

*Steroids and  
Diabetes*



# Case 1

- 62 year old man
- T2DM on metformin
- HbA1c 65mmol/mol, e GFR 40
- PMH – IHD, COPD, HBP, Obesity
- Admitted with severe painful gout, refractory to colchicine
- Started on prednisolone 40mg od
- Started to improve within 48hrs
- Discharged on Prednisolone 30mg, to be reduced by 10mg weekly to 10mg/day
- Rheum OP in 2/12

## *Case 1 cont.*

- Admitted 14 days later
- Marked osmotic symptoms
- Blood glucose 32, HbA1c 85, eGFR 25
- Gout symptoms improved but still troublesome on Pred 20mg daily

## *Case 1 - questions*

- How would you manage him?
- What regimen would you use?
- What would you have done differently?

## Case 1 - progress

- Started on Glargine 14 units od
- CBG profile

| 0800 | 1200 | 1500 | 1800 | 2200 |
|------|------|------|------|------|
| 6.0  | 15.3 | 19.3 | 11.8 | 10.2 |



4 units QA  
insulin

- How would you adjust the regimen?

## Case 2

- 45 year old woman
- Starting chemotherapy for NHL – incl. high dose steroids (Pred 100mg daily)
- Non-diabetic – HbA1c 43mmol/mol
- PMH of gestational DM
- BMI 31

How would you manage her?

# *Steroid Grab Bags*

- Oncology patients starting high dose steroids
- Given to all high risk patients (and diabetes patients not monitoring)
- Advice on who to contact if readings high (2 readings >12)
- Link to YouTube video:  
<https://www.youtube.com/watch?v=cpfdi2Ro6Mw&t=32s>
- Standardised letter to GP

