Consider screening for diabetes (Module 2)
1) Age ≥ 45 years old, OR
2) Anyone with risk factors for diabetes, OR
3) Anyone with symptoms or signs of diabetes

Check fasting glucose (FG) or Glycated haemoglobin (HbA1c)

- FG < 6.1 mmol/L
  - Diabetes unlikely
  - Lifestyle advice (Module 1)
  - Retest yearly if high risk
  - Retest 3-yearly if no risk factors

- FG 6.1 - 6.9 mmol/L
  - Impaired fasting glucose (IFG)
  - Lifestyle modification
  - Annual review with blood test

- FG ≥ 7.0 mmol/L
  - Impaired glucose tolerance (IGT)

- HbA1c ≥ 6.5%

Consider oral glucose tolerance test (75g)

- FG < 6.1 mmol/L & Post < 7.8 mmol/L
  - Diabetes unlikely

- FG 6.1 - 6.9 mmol/L & Post < 7.8 mmol/L
  - Impaired fasting glucose (IFG)

- FG < 7 mmol/L & Post ≥ 7.8 - 11.0 mmol/L & Post > 11.1 mmol/L
  - Impaired glucose tolerance (IGT)

- FG ≥ 7.0 mmol/L & Post > 11.1 mmol/L
  - Diabetes confirmed

Management of diabetes in primary care settings (turn over to continue)

Risk factors for diabetes (Module 2)
- Age ≥ 45 years old
- Family history (first-degree relatives) of diabetes
- Overweight or obesity
- Previous impaired glucose tolerance (IFG) or impaired fasting glucose (IGT)
- Abdominal circumference: ≥ 80cm in females, ≥ 90cm in males
- Hypertension (HT) (blood pressure (BP) ≥ 140/90 mmHg)
- Metabolic syndrome
- Clinical cardiovascular diseases (e.g. coronary heart disease, stroke, peripheral vascular disease)
- Presence of other cardiovascular risk factors
- Women with history of gestational diabetes or big baby
- Polycystic ovarian syndrome
- Long term systemic steroid therapy
Management strategy

- Promote lifestyle modification, e.g. diet (Module 3), exercise (Module 4) and smoking cessation
- Check HbA1c half yearly or more frequently if necessary (Module 5) and arrange regular follow up
- Measure BP every visit. Start ACEI / ARB for patients with HT (BP ≥ 130/80 mmHg) (Module 7), microalbuminuria or proteinuria (Module 9)
- Consider statin if lifestyle modification fails to achieve target LDL-C < 2.6 mmol/L (Module 8)
- Consider referral if indicated (Core Document 8.1)

HbA1c ≥ 7%^ after lifestyle modification

- Use Metformin as monotherapy (Module 6)
- Consider sulphonylurea if:
  - Metformin not tolerated or contraindicated
  - Rapid response desired for hyperglycaemic symptoms

HbA1c still ≥ 7%^ despite monotherapy

- Add Sulphonylurea when blood glucose control remains inadequate on metformin (Module 6)
- Consider adding pioglitazone, DPP4 inhibitor or SGLT2 inhibitor instead of sulphonylurea if:
  - Significant risk of hypoglycaemia
  - Intolerant of or contraindicated to sulphonylurea

HbA1c ≥ 7.5%^ despite adjustment / addition of blood glucose lowering drugs

- Consider insulin (Appendix of Module 6)
- Add Pioglitazone, DPP4 inhibitor or SGLT2 inhibitor when insulin is unacceptable or inappropriate
- Add GLP-1 agonist if BMI ≥ 35kg/m2 and weight loss would benefit comorbidities

Annual assessment and complication screening (Core Document 8.3)

- Glycaemic control
  - HbA1c
  - Compliance / diabetes knowledge
- Co-existing cardiovascular risk factors
  - Obesity (BMI / waist circumference)
  - Smoking / alcohol
  - HT (BP)
  - Dyslipidaemia (lipid profile)
- Complications
  - Nephropathy (serum creatinine / random spot urine albumin: creatinine ratio) (Module 9)
  - Retinopathy (Module 10)
  - Foot (foot pulse / foot ulcer /neuropathy)(Module 11)
- Medication review, dietary assessment

^HbA1c goal (Module 5)

Individualised, balancing benefits and risks

- General: < 7%
- Young and fit: ≤ 6.5%
- Frail elderly, severe hypoglycaemic episodes or advanced disease: Less stringent goal

Extracted from the Hong Kong Reference Framework for Diabetes Care for Adults in Primary Care Settings. Available at www.pco.gov.hk