

# Certified Diabetic Education

## CHIEF COMPLAINT

## Comorbid Dyslipidemia

## COMMENTS TO SPECIALIST

51 year old male with type 2 diabetes diagnosed in 2015. Comorbid of dyslipidemia. Last dilated retinal exam 8/2018. No diabetic retinopathy.

## MAIN QUESTION

Please provide recommendations for management.



## Response from eConsult Specialist

**LESLIE THOMPSON, CDE SPECIALIST**

NPI: 1000000004

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### SUMMARY

Treatment options available to the primary care level.

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### DETAILS

**Diagnostics:** A1c within 3-6 months/ follow up lab order on [date]. Continue daily blood glucose checking/log.

**Actions:** Consider increasing Levemir or adding Bolus insulin Consider re-starting Januvia or adding a different hypoglycemic agent.

**Patient Actions:** Patient makes positive lifestyle changes including taking steps to follow dietary guidelines and working towards exercise goal of 30 min./ day. Consider changing insulin injection site from upper arm to abdominal region (2-3 inches away from naval). Insulin is best absorbed in the subcutaneous abdominal region.

**Follow-up:** Bring blood sugar logs to appointments and continue checking blood sugar daily. Continue following dietary guidelines and exercising 30 min/day. Continue small frequent meals and avoid large portions.

*Leslie Thompson*

02/02/22 11:49 a.m. PDT

Leslie Thompson, CDE Specialist

Response Date Stamp

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### EARLY REQUESTS FOR INFORMATION

**Diabetes Medications:** Glipizide 2.5, Metformin, 2000 mg, Januvia 100 mg. Is the patient taking all of these medications?

**Patient Questions:**

1. The patient questionnaire indicates the patient is injecting insulin via syringe into the upper arm. The medication list doesn't include insulin. Can you verify what type of insulin and the insulin regimen the patient is taking?
2. Is the patient taking Januvia 100mg?
3. Related to home remedies, what herbs or supplements has the patient tried? Is he currently taking any OTC herbs or supplements?

## EARLY REQUESTS FOR INFORMATION (continued)

Hello Leslie, Thank you for the guidance. \*Patient is injecting 20 units of Levemir U-100 insulin. \*Confirmed with patient, patient is not taking Januvia. Patient has a pending lab order to continue with their Diabetes plan of care. Patient plans to complete pending lab order 02/08/2022.



Primary Care Provider

02/02/22 12:08 p.m. PDT

## EARLY REQUESTS FOR INFORMATION (continued)

### Follow-up:

- Submit blood sugar logs. CDE will assess and make recommendations based on daily trends.
- In addition to walking, consider adding resistance/weight training to exercise regimen.
- Check to see if the patient has any questions about the provided dietary recommendations.

### Nutrition Education Plan

The type and amount of carbohydrates matter for people living with diabetes. Carbohydrates are found in starches, fruits, and milk. Sweets and desserts can have large amounts of carbohydrates. Below are six dietary recommendations consistent with the ADA 2019 Standards of Care and are meant to help achieve safe blood sugar levels, improve mood, wellness, and encourage weight loss.

### Dietary Recommendations:

1. Distribute your foods between 3 meals and 2-3 snacks. Eating too much at one time can increase blood sugar.
2. Eat reasonable portions of starch. Starchy foods eventually turn into sugar so it's important to use portion control. 1-2 portions of starch can still be included at mealtime. Try choosing whole grains.
3. Try eating protein when you eat carbohydrates. Eating protein with carbohydrates can increase energy levels, make you feel fuller, and slow your body's absorption of carbohydrates. This will stabilize blood sugars and keep them from rising too quickly.
4. Limit specific dairy products. Milk and yogurt are healthy and are a good source of calcium. However, they are also high in carbohydrates. Sometimes blood sugar levels are higher in the morning, so avoid drinking milk with breakfast.
5. Limit fruit portions. Fruit is a healthy food, but it is high in natural sugar. You may eat 1-2 portions of fruit per day, but only eat one at a time. A portion of fruit is one very small piece of fruit, or half of a large piece of fruit. Avoid canned fruit and dried fruit.
6. Strictly limit sweets, juice, added sugars and desserts. Cakes, cookies, candies, and pastries have excessive amounts of sugars and offer very little nutrition. Avoid regular sodas and sweetened beverages.

### Goals:

1. Encourage patient to keep blood sugar logs and continue checking blood sugar at least 2x each day per current management plan — preferably fasting and alternating meals (breakfast, lunch and dinner).
2. Continue exercise. Try to walk for at least 30 minutes per day. Try not to skip more than 2 days in a row. Try adding resistance such as weight training to build lean muscle mass.
3. Try following the dietary recommendations listed above. Try switching from 2-3 large meals to 4-6 smaller meals/snacks per day.

*Leslie Thompson*

02/02/22 02:23 p.m. PDT

Leslie Thompson, CDE Specialist

Response Date Stamp