

. DM

Sunday

4 / 8



1) all of the following can be used to screen for type 2 DM except :

- A. FBG
- B. OGTT
- C. HBA1C
- D. RBS ✓

in diabetic Range ↗

2) patient come to clinic with fasting blood sugar 130 , what you will do next ?

A. Start metformin

B. Repeat reading FBS ✓ → لازم تقرأ تين في الاصل

C. diet

D. Reassure your pt.

العزادات ياي بتشفي ال diabetic

	HbA1c (percent)	Fasting Plasma Glucose (mg/dL)	Oral Glucose Tolerance Test (mg/dL)
Diabetes	≥ 6.5	≥ 126	≥ 200

يمكن نعتنه ال Random في مالة كان الشخص symptomatic

• if pt. Symptomatic + RBG > 200 → diabetic ✓

• if pt asymptomatic + RBG > 200 → diabetic ✗ → لا يمكن للتشخيص

↗ تحتاج فوهات اخرى مثل ال FBG
or another Reading for Random later on > 200

3) You are evaluating a 36-year-old obese woman who complains of fatigue. She denies polydipsia, polyuria, polyphagia, or weight loss. Which of the following laboratory reports confirms the diagnosis of diabetes?

سؤالين من الأرشيف
على المعلومة السابقة ←



- a. A random glucose reading of 221 mg/dl.
- b. A random glucose reading of 221 mg/dl, and another, on a later date, of 208 mg/dl.
- c. A fasting glucose measurement of 128 mg/dl. xxx
- d. A glucose reading, taken 2 hours after a 75-g glucose load, of 163 mg/dl.

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- e. A hemoglobin A1C of 6.3%.

3) What is this lesion ? **Acanthosis nigricans**

Indication (cause) for?

- 1- DM type 2
- 2- Cushing
- 3- insulin resistance , PCOS
- 4- hypothyroidism
- 5- obese
- 6- some malignancies such as gastric CA



(Other sign on DM Patients)

Figure 2. Brown macules with atrophic scars on the shins of a diabetic patient



② **diabetic dermopathy**
(Most common skin lesion in Diabetics)

→ shins of bilateral lower limbs.
(hyperpigmented lesions)

④ **candidiasis** ✓ **فطر**
Cause of lower immunity ↻
(high infection)

③ **Xanthoma diabeticorum** → lipids



59) Skin diseases associated with diabetes mellitus include all the following except

سؤال من الأرشيف
على المعلومة السابقة ←

- A. xanthoma diabetecium
- B. generalized pruritis
- C. acute dermatophytis
- D. hyperhydrosis
- E. recurrent staphylococcus infection



4) all of the following medications have protective cardiovascular effect except?

- A. SGLT2 inhibitors
- B. Metformin
- C. GLP1 agonist
- D. Sulfonylureas ✓

Most effective for wt. loss , عليه , رئيه و متابيه

كيف يستعمل SGLT2 في كلى (Kidney) ؟
↓ inhibition reabsorption في nephrons

↓ glucose → ↑ glucose in urine (+4, +5 in urinalysis) #

Then → More infections

but in FBG → Normal

So that, in side effects of SGLT2 → recurrent UTIs / & in females
↳ Vaginitis / Candidiasis

فيمكن يتركز اليه
ويقلل السوائل
(diuresis) → HF مرضي

→ ↓ Risk of hospitalization , symptoms
↓ Risk of decompensation in HF

PE. DM + HF → SGLT2 i.

PE. DM + obese → GLP-1

↳ Prediabetic

5) If a screening FBS came back as 120, When would you repeat it?

A. 1 year ✓

↳ لكن ما بتزكم فلال هاي الفترة

B. 3 years

Life-style Modification / Medications (Metformin)

C. 3 months

↳ Prevention Diabetes

D. 2 years

* DM is preventable disease

6) The target blood sugar for a diabetic patient should be :

A. FBS less than 110 A

B. Postprandial less than 180 ✓

C. HbA1C less than 6.5

عشان ما يطلع المريلة → Hypoglycemia

Fasting blood glucose 80-130 .

Postprandial capillary blood glucose <180 .

HbA1C < 7% .

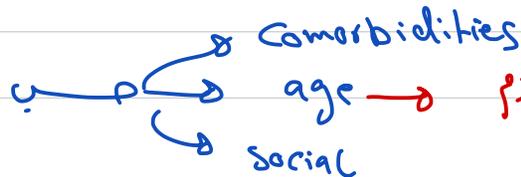
LDL <100 /on long term <70

7) Higher HbA1C target (ex. 8%) could be acceptable for an elderly patient with multiple comorbidities.

A. True ✓

B. False

↳ individualized treatment →



متد اذا عمره 20 وال A1C = 6.4 ، 8% ، اعدل اقلها اقل كمان

8) All are side effects of Metformin except :

A. Vit. B12 deficiency
 B. Nausea
 C. Diarrhea
 D. Ketoacidosis ✓

Handwritten notes:
 ↓ Cost → hypoglycemia ما بيعدى بزيادة / side effects اللى بجمالها هي فقط بزيادة
 Tolerable → Neutral wt. loss → متى كان المريض بينخف عليه
 (loss of appetite) متى أكثر من 4 كيلو
 SGLT2 بيقطها ✓
 lactic acidosis ✓
 verry rare

• how to reduce side effects of Metformin ?

- 1• By gradual doses شوي شوي
- 2• مع الاكل
- 3• extended release : بعطي مرة وحدة باليوم و بظل فترة طويلة

9) Antidiabetic of choice in a patient with heart failure is :

- A. GLP1 agonist
- B. SGLT2 inhibitors ✓
- C. Biguanides
- D. TZDs

10) liraglutide (from GLP1) wt. loss

مشكلتها عالية

Injectable

Pancreatitis , thyroid cancer

11) all true about metabolic syndrome except :

A. LDL ... **X** not from components

- impaired fasting blood sugar = prediabetic

Component	Clinical Cutoff Values
Waist Circumference	≥102 cm in men ≥88 cm in women
Triglycerides	≥150 mg/dL
HDL Cholesterol	<40 mg/dL in men <50 mg/dL in women
Blood Pressure (BP)	≥130 mmHg Systolic BP or ≥85 mmHg Diastolic BP
Fasting Glucose	≥100 mg/dL
Diagnosis	Any 3 of the 5 features above

Patient 71 year - old diagnosed with DM , three weeks ago ...

Has numbness , wieght loss , blurred vision



→ ↑ blood sugar
>200 >300

- HbA1c = 8
- Cr = 1.2

Take Metformin and MRAs (Sulfonylureas)

* DM type 2 % حو بنظا انا؟

- renal % 1. Cr
- 2. GFR

3 urine analysis

→ if (+) → كل سنة لازم زجع لشيان

4. ACR (Microalbuminurea) / moderately increased albumin urea → first

small particles of protein

ما بتبين بال urine analysis

→ at time of diagnosis لبتا في وقت
in DM type 2 ✓

but in DM type 1 can't do diagnosis at time of screening ⇒ 5 years بل بعد 5 years
of diagnosis
↪ its diagnosis early → DKA و انا بيجي قتل

5. Pottassium & sulfonylurea , hypokalemia سمي يعلو يعلو
but rare

ACE i / ARBs → ممكن يعلو hyperkalemia

(Type 2)

2) 16 week gestational pregnant lady, obese with family history of DM, when you screen this lady?

At time of visit

2) Which of the following is false?

Start screening for neuropathy, nephropathy, and ophthalmopathy at time of diagnosis of dm type

1. ✓



from archive

* if Microalbuminuria + → next step → Culture
↳ ممكن يكون سببها UTI

why? [ACE inhibitors ①
ARBs ②
↳ بس نتأكد ← نعطيه ←

↳ Mechanism of action / Progression
تعتبر Treatment for Diabetic Nephropathy / به ممكن نفعي
به فترة ديلوع (-)

* GFR → Medications / Metformin → if GFR < 30 ممنوع
↳ follow up stages

* Chronic Kidney disease caused by nephropathy

• Retinopathy → fundoscopy, screening each year

↳ Cause of hyperglycemia ?? اذا سكته طبيب العيون ما فيه اجزي
لح تراكم على ال film of eye ← sugars with tears ← عيش ← No Problem in Retina

• **Peripheral Neuropathy** → Comprehensive foot examination **every year**
↳ Monofilament is first ⇒ إذا اُمره كسرت ، ما فيه داعي
✓ ... check-up جاك

* if there is problem in pulses → Do ankle-brachial index.

* Causes of increase risk of DKA in DM type 2 :

- severe infections
- MI
- corticosteroids
- anti-psychotics
- SGLT2 i.

• **lipid profile** & every **6 months**

↳ any DM Pt. ≥ 40 year old → statin كس جاك في

↳ Primary prevention →
→ angina
→ CVD
→ stroke
→ MI

• **Liver function** → for fatty liver (Nash) → obese

↳ family history
↳ liver enzymes mildly elevated

← لازم كل سنة يتوقف طبيب الأسنان

Criteria ← screening for depression جاي ←

history ←

examination ←

mood ←

1. anhedonia

2. depressed mood

* factors increase Diabetic foot ?

1 Poor hygiene (depression)

7 edema

2 uncontrolled blood sugar levels

3 Trauma cause of neuropathy → loss of sensation

4 ↓ Microvascular

5 infections (Poor healing)

6 Poor Vision (Retinopathy)

* DDX for numbness ☺

1. Diabetic Neuropathy
 2. Metformin (↓ vit. B12)
 3. alcohol
-

* Management of neuropathy ☺

- 1 TCA
 - 2 Gabapentine / Pregabalin
 - 3 anti-convulsants (-zapine) → bad side effects
 - 4 Capsaicin cream
-

* low dose hypoglycemia ← ليد ايد قبل الزكل : 10 min

* Mixed insulin → intermediate rapid short acting

* best regimen for insulin mimicking physiological insulin production in our body ?
⇒ long acting + short rapid with meals } Pt. with DM 1 ليس ايس

The most common type of neuropathy in T2DM is

Next

0/1

Show media

2/1

Autonomic neuropathy

Mononeuropathy

Peripheral polyneuropathy

9/14

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Navigation icons

Management of microalbuminuria includes

Next

0/0

0/0

1/1

1/1

Optimization of blood sugar readings

Treatment of existing UTI

ACE-I or ARBs

All of the above

8/14

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Navigation icons

