CASE STUDY - Diabetes Mellitus

Patient: Miroslav, 65, non-smoker, active, regularly playing golf, tennis, preferring and maintaining healthy lifestyle (even in food), two glasses of wine per week, BMI 24.5

Laboratory Values: On the last fasting glucose test, 7.7 mmol / l; glycated hemoglobin 8.5%, TK 135/80, mild microalbuminuria

Personal history: arterial hypertension, type 2 DM

Medical history:

Anopyrin 100mg	0 - 1 - 0
Prestarium Neo 5mg	1 - 0 - 0
Vasocardin 50mg	1 - 0 - 1
Simgal 20mg	0 - 0 - 1
Siofor 850mg	1 - 1 - 1
Humulin NPH	0 - 0 - 20 units

Tasks:

1. Analyze the prescription of drugs, include active substances, classification according to ATC classification, brief mechanism of action of individual products, check dosage and method of use (morning / evening, before / after meals, etc.)
2. Find potential interactions between products. Doesn't the patient use some drugs unnecessarily?
3. How is the patient compensated for his illness? What parameters are indicative of worsening diabetes mellitus? What values should ideally be achieved? How should the patient check the self-monitoring ideally?
4. What situations can cause fluctuations in blood glucose levels in DM patients? How should first aid be used for hypoglycaemic conditions?
5. How would you recommend to deal with high blood sugar? Would you recommend adjusting the dosage of medication administered or adding another oral antidiabetic drug or changing the insulin regimen?
6. What two basic types of insulin regimen are used to treat DM? Which one would you prefer to this patient? Describe their advantages and disadvantages.
7. What other problems can be observed by the patient with a decompensated DM experience? What recommendations should be made in connection with his activities?