

CASE STUDY - Diabetes Mellitus

Patient: name Petra, year of birth 1942, height 160 cm, weight 93 kg, BMI 36.3 kg/m²

Personal history: diabetes mellitus, arterial hypertension, ischemic disease of lower extremities, dyslipidaemia

Smoker (30 cigarettes / day), alcohol – before yes (about 5 beers a day), now occasionally (?)

Drug history:

- Ascorutin tbl. 50 1-1-1
- Enap tbl.30x10 mg 1-0-0
- Agen tbl.30x5 mg 1-0-0
- SorbiferDurules tbl.50x100 mg 1-0-1
- Actrapid 100 IU/ml inj.sol. 1x10 ml 3 times a day s.c.
- Individually prepared medicine ointment topically to affected areas on the feet

The labour and social history: a widow, lives alone, she worked as a labourer, now retired

Current Conditions: currently feeling sick at night having trouble sleeping (for chronic foot pain)

Laboratory tests:

- BP 170/95, pulse 60/min
- glucose 9.8 mmol/l
- cholesterol 7.5 mmol/l
- HDL 0.89 mmol/l
- LDL 5.4 mmol/l

Tasks:

1. Perform an analysis of prescription drugs, give active substance classification according to ATC classification, a brief mechanism of action of individual medicine, check the dosage and method of use (morning / evening, before / after meals, etc.)
2. How do you assess patient's compliance and adherence to disease and drug therapy used? Which lifestyle factors that may negatively affect the disease in this patient?

3. According to which **markers** do you evaluate the compensation and patient compliance with DM? Which of them are the best to assess patient's compliance?
4. Is the use of biguanides appropriate treatment for this patient? Are there situations in which biguanides are not the treatment of choice for obese diabetic II. type?
5. Do you think it is necessary to modify or amend the insulin therapy? Describe types of insulins and the counselling to patients with insulin.
6. May it be a "metabolic syndrome" in case of our patient? What are the diagnostic criteria for "metabolic syndrome"?
7. It is necessary to pharmacologically interfere with lipid and cholesterol levels? If you think so, which drug would you choose?
8. What therapeutic approaches exist to treat ischemic disease of lower extremities? Is it appropriate to add any therapy in relation to the patient's subjective complaints?