



Keeping up with

# DIABETES APPOINTMENTS

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## Keeping up with Diabetes Appointments

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### Keeping up with Diabetes Appointments

There are a lot of different appointments when it comes to diabetes. There are the obvious ones, but then there are some that tend to get put on the back burner. Here's the rundown on what is recommended for PWD (people with diabetes).

#### Prescribing Provider

Ideally, PWD have access to an endocrinologist – a doctor who specializes in endocrine disorders. The endocrine system is made up of many glands in the body and all the hormones they regulate. Diabetes is considered an endocrine disorder since insulin is a hormone. Endocrinologists typically have the most experience and are up to date on the latest research when it comes to diabetes.

BUT – and that's a big but – the big issue is there are very few endocrinologists, and not nearly enough to care for all people with diabetes. Even more rare are pediatric endocrinologists, forcing many families to drive hours to see their diabetes team. This brings up the challenge of having the ability and time to get to an endocrinologist, which leads many people, particularly adults, to see family physicians or primary care providers instead of endocrinologists.

Primary care providers are important and knowledgeable about a lot of things, but type 1 diabetes is something they may not feel comfortable managing. Between the rapidly changing technologies available, and the challenge in meeting goals, it's understandable why some would shy away from taking on the main care for people with type 1 diabetes. This all being said, there are also many amazing providers out there who are extremely knowledgeable, empathetic, and take excellent care of PWD. At the end of the day, someone must prescribe your medications and order your labs.

The frequency of visits will vary depending on your stage of life, how long you've had diabetes, if you're having difficulty managing it, etc. Typically, the recommendation is to see a provider between 2-4 times a year. Though when you're pregnant with T1D, you almost live there...

#### Recommended Labs

To ensure you catch any issues early, there are many labs that you should have monitored.<sup>1</sup>

Lab Name	Recommended Frequency	What it Measures
Hemoglobin A1C (HbA1C) <i>(Fingerstick or blood draw)</i>	Every 3-6 months	The average glucose level over the last 3 months*
Urine Microalbumin	Yearly or more often if elevated	The amount of protein spilling into urine, an indicator of kidney issues
Cholesterol & Triglycerides: LDL ("lousy" cholesterol), HDL ("good" cholesterol), Total Cholesterol and Triglyceride levels <i>(Fasting blood draw is best)</i>	Yearly or more often if elevated	The cardiovascular risk – the more elevated the LDL, total cholesterol and triglycerides are, the more fat is in the blood stream and the higher the risk for things like heart disease, heart attack, and stroke

Cont'd...

Lab Name	Recommended Frequency	What it Measures
Thyroid Stimulating Hormone (TSH) and Free T4 (Blood draw)	Yearly in childhood or adolescence, unclear for adults	Whether or not the thyroid is making normal levels of thyroid hormone

*\*HbA1C has limitations, and the recommendations are moving more towards Time in Range versus HbA1C, but it is still widely used.*

You may also want to screen for Celiac disease, particularly in childhood or adolescence. Autoimmune hypothyroidism and celiac disease are both commonly associated with type 1 diabetes. There are others, but they are less common. Consider asking your healthcare team about screenings if you have a family history of other autoimmune conditions.

## Retinal Exam

Once you have lived with T1D for three years, or puberty has started, getting a dilated and comprehensive eye exam is recommended every two years.<sup>1</sup> It used to be yearly, but this was recently changed after more data from the long-term diabetes complications and control trial showed that every other year would be safe. In some cases, eye care professionals may even recommend every four years for follow up.

For screening, there are more ophthalmologists (eye doctor qualified to examine the retina) turning to the photographic options for exam versus dilation, though dilation may be necessary if there are any concerns. The retina is in the back of the eye, so getting a clear image is not always the easiest. Dilation is sometimes required because it allows for the best visualization of the retina.

## Dental Care

Just like people without diabetes, normal dental care is important. People with diabetes are more likely to have issues such as gum disease, especially if blood sugars are high more often.<sup>2</sup> It's usually recommended to brush teeth with fluoride twice daily, floss daily, and see a dentist every six months. It's also important to tell your dentist that you have diabetes so that they are aware.

## Diabetes Education

Certified Diabetes Care and Education Specialists (CDCES – formerly CDEs) are other members of your healthcare team that can be extremely helpful in managing diabetes. The key times to see a diabetes educator are:<sup>3</sup>

- At diagnosis
- Around a change in health status – new diagnosis of something else, changes related to aging, weight changes, etc.
- New challenge present – emotional distress, financial challenges, challenges with diabetes devices, etc.
- Annual check-ins

There are many people on your diabetes healthcare team who can help you stay on track for meeting your health goals or identifying any issues early. It's a marathon, not a sprint, and the more support you have around you, the easier it will be.

## References:

1. [American Diabetes Association Standards of Care in Diabetes – 2023](#)
2. [Diabetes and Oral Health](#)
3. [Four Critical Times to See Your Diabetes Educator](#)