

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

**Screening in Patients with DM  
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**CASE 1**

**Ms. M is a 52 year old female who is seeing you to follow up a screening fasting plasma blood glucose of 112. She is concerned because her father had diabetes and was on dialysis. She weighs 178 pounds, smokes ½ pack of cigarettes per day, and drinks 2-3 glasses of wine per night on weekends. She wants to know if she should start medication.**

What is her diagnosis? How would you educate her about managing her condition? What is the quality of evidence for your recommendations? How often should her fasting plasma glucose be measured?

**CASE 2**

**Mr. K is a 61 year old man with known type 2 diabetes who is meeting with you to establish care. He ran out of medications after changing insurance a couple of months ago, but has been checking his glucose at home. He doesn't remember much about his screening, although he knows he has had his eyes checked within the last two years. His Hemoglobin A1C is 9.1. His glucose in the office is 283. You initiate oral medication.**

He says that whenever he checks his sugar at home, it is "good." What is his likely mean plasma glucose?

When do you want to recheck A1C? What other screening tests would you recommend, and at what frequency?

**His BP is 132/90. Cholesterol panel is LDL: 118, HDL 45, TG 130. Urine microalbumin positive, creatinine is normal. Foot exam reveals onychomycosis and some decreased sensation on microfilament testing.**

What are your goals and recommendations?

What other interventions might improve outcomes in this patient?