

The patient with newly diagnosed diabetes

The initial management of someone who has just been diagnosed as having diabetes mellitus can have a big effect on the course of the illness. It is essential to establish a clear understanding of the disease, the benefits of all aspects of management and to allay unnecessary fears and myths quickly. See also the separate [Management of Type 1 Diabetes](#) and [Type 2 Diabetes Treatment and Management](#) articles.

Assessment

Indications for hospital referral at initial presentation include:

- Children, young people and adults presenting with suspected type 1 diabetes should always be referred urgently, on the same day, for admission to hospital for initiation of insulin therapy.^[1]
- Children and young people with suspected type 2 diabetes should also be referred immediately (same day) to the multidisciplinary paediatric diabetes team.^[2]
- Those who present with [diabetic ketoacidosis](#) or [hyperosmolar hyperglycaemic](#) state will require immediate treatment in hospital.
- Young adults (aged under 30 years) should also be referred to a specialist diabetes team.

Clinical examination and investigations^[3] ^[4]

- Measure height and weight, and calculate body mass index (BMI).
- Urinalysis: ketones and proteinuria. Arrange midstream specimen of urine (MSU) if protein is present.

- Identify any long-term complications of diabetes already present:
 - Cardiovascular assessment, including smoking status, blood pressure, lipids and ECG.
 - Examine feet for diabetic complications, including cardiovascular disease, [diabetic neuropathy](#) and [diabetic foot complications](#), [diabetic nephropathy](#) and [diabetes eye problems](#).
 - Send urine for albumin:creatinine ratio (ACR) to assess for microalbuminuria.
 - Check renal function and electrolytes. Also check baseline LFTs (fatty liver is more common in people with diabetes).
- Consider whether there may be an underlying disorder causing or associated with diabetes – eg, [pancreatitis](#), [Cushing's syndrome](#), [phaeochromocytoma](#).

Initial management^[1] [2]

- Enter patient details on to the practice diabetes register.
- Register the patient with the local eye disease screening programme.

Education

See also the separate [Diabetes Diet and Exercise](#), [Self-monitoring in Diabetes Mellitus](#) and [Diabetes Education and Self-management Programmes](#) articles.

- Establish the patient's knowledge and educational needs.
- **Explanation of the condition** and its management should be tailored to the educational needs of the patient and take account of their social and cultural background.
- Ensure all people with newly diagnosed diabetes have the opportunity to **share any initial anxieties and concerns about the diagnosis** and the implications for their future lifestyle.

- Include **advice on managing diabetes during intercurrent illness** and possible side-effects of treatments (including hypoglycaemia).
[5]
- The possible **effects of diabetes on occupation, driving and insurance** should be discussed.^[6] If the person concerned is a driver, they should be advised to **inform their car insurance company, and the Driver and Vehicle Licensing Agency (DVLA), if on insulin, oral hypoglycaemics or experiencing diabetic eye complications.**
- They should also be advised that they are **exempt from prescription charges** if started on medication for their diabetes.
- Books, leaflets, audio aids and visual aids for the patient to borrow.
- Diabetes UK:^[7] give information about Diabetes UK and details of the local Diabetes UK voluntary group. Diabetes UK also provides a very valuable resource for healthcare professionals and provides educational materials in many languages.

Initial treatment and care

- Management should be discussed with the patient and commenced as soon as possible.
- Advice on diet and exercise recommendations for people with diabetes.
- **Prevention of coronary heart disease:**
 - All people with diabetes should be advised of the adverse effects of smoking and be offered advice and support to stop smoking.
 - They should also be offered advice and treatment for any other cardiovascular risk factors, including **blood pressure** control and cholesterol-lowering drugs.
 - Low-dose aspirin should not be routinely prescribed to all people with diabetes for primary prevention but is recommended for secondary prevention.

- **Insulin therapy should be started immediately in those who are ill at presentation** or who have a high level of ketones in their urine. Insulin should also be considered, regardless of age, if one or more of the following are present:^[8]
 - Rapid onset of symptoms.
 - Substantial loss of weight.
 - Weakness.
 - Ketonuria.
 - A first-degree relative who has type 1 diabetes.
- Medication to control hyperglycaemia may be required at the time of diagnosis of type 2 diabetes or soon after. See the separate [Antihyperglycaemic Agents used for Type 2 Diabetes](#) article.
- All patients with microalbuminuria or proteinuria should be started on angiotensin-converting enzyme (ACE) inhibitor, if there are no contra-indications.^[9]
- The initial care plan should be discussed and agreed and a named contact identified who will be responsible for providing support and information. The date of the next appointment should be agreed.
- Regular reviews will be required initially. See the separate [Assessment of the Patient with Established Diabetes](#) article.

Further reading

- [Assessing fitness to drive: guide for medical professionals](#); Driver and Vehicle Licensing Agency
- [Frost J, Garside R, Cooper C, et al](#); A qualitative synthesis of diabetes self-management strategies for long term medical outcomes and quality of life in the UK. BMC Health Serv Res. 2014 Aug 16;14:348. doi: 10.1186/1472-6963-14-348.
- [Greenwood DA, Gee PM, Fatkin KJ, et al](#); A Systematic Review of Reviews Evaluating Technology-Enabled Diabetes Self-Management Education and Support. J Diabetes Sci Technol. 2017 Sep;11(5):1015-1027. doi: 10.1177/1932296817713506. Epub 2017 May 31.
- [Cambridge Diabetes Risk Score](#)

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