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## Opportunistic screening on admission to hospital: A missed opportunity to detect early

**Ranjna Garg**

Barnet Hospital NHS Trust, UK

**Aims & objective:** Screening for diabetes is recommended for those at risk. Stress hyperglycemia (SH) is a recognized risk factor but not detected or acted upon in non diabetic people, delaying the diagnosis of diabetes. Much need be done to increase early diagnosis of diabetes. Emergency room visits offer an opportunity to identify people at risk of diabetes. The aim of this study was to identify whether this opportunity to screen for diabetes is utilized effectively Method The clinical records of all people attending emergency room over two consecutive days accessed to see

1. Whether a random capillary glucose on admissions (RCGA) was recorded
2. Non-diagnostic RCGA was followed by a repeat glucose test
3. Primary care physician (PCP) were notified of abnormal results

**Results:** N = 299. RCGA checked=74 (24.7%). Known diabetes 18 (6.1%). Non diabetic: 281 (93.9%). Non diabetic people with RCGA  $\geq$  7.8 mmol/l = 31.1% New diagnosed diabetes: 3 (1%) Repeat Fasting glucose: 0 (0%) Non-diabetic people repeat glucose test was not performed in people with abnormal RCGA 23/281 (8.1%). PCP were not notified of the abnormality. 11/59 (20.9%) Non-diabetic patients had abnormal glucose homeostasis (RCGA  $\geq$  7.8mmol/l). New diagnosis of diabetes was missed in 3/281 (1%)

**Conclusion and Discussion:** 76.3% of patients attending Emergency room over two consecutive days missed out on screening test to diagnose diabetes early. New diagnosed diabetes was missed in 1%. No further testing was offered in non diabetic people with abnormal RCGA (8.1%). Abnormal results were not conveyed to the PCP Abnormal RCGA could mean SH or undiagnosed diabetes/impaired glucose homeostasis. People showing SH should have further repeat fasting or HbA1C. SH could mean undiagnosed diabetes or indicate people at risk of diabetes.

**Recommendations:** All patients attending emergency room should have a RCGA. People with SH should be considered "at high risk of diabetes". All results should be conveyed to the Primary physicians. RCGA  $\geq$  7.8mmol/l should have repeat fasting glucose or HbA1C

### Biography

Ranjna Garg (MD) trained in India and did her specialist endocrinology training in United Kingdom. She is currently based at the Royal Free London NHS Foundation Trust, London. She has published in Diabetes and is a keen innovator. Her interests include screening for diabetes, education, new drugs, obesity and high dose insulin therapy using U-500 insulin. She is a keen and enthusiastic teacher and innovator who thinks outside the box and drive to make a difference in people's life.

[ranjna.garg@nhs.net](mailto:ranjna.garg@nhs.net)