



The Medical **Bulletin**

In Critical Care

1. Women with GDM are at increased risk of developing T2D in later life. They should be screened for T2D at 6 weeks postpartum and then every 1 to 3 years thereafter.
2. Diabetes is associated with an increased risk of cancer and cancer mortality.
3. Uncontrolled hyperglycemia in patients with cancer is associated with increased infection risk, higher symptom burden, malnutrition, and worse cancer outcomes.
4. Numerous cancer therapies may cause hyperglycemia, including immune checkpoint inhibitors, tyrosine kinase inhibitors, mechanistic target of rapamycin (mTOR) inhibitors, phosphoinositide 3-kinase (PI3K) pathway inhibitors, and glucocorticoids.
5. Checkpoint inhibitor-associated diabetes mellitus (CIADM) is distinct from T1D, with a rapid C-peptide decline and a low association with diabetes-associated autoantibodies.
6. Glycemic targets should be individualized in older adults to minimize the risk of hypoglycemia while still preventing micro-vascular diabetic complications.
7. Age-related changes can complicate the management of diabetes in older adults and should be considered when selecting appropriate medication regimens.
8. Deprescribing diabetes medications in appropriate people can simplify treatment regimens and reduce the risk of hypoglycemia.
9. Blood pressure targets for older adults are similar to those recommended in younger people, although antihypertensives should be titrated cautiously to avoid hypotension.
10. Statins and aspirin are recommended for secondary ASCVD prevention in older adults. The benefits of statins for primary ASCVD prevention in older adults with diabetes are less clear, and aspirin should not routinely be used for primary prevention in older adults.

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