Management of chronic Diabetes II

Affiliation

Date

## Introduction

Quality diabetes care is a common problem among patients suffering from Gestational Diabetes Mellitus according to AHRQ, (2019) the quality of care for patient living with diabetes will vary based on the social, cultural and economic aspects of the individual. There are however several gaps identified in regard to care which eventually leads to a lot of complications or the death of the patient in addition to costs. The Agency for healthcare research and quality advises that it is important to look at the risk factors which will increase the risk for developing Gestational Diabetes Mellitus which also increases the risk of obesity, history of GDM, increased maternal age, family history with diabetes and belonging to a particular ethnic group (AHRQ, 2019).

The AHRQ recommends that the patient should undergo several screening tests of which the strategy will include a 2 step approach; the 50-g oral glucose challenge test is provided between a span of 23- 28 weeks of gestation if the patient lives in a non-fasting state. After the screening threshold has been met (7.22 mmol/L, 7.50 mmol/L or 7.77 mmol/L, the patient will be given an oral glucose tolerance test. A diagnosis will thus be done when there are 2 or more glucose levels meeting the specified glucose threshold (AHRQ, 2019). However in the 1 step approach, there will be a 75-g glucose load that will be administered after the plasma glucose levels and fasting which are evaluated after 1 and 2 hours (AHRQ, 2019). In this screening the GDM will be diagnosed on when 1 glucose value falls at a specific glucose threshold.

After diagnoses, AHRQ recommends several treatment approaches including changes in personal diet, physical activity, monitoring of individual glucose levels, nutritional education

(AHRQ, 2019). AHRQ also recommends that the most important aspect of treatment is the control of glucoses levels. If the levels are not controlled the patient will be prescribed medication like oral hypoglycaemic insulin agents and increased surveillance in pre-natal care.

## References

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