Diabetes Mellitus Type 2

Diagnosis of Type 2

Address other risk factors

Lifestyle modifications as part of initial management

Measure HbA1c every 3 months depending on control and changes in therapy

Target HbA1c should be ≤7.0%

Have lifestyle modifications been successful?

NO

YES

Consider oral hypoglycaemic agents

Is there renal and/or cardiac dysfunction?

YES

NO

Continue to monitor HbA1c every 6 months

Is Patient’s BMI > 25?

YES

NO

Consider sulphonylurea

Use metformin

Consider either metformin or a sulphonylurea depending on plasma glucose

Adequate control?

NO

YES

Continue to monitor blood glucose and HbA1c 3-6 monthly

Optimise dose of oral hypoglycaemic agent

Adequate control?

NO

YES

If patient on metformin consider adding a sulphonylurea

If patient on sulphonylurea and has normal renal function and has no cardiac dysfunction avoid metformin

If poor renal function: Consider adding a thiazolidinedione or insulin

Is control adequate?

NO

YES

Monitor HbA1c every 3 to 6 months

Consider adding / enhancing insulin therapy

Chronic disease list algorithms

The new Medical Schemes Act requires that chronic diseases be diagnosed and managed according to the prescribed therapeutic algorithms for the condition, published by the Minister of Health.


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Glossary:

- HbA1c – Glycosylated hemoglobin
- BMI – Body mass index

Applicable ICD 10 Coding:

- E11 Non-insulin-dependent diabetes mellitus
  - E11.0 Non-insulin-dependent diabetes mellitus with coma
  - E11.1 Non-insulin-dependent diabetes mellitus with ketoacidosis
  - E11.2 Non-insulin-dependent diabetes mellitus with renal complications
  - E11.3 Non-insulin-dependent diabetes mellitus with ophthalmic complications
  - E11.4 Non-insulin-dependent diabetes mellitus with neurological complications
  - E11.5 Non-insulin-dependent diabetes mellitus with peripheral circulatory complications
  - E11.6 Non-insulin-dependent diabetes mellitus with other specified complications
  - E11.7 Non-insulin-dependent diabetes mellitus with multiple complications
  - E11.8 Non-insulin-dependent diabetes mellitus with unspecified complications
  - E11.9 Non-insulin-dependent diabetes mellitus without complications

- E12 Malnutrition-related diabetes mellitus
  - E12.0 Malnutrition-related diabetes mellitus with coma
  - E12.1 Malnutrition-related diabetes mellitus with ketoacidosis
  - E12.2 Malnutrition-related diabetes mellitus with renal complications
  - E12.3 Malnutrition-related diabetes mellitus with ophthalmic complications
  - E12.4 Malnutrition-related diabetes mellitus with neurological complications
  - E12.5 Malnutrition-related diabetes mellitus with peripheral circulatory complications
  - E12.6 Malnutrition-related diabetes mellitus with other specified complications
  - E12.7 Malnutrition-related diabetes mellitus with multiple complications
  - E12.8 Malnutrition-related diabetes mellitus with unspecified complications
  - E12.9 Malnutrition-related diabetes mellitus without complications

- O24 Diabetes mellitus in pregnancy
  - O24.1 Pre-existing diabetes mellitus, non-insulin-dependent
  - O24.2 Pre-existing malnutrition related diabetes mellitus
  - O24.3 Pre-existing diabetes mellitus, unspecified

Notes:

1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.

2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must:
   a. not be inconsistent with this algorithm;
   b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
   c. comply with all or applicable regulations made in terms of the Medical Schemes Act, 131 of 1998.

3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.