Diabetes Mellitus Type 2

**Diagnosis of Type 2**

Address other risk factors

Lifestyle modifications as part of initial management

Measure HbA1c every 3 months depending on control and changes in therapy

**Target HbA1c should be ≤7.0%**

Have lifestyle modifications been successful?

- **NO**
  - Consider oral hypoglycaemic agents
  - Is there renal and/or cardiac dysfunction?
    - **YES**
      - Consider sulphonylurea
      - Use metformin
      - Consider either metformin or a sulphonylurea depending on plasma glucose
    - **NO**
      - Consider adding a sulphonylurea
  - Is Patient's BMI > 25?
    - **YES**
      - Continue to monitor HbA1c every 6 months
      - Adequate control?
        - **NO**
          - Optimise dose of oral hypoglycaemic agent
        - **YES**
          - Continue to monitor blood glucose and HbA1c 3-6 monthly
    - **NO**
      - If patient on metformin consider adding a sulphonylurea

- **YES**
  - If patient on sulphonylurea and has normal renal function and has no cardiac dysfunction: Consider adding a thiazolidinedione or insulin.
  - Continue to monitor blood glucose and HbA1c 3-6 monthly

If control adequate?

- **YES**
  - Monitor HbA1c every 3 to 6 months
  - Considering adding / enhancing insulin therapy
- **NO**
  - Is control adequate?

**Chronic disease list algorithms**

The new Medical Schemes Act requires that chronic diseases be diagnosed and managed according to the prescribed therapeutic algorithms for the condition, published by the Minister of Health. Algorithms for the 25 conditions on the chronic disease list are available at http://www.medicalschemes.com.

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**Glossary:**
- HbA1c - Glycosylated hemoglobin
- BMI - Body mass index

**Applicable ICD 10 Coding:**
- E11 Non-insulin-dependent diabetes mellitus
  - E11.0 Non-insulin-dependent diabetes mellitus with coma
  - E11.1 Non-insulin-dependent diabetes mellitus with ketoacidosis
  - E11.2 Non-insulin-dependent diabetes mellitus with renal complications
- E11.3 Non-insulin-dependent diabetes mellitus with ophthalmic complications
- E11.4 Non-insulin-dependent diabetes mellitus with neurological complications
- E11.5 Non-insulin-dependent diabetes mellitus with peripheral circulatory complications
- E11.6 Non-insulin-dependent diabetes mellitus with other specified complications
- E11.7 Non-insulin-dependent diabetes mellitus without complications
- E12 Malnutrition-related diabetes mellitus
  - E12.0 Malnutrition-related diabetes mellitus with coma
  - E12.1 Malnutrition-related diabetes mellitus with ketoacidosis
  - E12.2 Malnutrition-related diabetes mellitus with renal complications
  - E12.3 Malnutrition-related diabetes mellitus with ophthalmic complications
  - E12.4 Malnutrition-related diabetes mellitus with neurological complications
  - E12.5 Malnutrition-related diabetes mellitus with peripheral circulatory complications
  - E12.6 Malnutrition-related diabetes mellitus with other specified complications
  - E12.7 Malnutrition-related diabetes mellitus without complications
- O24 Diabetes mellitus in pregnancy
  - O24.1 Pre-existing diabetes mellitus, non-insulin-dependent
  - O24.2 Pre-existing malnutrition related diabetes mellitus
  - O24.3 Pre-existing diabetes mellitus, unspecified

**Note:**
1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must -
   a. not be inconsistent with this algorithm;
   b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
   c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998.
3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.