

NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

Pharmacology for Common Medical Conditions: Diabetes

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Diabetes: Clinical Definitions (ADA, 2016)

- **Hemoglobin A1C \geq 6.5% (\geq 5.7-6.4% for prediabetics*)**
- Fasting plasma glucose (2 hrs post-meal) ≥ 126 mg/dl (100-125 mg/dl for prediabetics)

OR

- Oral glucose tolerance test ≥ 200 mg/dl (≥125 in prediabetics)
- Random plasma glucose of ≥ 200 mg/dl

*Prediabetic = BMI \ge 25; \ge 23 in Asian Americans and \ge 1 risk factor (1st degree relative with diabetes, sedentary lifestyle, high risk ethnic group)

Hemoglobin A1C

- Measures the amount of *glycosylated hemoglobin* inside red blood cells.
- Forms slowly over several months at a rate proportional to the average circulating rate of serum glucose
- Thus, measures the average rate of serum glucose for a period of 2-3 months prior to being tested
- An excellent measure of how effective glucose control has been over a period of several months

BMI (body mass index)

- Formula based on height and weight.
- Complete BMI table:

http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi_tbl.htm

• BMI formula:

BMI = (Weight in Pounds / (Height in inches x Height in inches)) x 703.

Drug Class	Generic	Trade
Insulin Rapid acting Short acting Intermediate acting Long acting	NPH (isophane) Glargine, detemir	Lispro
Sulfonylureas	Glipizide Glyburide Glimepiride	Glucotrol Diabeta, Micronase Amaryl
Biguanides	Metformin	Glucophage
Sodium-Glucose Co- transporter inhibitors	Canagliflozen Dapagliflozen Empagliflozen	Invokana Farxiga Jardiance
Glucagon-like-peptide 1 agonists	Exenatide Dulaglutide Albiglutide	Bydureon, Byetta Trulicity Tanzeum

The metabolic syndrome

- Increased central (truncal) obesity
- Elevated blood pressure
- Increased serum cholesterol, particularly low density lipoproteins (LDLs) and triglycerides, and
- Hyperglycemia

Psychosocial assessment of diabetic patients:

- Eating patterns, nutritional status, weight and physical activity history
- Common medical comorbidities
- Psychosocial problems, behavioral support history and needs
- **Depression screening** as needed (PHQ-2, PHQ-9)
- Alcohol, tobacco and other substance use
- **Diabetes self management** and support history
- Glucose monitoring and patient use of data
- History of diabetic ketoacidosis
- Cognitive or neuropsychological assessment (over 65 years or as indicated)

2 new NIH interactive tools

• Body Weight Planner:

<u>http://www.niddk.nih.gov/health-information/health-topics/weight-control/body-weight-planner/Pages/bwp.aspx/Pages/default.aspx</u>

DASH planner



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