Screening for Complications in Patients with Diabetes

For the best diabetes care, the American Diabetes Association (ADA) recommends:

- Diabetes clinic visits every 3 months with a hemoglobin A1c
  - These may alternate between a physician and a nurse practitioner
- Yearly visits with a diabetes dietitian
- Ongoing diabetes education
- Screening for complications of diabetes (see below):

**Eye Disease**

✓ **Eye Exams**
Having diabetes puts you at increased risk for eye problems such as:

- **Retinopathy**: damage to the blood vessels in the retina (back of the eye). Some early changes, such as microaneurysms (balloonning of small retinal blood vessels) may be reversible.
- **Proliferative Retinopathy**: the formation of new and fragile blood vessels. These vessels are at greater risk of bleeding, which can affect vision and could cause blindness.
- **Cataracts**: clouding of the lens of the eye. This happens when blood sugar levels have been very high for a long time.

*Increased risks: poor sugar control, high blood pressure, and smoking or using tobacco.*

**Kidney disease**

✓ **Urine Microalbumin**
Having diabetes can also put you at increased risk for kidney disease:

- **Nephropathy**: kidney damage. Kidneys filter waste and water from blood. When blood sugar levels are high, pressure increases in the kidneys’ filtering system which can damage the blood vessels of the kidneys. This can also cause proteins (albumin) to start leaking into the urine. A urine microalbumin test checks for the presence of small amounts of protein (microalbumin) which is a sign of early kidney damage. This early damage may be reversible.

*Increased risks: having diabetes a long time, poor sugar control, high blood pressure, using protein supplements, and smoking or using tobacco.*

**Nerve disease**

✓ **Foot Exam**
Having diabetes can also put you at increased risk for peripheral neuropathy:

- **Neuropathy**: nerve damage. This may cause persistent numbness, tingling, and sharp pains in the extremities, usually starting with your feet and lower legs. It can also lead to increased hypoglycemia unawareness (difficulty recognizing when your blood sugar is low), dizziness, heart problems, erectile dysfunction and gastrointestinal problems such as gastroparesis or diarrhea.

*Take your shoes and socks off when you get into the exam room at each clinic visit. This makes it easier for the provider to do the exam. Be sure to tell your provider if you’ve noticed any foot problems.*
Heart and Blood Vessel Disease
✓ Blood pressure checks
✓ Lipid (cholesterol) Panel

Having diabetes puts you at an increased risk for early heart and blood vessel disease. Having your blood pressure checked at each clinic visit and a lipid panel checked regularly helps catch problems early before they become a major health risk. You should also see our dietitian at least once yearly. We may ask you to schedule a clinic visit at a different location or on a specific day so that you can see the dietitian.

Other Screenings:
Thyroid disorders and celiac disease are not complications from diabetes. They are not caused by having diabetes or by taking insulin. However, it is common for people with Type 1 Diabetes to also have these conditions. Because of this, we routinely check thyroid labs and screen for celiac disease in all our patients with Type 1 Diabetes. Left untreated, these conditions can make controlling blood sugars more difficult. We also recommend regular visits to see the dentist every 6 months. All patients will now undergo an annual mental health screening.

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<tr>
<th>Screening Test</th>
<th>Frequency*</th>
<th>Date of Testing/Result</th>
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| Eye Exam (eyes must be dilated by an eye doctor) | Type 1: Yearly for those who have been diagnosed for more than 5 years, or after 10 years of age (whichever is first)  
Type 2: At diagnosis & then yearly |                                                      |
| Dental Visit                            | Every 6 months                                                            |                                                      |
| Mental Health Evaluation                | Yearly                                                                    |                                                      |
| Lipid Panel                             | Type 1: Every 5 years from age 8-18 years, yearly after age 18  
Type 2: At diagnosis & then yearly |                                                      |
| Urine Microalbumin                      | Type 1: Yearly for those who have been diagnosed for more than 5 years  
Type 2: At diagnosis & then yearly |                                                      |
| Foot Exam                               | Every visit                                                               |                                                      |
| Blood Pressure                          | Every visit                                                               |                                                      |
| Thyroid Labs                            | Type 1: Once every 2 years  
Type 2: Only if symptomatic |                                                      |
| Celiac Screen                           | Type 1: Once, or if symptomatic  
Type 2: Only if symptomatic |                                                      |

*may be more often if results are abnormal or if your provider has concerns