Abstract title:

Management Of Hyperglycaemia In Patients Undergoing Chemotherapy In Gwynedd Hospital, North Wales.

Abstract text:

Background:

People with cancer are at an increased risk of developing new onset diabetes or hyperglycaemia, independent of an underlying diagnosis of diabetes, as well as worsening control of their pre-existing diabetes5. They often receive chemotherapy with glucocorticoids(Dexamethasone/ prednisolone) pre and and post treatment for symptom control and as an antiemetic 1. Patient education in hyperglycaemia symptoms and monitoring blood sugar is vital and for persistently raised blood sugar, appropriate interventions are needed.

Objectives:

The aim of this project is to ensure that, in patients receiving glucocorticoids as a part of the chemotherapy regimen, glucose levels are monitored2regularly, and relevant measures are taken when necessary.

Methods:

This was a retrospective study involving 192 patients who received chemotherapy with dexamethasone from 1st to 31st August, 2023 at the Oncology department and local chemotherapy unit of Gwynedd Hospital, North wales. Following data was collected: Background of Diabetes, Venous blood glucose and/or capillary blood glucose before steroid treatment, Baseline and follow up Hba1C.

Audit Standard:
The ‘Joint British diabetes society for inpatient care’ guidelines4were referred to.

Results:

Out of 192 patients - 144 didn’t have a past medical history of Diabetes or impaired glucose tolerance. Hba1c in 82; Follow up Hba1c in 37; venous plasma glucose in 117 and capillary blood glucose in less than 10 patients were checked.

Conclusions:

This study showed that suboptimal number of the patients had their venous plasma glucose and/or baseline Hba1c checked prior to treatment. Monitoring for hyperglycaemia3 needs to be improved in order to meet the standard. Patients prior to starting chemotherapy with glucocorticoid and during each session needs to have their blood glucose checked.

Recommendations:
1. Before starting GC therapy, check - A. Venous plasma glucose; B. Baseline Hba1C.

2. Venous plasma glucose to be checked during each Chemotherapy session.

3. Educating patients in symptoms of hyperglycaemia.

4. Getting Diabetes specialist nurse /Endocrinologist involved when necessary.

5. To notify the GP.

References

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