LOMA VATA
HOLISTIC CARE

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GUIDE TO REQUESTING PATHOLOGY & RADIOLOGY TESTS
Diabetes Mellitus in Adults:

For detailed information please visit the following links:
https://care.diabetesjournals.org/content/44/Supplement_1/S15

http://diabetessociety.com.au/position-statements.asp

Please also see Etiologic Classification of Diabetes Mellitus to review the types of Diabetes (Type 1 a/b, Type 2, Type 3 a to h, GDM) attached.

Diagnosis of Type 1a Diabetes / Latent Auto-Immune Diabetes in Adults (LADA):

In the acute setting, please refer to the relevant emergency treatment guidelines.

https://diabetessociety.com.au/documents/Emergencymanagementofhyperglycaemiainprimarycare.pdf

https://clinicalexcellence.qld.gov.au/resources/diabetes-resources/diabetic-ketoacidosis

Ketones – preferably using a capillary point of care testing method. If elevated, admit to hospital immediately for acute assessment and management
HbA1c – remember that if this is a very new diagnosis, the HbA1c may not reflect the current high BGL's given its 3 month glycosylation period.
Only perform an oral glucose tolerance test (OGTT) if the diagnosis is in doubt and BGL's are often within normal limits i.e. pre-diabetes versus early diabetes, otherwise an OGTT may precipitate or exacerbate Diabetic Ketoacidosis (DKA)

Suggested Pathology Tests:
Consider fasting c-peptide, glucose and insulin levels to assess the extent of beta cell dysfunction - leave out the insulin level if taking prescribed insulin
Anti-GAD, Anti-IA2 & Anti-ZnT8 auto-antibodies
(Anti-glutamic acid decarboxylase (GAD), anti-islet antigen type 2 (IA2) & anti– zinc transporter 8 antibodies)

Type 1 Diabetes Monitoring Tests (preferably 3 monthly)
FBC, ELFT Ca/Mg/PO4
HbA1c
Fasting lipids (Chol, Trigs, HDL, LDL) – 3 to 6 monthly or as clinically indicated
Random urine albumin to creatinine ratio (at least annually or as clinically indicated)

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(Type 1 Diabetes is associated with a higher risk of developing other auto-immune diseases, including but not limited to auto-immune thyroid disease, coeliac disease, pernicious anaemia, Addison's Disease.)
Consider coeliac serology every 1 to 2 years or as clinically indicated
Consider TSH & FT4 annually or as clinically indicated
Consider 8 AM ACTH & Cortisol every 1 to 2 years or as clinically indicated
Consider B12 / Active B12 levels as clinically indicated

Type 2 Diabetes Monitoring Tests
FBC, ELFT Ca/Mg/PO4 - 3 to 6 monthly or as clinically indicated
Fasting lipids (Chol, Trigs, HDL, LDL) - 3 to 6 monthly or as clinically indicated
HbA1c - 3 to 6 monthly or as clinically indicated
Random urine albumin to creatinine ratio – at least annually or as clinically indicated
Consider TSH & FT4 annually or as clinically indicated
B12 level (and Active B12 if borderline or low) – 6 to 12 monthly on Metformin
Consider fasting c-peptide, glucose and insulin levels to assess the extent of beta cell injury - leave out the insulin level if taking prescribed insulin

Other Monitoring / Assessments as per current guidelines or as clinically indicated:
Credentialed Diabetes Educator / Chronic Disease Nurse / Clinical Nurse Practitioner
Dietician
Optometrist +/- Opthalmologist
Podiatrist
Psychologist
Exercise Physiologist
Physiotherapist
Occupational Therapist

Other Tests:
Consider cardiac testing regularly, based on ECG results, symptoms & signs (remembering that people with Diabetes often do not experience chest pain / discomfort and may only present with dyspnoea on exertion / atypical symptoms & signs).
Consider carotid arterial vascular imaging depending upon history, examination and the presence of other vascular disease.
Consider lower limb arterial vascular imaging depending upon history, examination and the presence of other vascular disease.

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