

**GENERAL INTERNAL MEDICINE & HEALTH SERVICES RESEARCH CASE  
CONFERENCE TEACHING MODULE**

**New Onset Diabetes Mellitus  
Dr. Lisa Skinner**

**Case 1**

**Ms. Taipoo is a 35-year-old woman whose parents are immigrants from El Salvador. She is establishing her primary care with you. She no complaints and specifically denies symptoms of hyperglycemia. During her last pregnancy, 5 years ago, she required dietary counseling to control her hyperglycemia. Her baby weighed 9-lbs. 4 oz. and mother describes child as having no problems at birth. Patient's only other medical problem is that she been overweight most of her adult life. She takes no medicines. Her father and older sister are taking pills for "problems with their sugars". Ms. Taipoo's physical exam is remarkable only for being approximately 40 lbs. overweight with centripetal obesity and a blood pressure of 150/90.**

A) What risk factors does she have for Diabetes Mellitus?

B) How will you test for diabetes mellitus?

Her fasting serum glucose is 184. Her hemoglobin A1C is 10.1%.

C) Given this new diagnosis of D.M. type 2, when should screening for complications begin?  
What specific screening should be done and how often?

D) How is blood sugar control related to micro and macro-vascular complications of diabetes mellitus?

E) What other conditions may accelerate the complications of diabetes, and how will you screen for them?

F) When should aspirin be started?

G) What further should be done to evaluate patient's blood pressure elevation? How would you treat it?

**She asks if she will ever need to take insulin in the future. How do you advise her? What can you tell her about the likely natural course of diabetes mellitus, type 2?**

H) Her father has reinopathy and has had an MI. Can she avoid both of the complications, if she maintains excellent glycemic control?

## Case 2

**Mr. Diem is a 22 year old graduate student at UCLA. He c/o blurred vision, excessive thirst, weight loss of 15 lbs., and fatigue. Symptoms began 1 month ago. No family history of DM and patient is referred because of blood sugar of 450 with strong ketones in the urine. He is now below normal body weight.**

A) What is Mr. Diem's diagnosis?

B) Does he need to be hospitalized?

C) What resources are available at UCLA to help teach Mr. Diem more about his new onset Diabetes Mellitus?

D) He wants to know how he got diabetes since no one else in his family has it. Further family history discloses that his older sister has Hashimoto's thyroiditis and his mother has rheumatoid arthritis. What do you tell him?

E) When does screening for complications begin?