

DIABETES W/O INSULINE DAILY BLOOD SUGAR TEST?

A test at risk of being overused, as indicated by The Italian Association of Medical Diabetologists

More than three million Italians have diabetes. The Ministry of Health estimates that the total cost of diabetes per year is 5.17 million Euros, equal to 6.65% of the total national healthcare expenditure. The number of diabetics is constantly increasing and this necessitates some reflection regarding treatment sustainability. Those diabetics who keep their blood sugar under control, through diet and medicine carrying a low risk of causing hypoglycaemia, should not be routinely required to self-monitor their blood sugar every day. In fact, there is no proof of significant benefit from the daily self-monitoring of those with type 2 diabetes. Actually, according to some writers, it becomes a source of great anxiety and therefore unnecessarily harms the patient. Daily self-monitoring of blood sugar is important, however, in managing type 1 diabetes mellitus. Daily and repeated use of a glucose monitor several times a day is necessary for those who are being treated with insulin and those taking oral medication that tends to excessively low blood sugar, sometimes to even lower than 70 mg/dl, which can cause hypoglycaemia. Blood sugar self-monitoring will tend to be performed correctly and be effective if patients know what it is for and how to behave accordingly (modifying diet, changing treatment) based

on their doctor's recommendations. It is therefore very important that the patient is consistently followed by a family doctor and diabetes specialist.

LET'S UNDERSTAND WHY

For patients with type 2 diabetes being treated with oral blood glucose-lowering medicine, prior to the introduction of medicines carrying a low risk of hypoglycaemia, there were more frequent cases of diabetic patients who suffered serious consequences due to a decrease in blood sugar levels. Today, though, medication is available that carries almost no risk of



hypoglycaemia, especially for the higher levels of hypoglycaemia which can seriously harm a patient. Diabetes specialists favour the use of these medicines when possible. Once the appropriate blood sugar level has been reached, continued use of the glucose monitor will yield rather predictable results. That is why the daily monitoring of blood sugar often does not provide useful information.

WHEN IT MAY BE ADVISABLE

Occasional blood sugar self-monitoring may be needed in certain situations, as directed by the doctor, even when the patient is taking medicine that does not cause hypoglycaemia:

- at the onset of disease, in particular when the blood sugar must be quickly stabilised;
- at any point during illness when it is necessary to achieve a good glycaemic control, especially after meals;
- to understand whether hyperglycaemia occurs primarily on an empty stomach or after meals and, therefore, to better define treatment;
- in gestational diabetes, even if it is kept under control with diet;
- for those carrying out high-risk jobs who, therefore, may be at very serious risk in the case of hypoglycaemia;
- to facilitate the active participation of the patient in monitoring his/her illness.

To learn more: "Più cure, meno misure", Test Salute, June 2010 (in Italian), available in the archive on the website altroconsumo.it
Project "Doing more does not mean doing better - Choosing Wisely Italy"
www.slowmedicine.it
www.choosingwiselyitaly.org

ADVICE FROM ALTROCONSUMO



- There is strong consensus at the international level that proper nutrition and consistent physical exercise are the first, indispensable approaches both in preventing and curing type 2 diabetes.
- Proper diet and regular physical exercise, especially at the onset of the illness, can bring blood sugar levels to normal values without the use of medicine.
- There are key medical examinations that should be taken in order to keep type 2 diabetes in check:
 - at least once a year, there should be a check of the HbA1c (glycated haemoglobin level) and an electrocardiogram;
 - the level of creatinine in the blood, as well as the possible presence of microalbuminuria (traces of albumin in the urine), should also be checked annually. It is further necessary to undergo a careful examination of the foot to prevent a "diabetic foot";
 - every two years it is important to see an eye doctor due to the risk of retinal disease.