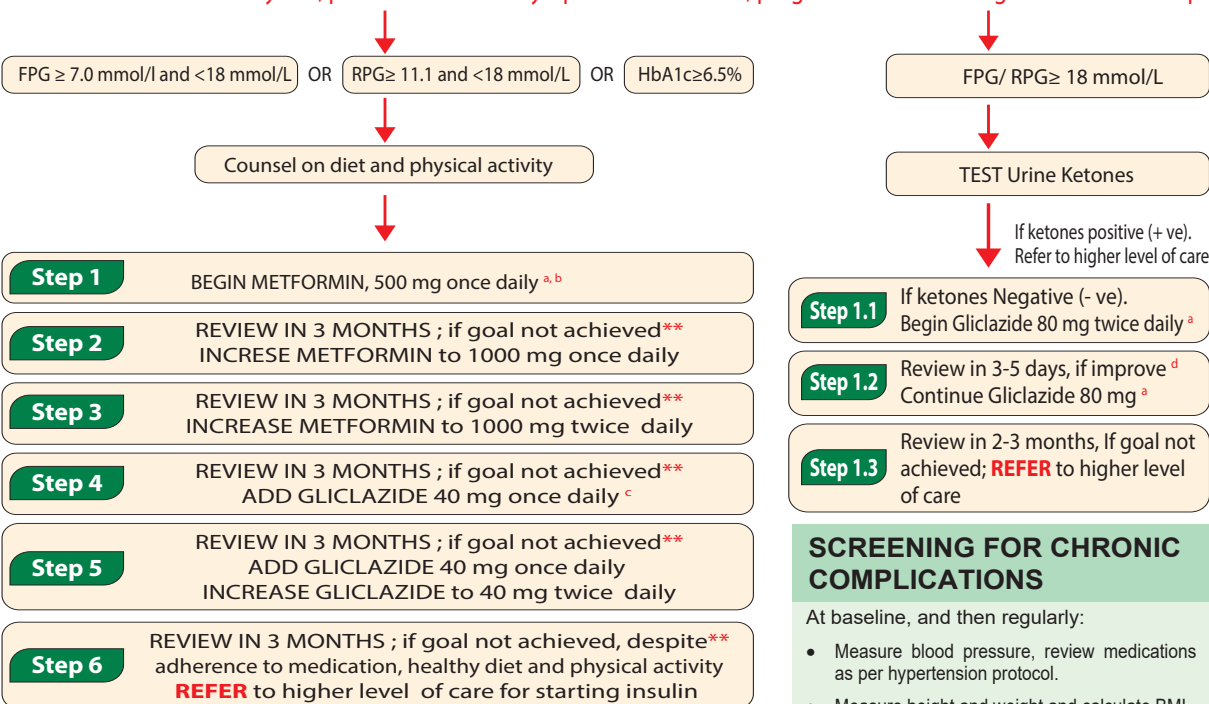


# Bangladesh

## Type 2 Diabetes Management Protocol at Primary Health Care Level\*



Test adults who are  $\geq 40$  years, patients who have symptoms of diabetes, pregnant women during antenatal checkup

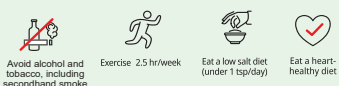


### SCREENING FOR CHRONIC COMPLICATIONS

At baseline, and then regularly:

- Measure blood pressure, review medications as per hypertension protocol.
- Measure height and weight and calculate BMI.
- Assess risk of lower limb amputation (foot pulses, sensory neuropathy by monofilament, presence of healed or open ulcers, calluses).
- **REFER** to higher level of care if ulcer present or pulse absent. Repeat annually or at every visit if high risk.
- Urine dipstick for protein. **REFER** to higher level of care if positive/ proteinuria is present.
- Fasting lipid panel. Repeat annually.
- Measure HbA1c at every follow-up visit, if possible, otherwise use FBS for monitoring.
- Dilated -pupil retinal exam. Repeat every two years or as per ophthalmologist recommendation.
- Pregnant mother diagnosed with GDM: **REFER** to specialist

### Advice for lifestyle modification



- Eat at least 5 servings of vegetables/fruit per day. Use healthy oils, such as sesame (til), olive, safflower, sunflower.
- Eat nuts, peas, whole grains, and foods rich in potassium like spinach, watermelon, yogurt, and banana.
- Limit red meat to once or twice per week at most.
- Eat fish or other food rich in omega 3 fatty acids at least twice per week.
- Avoid added sugar from cakes, cookies, sweets, fizzy drinks.
- If overweight, lose weight.

### MANAGEMENT OF ACUTE COMPLICATIONS

Severe hypoglycemia-plasma glucose  $<2.8$  mmol/L or signs of hypoglycemia:

- If conscious, give a sugar-sweetened drink.
- If unconscious, give 20-50 ml of 50% glucose (dextrose) Intravenous over 1 to 3 minutes. Severe hyperglycemia-plasma glucose  $\geq 18$  mmol/L and urine ketones 2+ or signs and symptoms of severe hyperglycemia:
- Intravenous drip 0.9% NaCl 1 liter in 2 hours; continue at 1 liter every 4 hours, **REFER** to higher level of care.

<sup>a</sup> counsel on diet and physical activity and adherence to medicines at ALL visits.

<sup>b</sup> If Serum Creatinine  $> 1.5$  mg/dl avoid metformin and start with GLICLAZIDE 40 mg once daily

<sup>c</sup> Counsel on hypoglycemia at all subsequent visits

<sup>d</sup> if no improvement, **REFER** to a higher level of care

\* This treatment protocol is for patients in the primary care setting with established or newly diagnosed type 2 diabetes and is derived from the WHO Package of Essential NCD (PEN) interventions.

\*\* Goal for glycemic control Fasting plasma glucose  $\leq 7.0$  mmol/L



<https://file-dhaka.portal.gov.bd/uploads/c1124d76-9c11-4f4a-98ba-020b19f169d5/650/f1c/8b6/650f1c8b6cf53556191732.pdf>