



National Prescribing Service Limited



Case study 51: Managing persistent hyperglycaemia

(for GPs, pharmacists, nurses and other health professionals)

NPS case studies are designed to help you refine your clinical decision-making skills. After you complete and submit the case study, you will receive expert commentaries along with aggregated responses that provide a snapshot of your colleagues' responses.

Scenario

Jack is a 55-year-old long-distance truck driver who was diagnosed with type 2 diabetes five years ago. Two years after this diagnosis, he had a myocardial infarction (MI). Before the MI, Jack smoked 25 cigarettes daily and had a body mass index (BMI) of 29 kg/m². Since the MI, he has stopped smoking, jogs and does resistance training three to four times a week, reduced his alcohol intake to three standard drinks a week and is eating more healthily.

Metformin was started 4½ years ago and 2 years later, gliclazide was added. For the past 6 months, his antidiabetic agents have been metformin 1 g three times daily and gliclazide 160 mg twice daily. He has not used any other antidiabetic agent except acarbose (stopped due to gastrointestinal adverse effects).

Other current medications are simvastatin 40 mg, aspirin 100 mg, atenolol 50 mg and enalapril 20 mg/hydrochlorothiazide 6 mg. Adherence to all medications is good. There are no known allergies.

His glycated haemoglobin (HbA_{1c}) levels 3 and 6 months ago were 11% and 10%, respectively. Blood glucose monitoring reveal high levels for fasting and random glucose. Jack denies any incidents of hypoglycaemia.

Microalbuminuria was excluded, renal and liver function tests are normal; examination of eyes and feet reveal no abnormalities. His blood pressure is 130/78 mmHg, total cholesterol: HDL ratio 4.0, LDL-cholesterol 2.1 mmol/L and BMI 24.0 kg/m².

How to participate

All participants: Complete ALL questions, fill in appropriate details and sign the consent agreement in the 'Your details' box (see over).

GPs: To be included in the **Quality Prescribing Initiative** of the **Practice Incentives Program (PIP)**, quote your **provider and prescriber numbers** in the spaces provided.

Pharmacists: This activity is recognised for continuing professional development by the Pharmaceutical Society of Australia (PSA), Society of Hospital Pharmacists of Australia (SHPA) and the Australian Association of Consultant Pharmacy (AACP). PSA members, quote your membership number in the space provided. SHPA and AACP members, please self-record this activity. For details on recording participation, see <http://casestudy.nps.org.au>

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Complete and submit your case study
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