

## **Management of Type 2 Diabetes in General Practice**

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Type 2 diabetes is increasingly common and is expected to reach epidemic proportion. Recent advances in basic and clinical research have shed much light on the understanding of its pathophysiology, complications, and management. Based on these information, a number of Diabetes Associations have issued new sets of Clinical Practice Recommendations.

The glycemc threshold of fasting glucose for the diagnosis of diabetes has been lowered to 7 mmol/L. Apart from good glycemc control, which has been redefined as HbA1c of < 7%, more emphasis have been placed on home blood glucose monitoring of *both* fasting and postprandial blood glucose.

As the mortality and morbidity of Diabetes stem much from its macrovascular and microvascular complications, the screening and treatment of these complications have become an essential part in the overall management of subjects with Diabetes. Comprehensive complication screening program including dilated and comprehensive eye examination by ophthalmologists or optometrist, urine microalbumin screen, foot examination have become the standard of care.

Diabetes Mellitus is now considered to be a cardiovascular disease equivalent in cardiac risk factor analysis, and apart from good glycemc control with HbA1c < 7%, blood pressure of < 138/80, LDL cholesterol of < 2.6 mmol/L are the primary goals in the management of this group of patients. Low dose Aspirin has also been advocated as the primary prevention strategy in Diabetic subjects over the age of 30.

The peroxisome proliferator-activated receptor-gamma (PPAR) agonists are a new class of oral agents for treatment of hyperglycemia. They are insulin-sensitizers that promote insulin-dependent glucose uptake into target tissues, such as liver, adipose tissue and skeletal muscles and enhance insulin-mediated suppression of hepatic gluconeogenesis. Because they target insulin resistance, the primary pathogenetic abnormality in most type 2 diabetic subjects, this class of agents are valuable addition to the armamentarium of currently available oral hypoglycemic agents. Newer insulin analogues with special properties of either "ultra-fast acting" (Insulin Lispro and Aspart) or "ultra-slow acting" (Insulin Glargine) also provide the clinicians with added tools to achieve more physiological insulin replacement therapy.