

DIABETES REDUCES LIFE EXPECTANCY BY 6-12 YEARS IF NOT DIAGNOSED, TREATED OR MANAGED.



STROKE

Stroke results from interrupted blood flow to the brain due to blood clots or bleeding into the brain. Depending on the site, the person may suffer from acute loss of co-ordination, sensation, speech, vision or die. People with diabetes are **4 times** more likely than those without diabetes to have a stroke.



VISUAL LOSS

Damage to the small blood vessels supplying the back of the eye (retina) can lead to the formation of abnormal blood vessels, which may suddenly bleed leading to visual loss and even blindness. People with diabetes are **25 times** more likely than those without diabetes to lose their vision.



HEART DISEASE

Progressive narrowing and occlusion of blood vessels supplying the heart can lead to heart disease with symptoms such as chest pain, abnormal heart rate and heart failure. People with diabetes are **4 times** more likely than those without diabetes to suffer from heart disease.



KIDNEY FAILURE

Diabetes can damage a large number of blood vessels supplying the kidneys. This can lead to kidney failure causing the retention of waste products and need for dialysis or kidney transplantation. People with diabetes are **2-3 times** more likely than those without diabetes to develop kidney failure. If not well managed, 20-40% of people with diabetes may develop kidney failure after 10 years.



LEG AMPUTATION

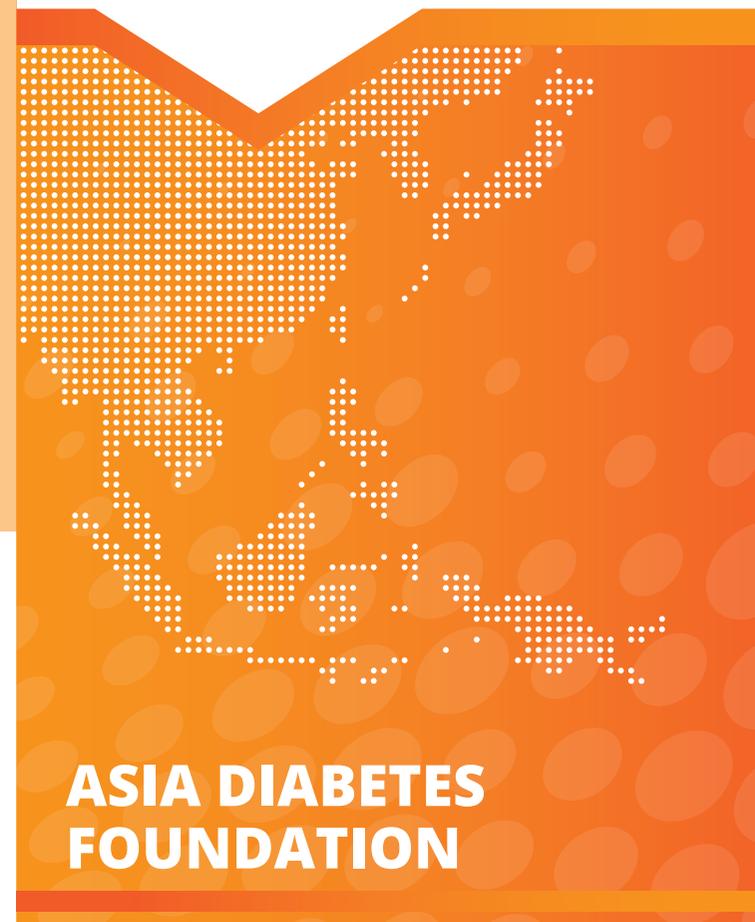
Diabetes can damage blood vessels and reduce nerve sensitivity in the lower limb, putting the feet at risk of wasting, deformities, ulceration and amputation. People with diabetes are **20-40 times** more likely than those without diabetes to develop foot ulcers, which may require lower limb amputation.

References:

- i. IDF Clinical Guidelines Task Force. International Diabetes Federation, 2005
- ii. Chan J et al. Diabet Med. 26:693-699, 2009
- iii. Chan JC et al. Diabetes Care. 32:977-982, 2009
- iv. Chan JC et al. JAMA. 301:2129-2140, 2009
- v. Ko GT et al. BMC Med Inform Decis Mak. 10:26, 2010
- vi. Chan JC et al. Curr Cardiovasc Risk Rep. 5:230-239, 2011
- vii. Seshasai SR et al. N Engl J Med. 364:829-41, 2011
- viii. So WY et al. J Diabetes. 3:109-118, 2011
- ix. Chan JC et al. JAMA Internal Medicine. 174:972-981, 2014
- x. Tutino G et al. Diabetic Med. 34:440-450, 2017



亞洲糖尿病基金會
Asia Diabetes Foundation



**ASIA DIABETES
FOUNDATION**

**DIABETES
COMPREHENSIVE
ASSESSMENT**

Over time, high blood glucose levels damage nerves and blood vessels, leading to heart disease, stroke, kidney failure, leg amputation, impotence and loss of eye sight. High blood glucose is also associated with an increased risk of cancer.

The onset of diabetes and the associated risk factors and complications are often silent.

A comprehensive assessment for risk factors and complications, at diagnosis and every 12-18 months thereafter, is recommended to assess control and detect silent deterioration of clinical conditions for early interventions.

Assessment of psychological health

Living with diabetes can be demanding, requiring lifestyle changes and taking regular medications and/or insulin. The need to self-monitor blood glucose frequently can also be a psychological burden.

At times, people with diabetes may experience anxiety, depression and stress related to living with diabetes. These negative emotions can affect their quality of life and worsen control of their diabetes.

By completing validated questionnaires, these psychological assessments can assist people with diabetes and their care providers to identify and manage these negative emotions more effectively, and in doing so, may also improve their physical health.

Recommended procedures of comprehensive assessment

- + Demographic details
- + Family history
- + Medical and medication history
- + Physical measurements
 - Blood pressure
 - Waist circumference
 - Body weight and height
- + Blood tests
 - Glucose
 - HbA_{1c}
 - Full lipid profile
 - Liver function
 - Renal function
 - Uric acid
 - Complete blood picture
- + Urine test
 - Albumin/creatinine ratio
- + Foot examination
 - Blood vessels (e.g. Doppler)
 - Nerve function
(e.g. tuning fork and monofilament)
- + Eye examination
 - Retinal photography or fundoscopy
- + Cardiac assessment
 - ECG

ASIA DIABETES FOUNDATION

Unit 3, 17/F, Metropole Square, 2 On Yiu Street, Shatin, N.T., Hong Kong



(852) 2637 6624

www.adf.org.hk

Disclaimer: The information in this publication is for reference only. ADF does not warrant or represent that such information is complete, accurate or up to date. All rights of this publication belong to ADF. No part of this publication may be modified, reproduced, copied, distributed or transmitted in any form without prior written permission of ADF. If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.