

# *Diabetes Care in Renal Disease*

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# *Overview*

- **Diabetes/Renal program at the SGH**
- **Diabetes update**
- **Treatment according to GFR**
- **Clinical questions**

# *Our Program*



- **Started in 2001**
- **Diabetes/CKD clinic**
- **Diabetes/Dialysis clinic**
- **Volume: 30-40 patients/week**
- **2001      4 team members**
- **2007      15 team members**

# *Diabetic Nephropathy*

- **I Renal hypertrophy**
- **II Histological changes**
- **III Microalbuminuria**
- **IV Proteinuria**
- **V End stage renal disease**

# *Management*

- Blood sugar control
- Blood pressure control
- Lipid control

# *Classification*

- Type 1
- Type 2
- **Gestational Diabetes**
- **Secondary Diabetes**

# *Type 1*

## *Pancreatic Failure*

- **Auto-immune disease**
- **Beta-cell destruction**
- **Absolute insulin deficiency**
- **Insulin is the only treatment**
- **Transplant**

# *Insulin in Type 1*

- **MDI**  
(Multiple Daily Injections)
- **Insulin Pump**



# ***MDI***

- **Basal Insulin**

**Lantus**

**Levemir**

**NPH**

- **Meal Insulin**

**Novo rapid**

**Humalog**

**Toronto/Regular**

# *Insulin Pump*

- **Medtronic pump**
- **Novo rapid or Humalog**
- **Dose calculation**
- **Patient selection**
- **Cost**
- **Coverage**

# *Type 1 in Renal Disease*

- **Use the right insulin**
- **Hypoglycemia**
- **Effect of Dialysis**
  - PD
  - Hemodialysis
- **Optimize before kidney transplant**
- **Endocrine referral**
- **Pump referral**

# *Type 2*

- **Metabolic disease/syndrome**
- **Insulin Resistance**
- **Relative insulin deficiency**
- **Oral agents**
- **Insulin**

# *Oral agents*

- **Metformin**
- **TZDs (Avandia—Actos)**
- **Secretagogues**
  - Gluconorm**
  - Diamicron**
  - Glyburide**
- **Acarbose**
- **DPP IV inhibitors**

# *Metformin*

- **Inhibits hepatic gluconeogenesis**
- **Improves insulin resistance**
- **GI upset**
- **Lactic Acidosis**
- **GFR**
  - >60 OK**
  - 50-60 Watch**
  - <50 Stop**

# ***TZD***

## ***Avandia&Actos***

- **Bind to PPAR-gamma**
- **Insulin sensitization**
- **Can be used in kidney disease**
- **Edema**
- **Volume status**
- **CHF**

# ***Gluconorm***

- **Insulin secretion**
- **Short acting**
- **Less Hypoglycemia**
- **Can be used in kidney disease**
- **Liver excretion**



# *Glyburide/Diamicron*

- **Insulin secretion**
- **Risk of Hypoglycemia**
- **Renal Excretion**
- **GFR<60 Stop**

# *Insulin in Type 2*

- **Best option in renal disease**
- **Twice/day**
- **Premix Insulin**
  - 30/70**
    - Novo mix 30**
    - Humalog mix 25**
    - Humalog mix 50**
- **MDI**
- **Insulin Pump**

# *Conclusion*

The background is a gradient of blue, transitioning from a lighter shade on the left to a darker shade on the right. A curved line starts from the left edge and curves downwards towards the bottom right corner, creating a sense of movement and depth.

# *Type 1*

- **MDI**
- **Insulin Pump**

# *Type 2*

## *GFR>60*

- **Metformin**
- **Avandia or Actos**
- **Gluconorm/Glyburide/Diamicron**
- **Twice/day Insulin**

# *Type 2*

## *GFR 50-60*

- **Watch closely**
- **If poor control go to insulin**

# *Type 2*

## *GFR < 50*

- **If poor control go to Insulin**
- **Avandia or Actos**
  - watch volume status**
  - watch for CHF**
- **Gluconorm**

# *Type 2 Dialysis*

- **Insulin**
- **Gluconorm??**
- **Avandia/Actos??**



# *Transplant*

- **Insulin**

# *Questions*

