

Understanding of Sick Day Rules in People Living with Diabetes

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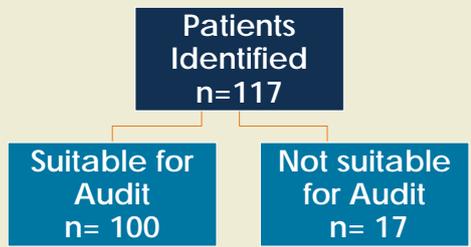


BACKGROUND

- There are currently 3.5 million people who have been formally diagnosed with diabetes in the UK and an estimated 549,000 people who are unaware that they have the condition. [1]
- Dysglycaemia during intercurrent illness may make a patient susceptible to acute complications of diabetes such as diabetic ketoacidosis (DKA), hyperglycaemic hyperosmolar state (HHS) and hypoglycaemic coma.
- In order for patients to manage the changes in their blood glucose levels during sickness, education is required.
- NICE, Diabetes UK and TREND UK offer guidelines and leaflets on 'sick day rules'. [2–5]

AIMS AND METHODS

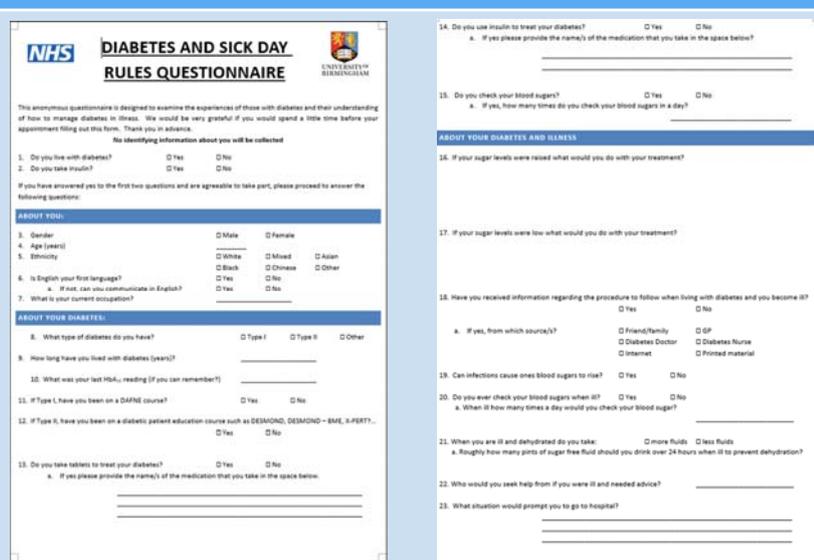
- This audit assessed the knowledge of patients in the diabetes outpatients department at a large teaching hospital.
- The aim of the audit was to identify any barriers or deficits in the education and understanding of sick day rules.
- Patients with either type 1 (T1DM) or type 2 (T2DM) diabetes answered an anonymous questionnaire regarding management of blood glucose in illness in order to test their knowledge of sick day rules.
- Sick day rules are part of the guidelines published by TREND-UK, which incorporates DAFNE and Diabetes UK guidelines.
- The questionnaire was piloted on a small sample group. We approached 117 patients, 17 of whom were not eligible.



CURRENT NICE GUIDANCE ON DIABETES AND SICK DAY RULES

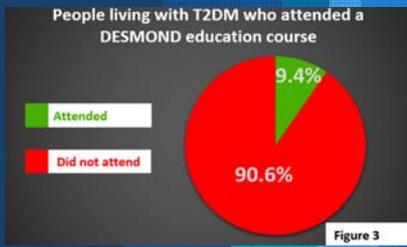
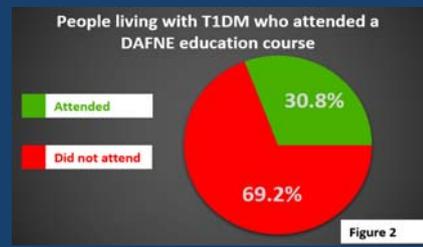
- Do not stop taking insulin – may need to alter the dose
- Monitor blood glucose levels more frequently – at least every 3 to 4 hours and record the results
- Monitor urine ketones (or blood ketones, if appropriate) – at least every 3 to 4 hours (minimum of 8 times over 24 hours)
 - If urine ketones are over 2+, then contact the GP or Diabetes care team should be contacted immediately
- Aim to drink at least 3 litres (5 pints) of fluid a day to prevent dehydration
- If vomiting and diarrhoea persists, medical advice should be sought immediately
- Maintain a normal meal pattern (some normal meals can be replaced by carbohydrate-containing drinks)
- When feeling better, continue monitoring blood glucose levels until they return to normal.

FIGURE 1 - PART OF THE STRUCTURED QUESTIONNAIRE



RESULTS

- 74% had T2DM. 61% were white British. 81% of patients were over the age of 45 years old.
- 19% did not have English as their first language, one-fifth of whom did not communicate in English at all.
- 9.5% of people living with T2DM attended an education course such as DESMOND, whereas 30.8% of people living with T1DM attended a DAFNE course
- Two-thirds of people living with T2DM and three-quarters of people living with T1DM recalled receiving information regarding their diabetes management when unwell
- 15.4% of people living with T1DM reported that they would stop taking their insulin if vomiting or not eating, which contradicts current guidelines.



CONCLUSIONS

- The majority of patients have received information regarding sick day rules but are unable to recall them or do not understand them in sufficient detail to implement them.
- Special attention is needed for those who cannot communicate in English.
- The Diabetes UK website does not fully cater for sick day education via their leaflets in other languages. This area of patient education can be optimised.
- More work is required in order to increase numbers attending diabetic education courses such as DESMOND and DAFNE.

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References:

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4. TREND-UK, What to do when you are ill. http://www.trend-uk.org/documents/TREND-What_to_do_when_you_are_ill_02-16.pdf [Accessed 26 February 2016].
5. NICE UK, Diabetes – type 1 guidelines. Available from: <http://cks.nice.org.uk/diabetes-type-1/#scenario> [Accessed 26 February 2016]