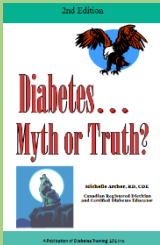


Diabetes Training 101 Inc. Cheat Sheet: HELP UNDERSTAND YOUR PATIENTS DIABETES

| Identify the Problems with Type 2 Diabetes | Know the Cause | Clinical Presentation (What it can look like in your patient) | Available Treatments The #1 Treatment: <i>Increase Daily Exercise and max 45-60g Carb Food Portions at Meals</i> | How Will You Know If Your Patient Has This? |
|--|---|--|--|--|
| Insulin Resistance (muscle cells are resistant to insulin) | <u>Genetics</u> - the survivor gene helps you store energy <u>Environment</u> - your body was made to work hard, unlike life today. Less activity = more insulin resistant <u>Increased age</u> | -Increased weight, especially in the midsection -Low activity levels -Client may speak of increased hunger -High PPG readings | - <u>Increase exercise</u> if able - <u>GLP-1 Receptor Agonists Injectables</u> (Can help control hunger, lower weight and improve insulin resistance) - <u>Glitizones</u> (Less used due to safety concerns): Pioglitazone & Rosiglitazone | If the patient is round shape and has diabetes, they are likely insulin resistant. Carrying extra weight alone does not result in diabetes. Almost two-thirds of Canadians are overweight or obese but about 15% of the population of Canada has diabetes. 80% of those with T2D are overweight. |
| Leaky Liver (The drip, drip, drip of glucose into the blood overnight and between meals) | Less effective insulin signalling to shut off/turn down glucose release from the liver. | -High AC/fasting blood glucose -High overall blood glucose -Often seen in patients on less than 1000mg Metformin BID | - <u>Metformin</u> : Glucophage - <u>SGLT2 Inhibitors</u> : Dapagliflozin, Canagliflozin, Empagliflozin | If the morning blood sugar is above target, and the patient has not eaten overnight, it's a sign that they do not make enough insulin in the night to turn down the leaky liver. |
| Insulin Deficiency (Relative or total lack of insulin) | <u>Genetics</u> : The ability to make enough insulin over a lifetime is set up by genetics. A person with a "Hummer" pancreas (one that works well for a long time) will not get diabetes. A person with a less powerful pancreas or beta cell injury might get diabetes, especially if they have insulin resistance. | -High overall blood glucose | - <u>SGLT2 Inhibitors</u> : Dapagliflozin, Canagliflozin, Empagliflozin - <u>GLP-1 injectables</u> : Semaglutide, Exenatide ER, Liraglutide - <u>Repaglinide</u> : Gluconorm - <u>Sulfonylurea</u> : Glyburide, Gliclazide, Gliclazide MR - <u>DPP-4 Inhibitor</u> : Saxagliptin, Linagliptin, Sitagliptin | A lack of insulin will cause the fasting, before and after meal blood sugars to rise above target range.  |

Adapted from Diabetes...Myth or Truth? By Michelle Archer, RD, CDE