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Guidelines on self-monitoring of blood glucose in resource constrain society

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Pakistan, a developing country with limited resources, is having huge burden of diabetes and its complications. The local health care providers face limitations due to the related cost while emphasizing on self-monitoring of blood glucose. The lack of health care infrastructure, non-affordability of the patients and non-existence of national guidelines are the most significant obstacles. Having realized these issues, we decided to initiate a project of self-monitoring of blood glucose, "BRIGHT (Better Recommendations, Implementation and Guideline development for Health care providers and their Training)". After extensive literature search, the project team, approached and communicated with "Advisory Board for the Care of Diabetes (ABCD) of Pakistan" for their expert opinion and suggestions. The board members belong to the faculty of main teaching hospitals of the four provinces (states) of Pakistan thus ensuring national representation. The endorsement of these guidelines has paved the way for their uniform implementation all over the country. Development of these guidelines is the first part of BRIGHT project. In the next phase, we have started training of health care providers. Five mega programs have been conducted in this regard in the major cities. So far a patient's log book has also been designed and distributed. Like all other guidelines, this is a living document which will be revised and updated from time to time in the light of new information which becomes available. Following recommendations are proposed to guide people with diabetes and their healthcare providers in the use of Self-Monitoring of Blood Glucose (SMBG): 1) SMBG recommendations would ensure that people with diabetes (and/or their care-givers) and their healthcare providers have the knowledge, skills and willingness to incorporate SMBG monitoring and therapy adjustment into their diabetes care plan, in order to attain agreed treatment goals. 2) SMBG should be considered at the time of diagnosis to enhance the understanding of diabetes as part of individual's education and to facilitate timely treatment initiation and titration optimization. 3) SMBG should also be considered as part of ongoing diabetes self-management education to assist people with diabetes to better understand their disease and provide means to actively and effectively participate in its control and treatment, modifying behavioral and pharmacological interventions as needed, in consultation with their healthcare providers. 4) SMBG protocols (intensity and frequency of SMBG) should be individualized to address each individual's specific educational, behavioral or clinical requirements in order to identify, prevent and manage acute hyper- and hypoglycemia. The requirements of the care provider for collection of data on glycemic patterns and for monitoring the impact of therapeutic decision making should also be addressed. 5) The purpose(s) of performing SMBG and using SMBG data should be agreed between the person with diabetes and the healthcare provider. These agreed-upon goals and actual review of SMBG data should be documented. 6) SMBG requires an easy procedure for patients to regularly monitor the performance and accuracy of their glucose meter. 7) Ketone test should be performed when needed, in type 1 individuals. 8) In accordance with the sick day rule, the frequency of SMBG should be increased in special situations like fever, vomiting and persistent polyuria with uncontrolled blood glucose, especially if abdominal pain or rapid breathing is present.

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