 2: Only if symptomatic				
Celiac Screen	Type 1: Soon after diagnosis, Within first 2 years, after 5 years, or with symptoms Type 2: Only if symptomatic				