Diabetes in Clients with Mental Illness

Overview

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Important Points for Case Managers:

- Patients with serious mental illness may be at an increased risk for developing diabetes because of a combination of a family history of diabetes, obesity, poor diet that is high in fat, lack of exercise and some of the medicines they may be taking. Patients with serious mental illness should be screened for risk factors for developing diabetes. If these exist, screening for diabetes should occur every year, especially if they are on or about to start an atypical anti-psychotic medication.
- A patient has diabetes if: A random blood sugar greater/or equal to 200 mg/dL is detected, OR a fasting blood sugar greater/or equal to 126 mg/dL is detected, OR a 2-hour blood sugar greater/or equal to 200 mg/dL is detected after being administered 75 grams of oral sugar, OR a hemoglobin A1C test is 6.5% or higher.
- Every diabetic patient should have a hemoglobin A1c level (also known as HbA1c or glycosylated Hemoglobin) checked every 3-6 months. If this level is above eight percent, the patient's diabetes is considered uncontrolled.
- It is important for case managers to know how to accurately check a patient's blood sugar level. This requires being familiar with the patient's glucometer and blood sugar testing supplies.
- If patients are started on Glucophage (Metformin), they need to have their kidney function checked (blood creatinine level). In patients with kidney disease, this medication may stay in the body longer and subsequently accumulate to toxic levels. Hold Metformin for 2 days before and 2 days after a contrast study.
- Patients started on the Sulfonylurias need to be monitored for hypoglycemia (low blood glucose).
- Diabetic patients who are on insulin therapy often require more than one type of insulin. Insulin may be long-acting (basal), short-acting (bolus or mealtime), or a combination of both. It is important that patients know how to give themselves insulin to avoid low blood sugar episodes. Bolus insulin should never be given without first eating a carbohydrate meal or snack.
- Symptoms of DKA include: fatigue, malaise, thirst, and frequent urination, vomit, abdominal pain and a fruity smelling breath or breath that smells like alcohol. Any schizophrenic patient suspected of having DKA should be immediately referred to EMERGENT medical attention.
- Every diabetic patient should be offered the pneumonia vaccine with a booster at age 65, and the flu

vaccine every year.

- Yearly screening for diabetic patients includes a urine micro albumin test, a dilated eye exam, a foot exam and cholesterol screening. LDL cholesterol should be 100 mg/dL or less in diabetic patients. Blood pressure should be kept well controlled in diabetic patients.
- A patient with chronic mental illness who is treated with clozapine or olanzapine needs to be carefully monitored for the onset of diabetes, exacerbation of existing diabetes, or the onset of DKA. This can occur even in those patients who do not experience weight gain and are not obese. The risk associated with risperidone and quetiapine is less clear.
- The risk of diabetes can be managed effectively by (1) consideration of metabolic risks when starting atypical anti-psychotics, (2) patient, family, and care giver education, (3) baseline screening, (4) regular monitoring, and (5) referral to specialized services when appropriate.