Brighton and Sussex University Hospitals NHS Trust

Guideline for the detection & management of steroid induced diabetes in Oncology patients

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NB: Guidelines should be interpreted alongside symptoms, life expectancy, quality of life, patient's desire /ability to comply with advice

If not known to have diabetes:

- ***check random venous glucose (or CBG) & HbA1c at start of Glucocorticoid therapy***
- ***Inform patient of potential symptoms of Diabetes***

SYMPTOMS of diabetes

- Passing a lot of urine, especially at night
- Being really thirsty
- Losing weight without trying to
- Genital itching or thrush
- Cuts and wounds take longer to heal
- Blurred vision

Known Diabetes, or new diagnosis (ie HbA1c ≥ 48 or Glu ≥ 12)

- Give education & written info regarding dietary advice for patient/carer
- Provide glucose meter & teach use (or request GP to arrange, by fax/phone)

- **Initially test CBGs QDS** (ie pre-meal & pre-bed), then modify freq according to control
- If CBG is > 15 on 2 occasions during 24 hrs, diabetic management should be reviewed
- If CBG >20 on 2 consecutive readings &/or feel unwell - urgently contact GP/ medical team for advice or visit A+E
- Copy Oncology letters to known Diabetic teams

High Diabetes Risk: Random venous Glucose ≥8 but <12, or HbA1c= 42-47

CBG testing OD (pre evening meal)

- If CBG >12 or has diabetic symptoms - increase freq of tests to QDS (ie pre-meal & pre-bed) for 72 hrs
- If 2 consecutive CBG readings >12 in a 24 hr period or has diabetic symptoms – advise pt to contact clinician/GP & be commenced on oral anti-hyperglycaemics
- If CBGs remain <12 & asymptomatic – reduce test freq to OD
- If CBG >20 on 2 consecutive readings &/or feel unwell - urgently contact GP/ medical team for advice or visit A+E

Low Diabetes Risk: Random venous Glucose/ CBG <8, and HbA1c <42

- Monitor glucose if symptoms of diabetes only
- Confirmation with random venous glucose not necessary unless CBG ≥8