Managing glucose control in people with known diabetes on once daily steroids

Taken from Management of Hyperglycaemia and Steroid (Glucocorticoid) Therapy

Assessment of hyperglycaemia in people taking steroids

No previous diagnosis of diabetes

- Check HbA1c prior to the commencement of steroids in individuals perceived to be at high risk.
- On commencement of steroid, recommend capillary blood glucose (CBG) once daily pre or post lunch or evening meal, in those at "high risk" or with symptoms suggestive of "hyperglycaemia".
- If CBG is below 12mmol/L consider the person to be at low risk and record the CBG daily post breakfast or post lunch
- If CBG consistently <10mmol/L consider cessation of CBG testing.
- If a capillary blood glucose is found to be greater than 12mmol/L the frequency of testing should be increased to four (4x) times a day.
- If a capillary blood glucose is found to be consistently greater than 12mmol/L (i.e. on 2 occasions during a 24hr period), then the individual should enter the treatment algorithm below.

Known diagnosis of diabetes

- Reassess glucose control and current therapy.
- Set target blood glucose e.g. 6-10mmol/L.
- Check CBG 4 times a day and use this flowchart to adjust diabetes medication accordingly.
- In Type 1 diabetes also check daily for ketones if CBG >12mmol/L.
- Aim for 6-10mmol/L (acceptable range 6-12mmol/L).

End of Life care

- Discuss changing the approach to diabetes management with the individual, and family or carer, if not already done.
- If the individual remains on insulin therapy, ensure the diabetes specialist team are involved and the management plan is agreed.
- Aim for CBGs 6-15mmol/L and symptom relief.

If steroids are reduced or discontinued:

- Blood glucose monitoring may need to be continued in inpatients and, individuals discharged, assessed by their GP.
- Any changes made should be reviewed and consideration given to reverting to previous therapy or doses.
- If unsure at any stage about next steps or want specific advice on how to meet with the individual's clinical needs or expectations please discuss with the team who usually looks after their diabetes (GP/Specialist Team).
- Glucose lowering treatments such as sulphonylureas and or insulin doses will need to be reduced in tanden with reductions in the steroid dosage.

Assessment of hyperglycaemia in people taking steroids: Algorithm

⚠ This algorithm should not be used for people with or without diabetes who have COVID-19 and are on dexamathasone. In that situation, please refer to the guideline found on pages 32 and 33