

Symptoms and Signs



Clinical features common to all forms of diabetes mellitus include:

- Polydipsia
 - Fluid and electrolyte loss stimulate thirst
- Polyuria, with associated nocturia or enuresis
 - Due to osmotic diuresis

	Type 1	Type 2
Patient	Young 10% of cases	Older, Overweight 85% of cases
Genetics	HLA-DR3 or DR4	
Pathology	Probably autoimmune destruction of pancreas beta-cells Associated with autoimmune thyroid disease. Addisons, pernicious anaemia	Not thought to be autoimmune
Clinical	Always requires insulin	May require insulin, demonstrates insulin resistance
Emergency	Diabetic ketoacidosis	Hyperosmolar non-ketotic state (HONK)

Other features:

■ Weight loss

- Due to fluid loss
- Due to breakdown of fat and muscle due to insulin resistance

■ Candida infections

■ Fatigue

■ Visual blurring

■ IDDM may present with diabetic ketoacidosis

■ NIDDM may present with complications of diabetes or with hyperosmolar non-ketotic state

■ Patients may be completely asymptomatic and be picked up on routine screening

Investigation



Diabetes is diagnosed on the basis of history (ie polyuria, polydipsia and unexplained weight loss) and

- a random venous plasma glucose concentration > = 11.1 mmol/l
- OR a fasting plasma glucose concentration > = 7.0 mmol/l (whole blood) > = 6.1 mmol/l
- OR 2 hour plasma glucose concentration >= 11.1 mmol/l 2 hours after 75g anhydrous glucose in an oral glucose tolerance test (OGTT)



Endocrinology

Diabetes mellitus

Diabetes Mellitus (DM) is the most commonly seen endocrine condition, and presents a huge disease burden in primary and specialist care. It is important to know about diagnosis and management of DM and its complications.

Definition



DM is a chronic disorder characterised by hyperglycaemia secondary to insulin deficiency, insulin resistance, or a mixture of both

Cause



■ Primary DM

- Type 1, Insulin dependent diabetes mellitus (IDDM)
- Insulin deficiency, probably autoimmune pathology
- Type 2, Non-insulin dependent diabetes mellitus (NIDDM)
- Gestational diabetes

■ Secondary DM

- Pancreatic cause
 - Pancreatectomy
 - Chronic pancreatitis
 - Haemochromatosis
 - Cystic fibrosis

■ Endocrine disease

- Acromegaly
- Cushing's disease
- Drug induced
 - Thiazide diuretics
 - Corticosteroids