

TREATMENT ALGORITHM FOR HYPERGLYCAEMIA IN THE CONTEXT OF STEROID USE

- **SAFETY POINTS** Prior to commencing on gliclazide or insulin therapy, patients should be equipped with BGM and relevant education regarding hypoglycaemia management and driving responsibilities.
- **GLUCOSE TARGETS:** Glucose target is 6 – 10mmol/l (6 – 12mmol/l is acceptable) pre evening meal. Patients who are elderly, frail, at risk of falling, eating variably or with impaired hypoglycaemia awareness may require a higher target (6-15mmol/l).
- **WHEN STEROIDS ARE DISCONTINUED:** Reduction in insulin or SU therapy **will** be required following reduction or cessation of high dose steroids. This should be guided by HBGM readings **with particular emphasis on the avoidance of hypoglycaemia**. As a guide a 20% reduction in insulin or 40mg reduction in gliclazide weekly as steroids are weaned is reasonable.

Patient not on insulin

BG > 12mmol/l for 3 days. If not already on a sulphonylurea– start gliclazide 40mg in the morning*



If continues BG>12mmol/l titrate rapidly (increments of 40mg daily) to a maximum of 240mg in the morning (caution if eGFR<30 avoid if eGFR <15)).

If hypoglycemia occurs (<4.0mmol/l) stop gliclazide and continue to monitor



Patient on insulin



If remains >12mmol/l or already on insulin refer to diabetes services for insulin start/modification

* if hyperglycaemia is severe (>20 mmol/l) – start gliclazide immediately and titrate rapidly by 80mg daily. If patient clinically unwell **or** glucose >20 for 3 days refer to diabetes service for insulin start via Diabetes registrar through switchboard (WGH/RIE) or through diabetes nurses (SJH-01506 523856)

- **FOLLOW UP:** HbA1c level should be done 3 months after stopping steroids and annually thereafter.