



The Medical **Bulletin**

In Diabetology

Ten COMMANDMENTS-✳"MANAGING DM".--My Mnemonics

- M.*Medical nutrition therapy, including healthy eating advice and strategies, should be offered to all patients. Increased and regular physical exercise is recommended for all people with type 2 diabetes.-->Diabetes.type 2 management'
- key factor is by Lifestyle management.
- A.A1c.HbA1c level is 7 per cent or less (53 mmol/mol) to increase microvascular benefits for most nonpregnant adults with sufficient life expectancy .
- N.Nephrological Disorders-For patients with chronic kidney disease, a sodium-glucose cotransporter 2 (SGLT2) inhibitor --Gliflozin, with proven benefits is recommended
- A.Approach of Diabetes Management is by optimal cost-effective care, particularly in patients with multi-morbidity, is essential.
- G.Glucagon-like peptide 1 (GLP-1) receptor agonists are now recommended as the first injectable medication prior to insulin for most adults with type 2 diabetes who need the greater blood glucose-lowering of an injectable medication.
- I.Initiate Educating patients on DM management.All patients should be offered access to ongoing Diabetes Self-Management Education and Support (DSMES) programs in order to help patients cope with the daily challenges of living with diabetes, which can increase adherence toEducatingetes care plan. DSME/S programs provide essential information to increase th patient's ability to successfully and effectively manage their diabetes every day.
- N.Niche information is , patient's medication-taking and self-management behaviour (adherence) be specifically considered as part of the decision cycle, ensuring a good match between patient and care plan. Inconsistent medication-taking behaviour affects almost half of people with diabetes, which leads to suboptimal blood glucose control and increased CVD risk.
- G.Goals--The target of HbA1c may be individualized based on patient preferences and goals; risk of adverse effects including hypoglycemia and weight gain; and patient characteristics including frailty and comorbid conditions.
- D.Diabetes.type 2 management--Metformin remains the preferred first-line agent.



*The Medical **Bulletin***

- M. Metabolic surgery for adults with type 2 diabetes and either 1) BMI ≥ 40 (BMI ≥ 37 for people of Asian ancestry) or 2) BMI ≥ 35 but < 40 (BMI ≥ 32.5 or < 35 for people of Asian ancestry) who are not able to achieve sustainable weight loss through intensive, non-surgical programs. For BMI ≥ 30 -35, metabolic surgery may be considered.

*Dr. R. Rajasekar
MD, FICP, FACP, (USA) FRCP,
(Glasgow, Ireland, London & Edinburgh)
Senior Consultant Physician & Diabetologist, Kumbakonam*