



Annual Health Check Information for GPs

Diabetes

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Below is Down's syndrome specific information. The information is for GPs and is to be used alongside DSA's Adult Health Book.

Key Points

- Type II DM can occur at a younger age than is seen in the general population
- Many people with Down's syndrome (DS) will be able to manage their diabetes
- People with DS are less likely to self-report symptoms of DM

There are two types of Diabetes Mellitus (DM). Type I is more common in people with DS; Type II is frequently diagnosed, but not more common. Type II DM is often associated with obesity. In people without DS, it is now being found in children. A DS Clinic in the USA has reported seeing a patient of 15 years old with Type II DM. The onset of DM can be subtle, particularly in someone who has a reduced ability to perceive or report their symptoms. If an adult with DS has a behavioural change or the new onset of psychological symptoms, a blood sugar test should be undertaken.

As classic symptoms may be difficult to describe for people with DS you should consider regular screening for Type II in those who are overweight and especially if there are other risk factors such as a family history of diabetes or the patient belonging to an ethnic group who are at elevated risk. Many patients with DS will probably be receiving regular blood tests for thyroid function so including a glycated haemoglobin (HbA1c) as a regular screening test is sensible. In 2012 the WHO stated that diabetes can be defined by an HbA1c greater than 48mmol/mol (or 6.5% on old units) on one occasion. There is thus no need for fasting and this can be performed on any random sample so is a very useful surveillance tool for those potentially at risk.

Management

Most people with DS and diabetes will need to take insulin by injection. With modern pen injectors this is quite easy. Many people with DS learn to administer insulin themselves, as part of their daily routine. For those with Type II, treatment can be through diet alone, or through a combination of diet and tablets. In addition, it may be necessary to monitor blood

glucose levels, using a fingerprick test and a glucose meter. Again, modern equipment is very simple to use, and most people with DS should have no problems with this.

The risk of complications from diabetes in people with DS has not been as thoroughly studied as in those without DS. Generally speaking, however, the treatment and monitoring of diabetes should be the same as in people without DS.

Hypoglycemia

A significant complication of treatment for DM is Hypoglycemia. This is of particular concern in people with DS because many have difficulty self-reporting the symptoms of Hypoglycemia.

The Down's Syndrome Association (DSA) is the only organisation in England, Wales and Northern Ireland which supports people with Down's syndrome at every stage of life.

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