

	Insulin-treated Diabetes	Type II Diabetes	
	<p>There is greater risk of hypo- & hyperglycaemia; regular blood glucose monitoring is an integral part of diabetes management. When treatment is started or altered, the frequency of monitoring may need to increase. Results should be recorded with times & dates to provide a cumulative reference record for day to day changes in therapy. Patients should be taught how to interpret blood glucose results & advised on any action necessary. Patient education is vital.</p>	<p>More stable glycaemic control; level of monitoring will vary according to the treatment regime in use and the target level of glycaemic control set for the patient. When treatment is started or altered, the frequency of monitoring may need to increase. Patients should be taught how to interpret blood glucose results & advised on any action necessary. Patient education is vital.</p>	
		<p>Diet & Exercise Metformin Pioglitazone Gliptins Patients who are unable to or do not want to monitor their blood.</p>	<p>Sulfonylureas e.g. glibenclamide, gliclazide, glimepiride, glipizide, tolbutamide Glinides e.g. netaglinide, repaglinide Gliptins e.g. linagliptin, saxagliptin, sitagliptin, vildagliptin GLP-1 analogues e.g. exenatide, liraglutide Pioglitazone in combination therapy</p>
Frequency	<p>Monitoring should be individualised. Most patients may need to monitor from 2-4 times a day or more depending on treatment regime, lifestyle and individual needs. If unrecognised night time hypos are suspected: Test before bed & middle of night (2-3am). If shift worker, discuss times with diabetes team.</p>	<p>As a general rule stable patients do not need to do routine self-monitoring of plasma glucose. Discuss its purpose & agree how it should be interpreted & acted upon.</p>	<p>INITIALLY: Daily monitoring may be needed (usually before a meal) due to risk of hypoglycaemia. MAINTENANCE: Monitoring must be based on patient's ability to interpret & act upon results. Consider monitoring once a week and/or at times when patient feels unwell.</p>
Strips	<p>Approx. 50-150 strips every month, but quantities will depend on patient's monitoring. Prescribe on repeat prescription.</p>	<p>Prescribe only if consultation shows monitoring appropriate for patient Approx 50 -100 strips per year (reduced expiry once pack opened) Prescribe on acute prescription.</p>	<p>Approx 50 -150 strips per year (reduced expiry once pack opened). Quantities will depend on patient's monitoring and may initially be 50 strips every 2-3 months. Prescribe on acute or repeat prescription.</p>
Additional	<p>Additional monitoring required:</p> <ul style="list-style-type: none"> • Intercurrent illness • Driving (refer to DVLA advice, overleaf) • Lifestyle changes /disruption to routine • Pregnancy/pre-conception (may need to test 4-8 times a day pre & post prandial) • Impaired hypo awareness/frequent hypos • Exercise • Change of medication 	<p>Monitoring (or additional monitoring) should be considered in these circumstances:</p> <ul style="list-style-type: none"> • Intercurrent illness • When therapy is changed • If high-dose oral steroids are co-prescribed e.g. prednisolone 30mg daily • Patients with persistent hyperglycaemia over 24-48 hours (Pre >7 & ± Post >9) • Pregnancy/Pre-conception (may need to test 4-8 times a day pre & post prandial) . Women with gestational diabetes (including diet controlled) may need to undertake a minimum of 3-4 tests per day • Lifestyle changes/disruptions to routine (refer to DVLA advice, overleaf) 	

Advice for drivers about blood glucose testing (Full DVLA advice available at <http://www.dft.gov.uk/dvla/medical/ataglance.aspx>)

Early symptoms of hypoglycaemia (low blood sugars) include sweating, shakiness or trembling, feeling hungry, fast pulse or palpitations, anxiety, tingling lips. If you don't treat this it may result in more severe symptoms such as: slurred speech, difficulty concentrating, confusion, disorderly or irrational behaviour, which may be mistaken for drunkenness.

Diabetes Mellitus	GROUP 1 ENTITLEMENT : ODL - car, motorcycle	GROUP 2 ENTITLEMENT: VOC - LGV/PCV
INSULIN- TREATED	<ul style="list-style-type: none"> • Always keep fast-acting carbohydrate (glucose tablets, sweets) within easy reach in the vehicle • Use a glucose meter with a memory function to measure and record your blood glucose levels • Record your blood glucose before the first journey and every two hours while you are driving • In each case if your blood glucose is 5.00mmol/l or less, take a snack. If it is less than 4.0mmol/l or you feel hypoglycaemia do not drive. • If hypoglycaemia develops while you are driving, stop the vehicle as soon as possible • You must not start driving until 45 minutes after blood glucose has returned to normal; as it takes this long for your brain to recover fully. • You must take regular meals, snacks and rest periods on long journeys. <p>A leaflet with further details can be downloaded from the DVLA website</p>	
Managed by tablets which carry risk of inducing hypoglycaemia i.e. sulfonylureas and glinides	<ul style="list-style-type: none"> • Must be under regular medical review • Must have awareness of hypoglycaemia • Always keep glucose tablets/sweets within easy reach in the vehicle • It may be appropriate to monitor blood glucose regularly and at times relevant to driving to enable early detection of hypoglycaemia 	<ul style="list-style-type: none"> • Always keep glucose tablets/sweets within easy reach in the vehicle • Must be under regular medical review • Must have full awareness of hypoglycaemia and demonstrate an understanding of the risks of hypoglycaemia • Regularly monitor blood glucose twice a day and at times relevant to driving • Use a glucose meter with a memory function to measure and record your blood glucose levels
Managed by tablets or non-insulin injectable medication which carry no risk of inducing hypoglycaemia	<ul style="list-style-type: none"> • Must be under regular medical review • There is no requirement to test blood glucose before or during driving 	<ul style="list-style-type: none"> • Must be under regular medical review • Must have awareness of hypoglycaemia • Monitor blood glucose regularly and at times relevant to driving • Use a glucose meter with a memory function to measure and record your blood glucose levels
Managed by diet alone	<ul style="list-style-type: none"> • Must be under regular medical review • There is no requirement to test blood glucose before or during driving 	