

In Critical Care

- 1. Consuming fast-acting carbohydrates is the treatment of choice for hypoglycemia if a person is able to eat or drink. When a person cannot eat or drink, glucagon can be administered by another person, or IV dextrose can be given by the healthcare team.
- 2. Most people with T2D also have comorbid obesity, and various management options exist to simultaneously improve both conditions.
- 3. Antihyperglycemic agents may result in weight gain, weight loss, or weight stability. Discussions with individuals about the impact of different agents on their weight during the treatment of diabetes are of paramount importance.
- 4. Several antiobesity medications are FDA approved for long-term use and often produce 5% to 10% weight loss when used as an adjunct to lifestyle modification.
- 5. Bariatric surgery is the most effective treatment modality for achieving long-term weight loss and T2D remission.
- 6. There are many potential barriers to achieving glucose control, with the root of the problem stemming from clinical and therapeutic inertia.
- 7. The healthcare team should engage with people who have diabetes through shared decision making, communicate at an appropriate level for the person's health literacy, and express empathy and compassion for all affected individuals.
- 8. The impact of social determinants of health (SDOH) and psychosocial factors on glycemic control can be significant, yet these barriers are often underappreciated. Providers should routinely screen people for SDOH and psychosocial barriers using validated screening questions or tools.
- 9. Eighty percent of people with diabetes live in low- and middle-income countries. The International Diabetes Federation (IDF) Africa region has more than 19.4 million people with diabetes (prevalence of 3.9%), and this number will increase 143% by 2045.
- 10. The prevalence of acute diabetes complications is high in Africa, attributed to decreased awareness and limited resources. Related to delays in diagnosis, vascular complications tend to occur sooner after the diagnosis of diabetes.

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