

Current Type 2 diabetes management A national survey 2011

An Australian rural and remote GPs survey

This survey is being conducted to examine the current knowledge, attitudes and practices of rural and remote GPs. Please note that all information you provide for this survey will remain confidential.

The project ethic approval number CF10/2616 – 2010001454.

Please complete the following questions. If you wish to comment on any questions or qualify your answers, please use the space provided on the back cover.

If you would prefer to complete the survey online, please go to: www.surveymonkey.com/s/national-survey-on-type2-diabetes

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Part A: Seeking education

A1. To what extent do the following things influence your decisions regarding diabetes management in day to day practice?

Please rate each item.

	Not influential	A little influential	Very influential
Discussion with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultations with specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes team approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical textbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Popular media (e.g., World Wide Web)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical practice guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information from State health departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicolegal considerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family medical or general practice training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conferences attended in the past two years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undergraduate education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



A2. Which options would you be most likely to utilise to learn more about management with Type 2 diabetes?

Please select all that apply.

- Print-based materials (e.g., reading books and journal papers)
 - Multimedia-based materials (e.g., using video, audio or CD-ROM)
 - Self-directed online research/reading
 - Structured-online learning task (e.g., Active Learning Modules)
 - Interactive tele- or video-conferencing
 - Conference/seminars/lecture attendance
 - Interactive workshop
 - Clinical audit/case review
 - Research investigation/participation
 - Accessing clinical guidelines
 - Other, please specify:
-

A3. Which types of Type 2 diabetes education have you completed during the past three years (mid 2008 to mid-2011).

Please select all that apply.

- Print-based materials (eg., reading books and journal papers)
 - Multimedia-based materials (e.g., using video, audio or CD-ROM)
 - Self-directed online research/reading
 - Structured-online learning task (e.g., Active Learning Modules)
 - Interactive tele- or video-conferencing
 - Conference/seminars/lecture attendance
 - Interactive workshop
 - Clinical audit/case review
 - Research investigation/participation
 - Accessing clinical guidelines
 - None
 - Other, please specify:
-

A4. Please identify any learning needs you have regarding your management of Type 2 diabetes patients.

Use the space below to supply your answer.

Part B: The current prevalence of Type 2 diabetes

B1. How many patients do you see in a month? (Please estimate if necessary)

patients per month

B2. How many of these patients have diagnosed Type 2 diabetes? (Please estimate if necessary)

patients

B3. Do you believe the number of patients you have seen with Type 2 diabetes over the past three years has INCREASED, DECREASED or STAYED THE SAME, compared to ten years ago?

Please select one.

- Increased
 Decreased
 Stayed the same

Part C: Your current practice

C1. In regard to your current management of Type 2 diabetes, please complete the following items.

Please rate each item.

	Disagree	Not sure	Agree
a. I feel that my knowledge and skills are sufficient in managing diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My practice regarding Type 2 diabetes is efficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Guidelines on Type 2 diabetes management is useful for me in providing diabetes care for my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Guidelines on nutrition, exercise and healthy lifestyle is useful for me in providing diabetes care for my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I keep up-to-date on new technology and treatments regarding Type 2 diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I'm confident in using brief counselling techniques including motivating behaviour change and lifestyle modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. At my practice, we usually use a team-based approach for diabetes management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I usually apply evidence based diabetes care in daily practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2. How confident do you feel about providing the following aspects of Type 2 diabetes care?

Please rate each item.

	Not at all confident	Partially confident	Very confident
a. Assessment, testing and diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assisting patients to make lifestyle changes and/or reduce risk factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Effective use of medications: selection, monitoring and adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Effective insulin treatment: selection, administration, monitoring and adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Managing complications of diabetes (eg., eye damage, foot problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Managing care plan, team care arrangements and Medicare items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. Please identify any practice problem you have regarding your current management of Type 2 diabetes patients.

Use the space below to supply your answer.

Part D: Testing your knowledge on Type 2 DM

D1. Which people would you consider to be high risk, and therefore screen for Type 2 diabetes?

Please select all that apply.

- People with impaired glucose intolerance or fasting glucose
- Obese adults aged 30 years and over
- Aboriginal and Torres Strait Islanders aged 35 years and over
- Only Aboriginal and Torres Strait Islanders aged 55 years and over
- People aged 35 years and over from Pacific Islands, India or China
- People aged 45 years and over who are obese (BMI \geq 30 kg/m²)
- Obese children
- People aged 45 years and over with hypertension
- All people with clinical cardiovascular disease
- All women with polycystic ovarian syndrome
- Women with polycystic ovarian syndrome who are obese
- Women with a history of gestational diabetes
- Women aged 50 years and over with a history of gestational diabetes
- People aged 55 years and over
- People aged 45 and over with a first degree relative with Type 2 diabetes

D2. Anne is a 75 year old with a 16 year history of Type 2 diabetes. She has been taking maximal doses of antidiabetic agents (metformin and glibenclamide). Her recent HbA1c was 9.7%. She has a history of hypertension, ischaemic heart disease, hyperlipidemia, recurrent infection (thrush) and arthritis. Is insulin indicated for this patient?

Please select one.

- Yes
- No
- Review in two months
- Unsure

D3. Continuing with the case of Anne, in the instance that insulin is indicated, would you:

Please select one.

- Commence insulin treatment yourself with the patient
- Refer to diabetes specialist for further advice and treatment
- Refer to diabetes educator to commence insulin
- Delay starting insulin and review in 2 months

D4. Which clinical features are typical of Type 2 diabetes.

Please select all that apply.

- Young age (generally)
- Middle age (generally)
- Rapid onset
- Slow onset
- Insulin deficient
- Insulin resistant
- Recent weight loss
- Overweight
- Strong family history

D5. By the year 2025, Type 2 diabetes in Australian adults is forecast to:

Please select one.

- Decrease to 17%
- Decrease to 25%
- Decrease to 30%
- The same rate as the past decade
- Increase to 17%
- Increase to 25%

D6. As a part of routine care for Type 2 diabetes, how frequently should glycated haemoglobin (HbA1c) be measured?

Please select one.

- At least 6 monthly
- 12 monthly
- At least every two years

D7. As a part of routine care for Type 2 diabetes, how frequently should blood lipids be conducted?

Please select one.

- 6 monthly
- Annually
- Every two years

D8. As a part of routine care for Type 2 diabetes, how frequently should renal investigations (microalbuminuria and plasma creatinine) be conducted?

Please select one.

- 6 monthly
- Annually
- Every two years

D9. A team approach to diabetes management in adults is highly beneficial for patients. Which of the following people are most commonly included in a team approach to diabetes management?

Please select all that apply.

- Patient
- General practitioner
- Dietitian
- Diabetes educator
- Counsellor or psychologist
- Podiatrist
- Endocrinologist/diabetes specialist
- Exercise professional
- Oral health professional
- Aboriginal health worker
- Ophthalmologist or optometrist

D10. What proportion of men with Type 2 diabetes experience erectile problems?

Please select one.

- 10 to 15%
- Approximately 25%
- Up to 50%

D11. As a part of the government Service Incentive Program (SIP) how often should a patient with Type 2 diabetes be monitored for blood pressure, body mass index (BMI) and foot health?

Please select one.

- Every 6 months
- Every 12 months
- Initially, then annually

Performing an initial assessment

D12. How often should a patient with Type 2 diabetes see an optometrist or ophthalmologist?

Please select one.

- Initially on diagnosis, then annually
- Initially on diagnosis, then at least every two years
- Initially on diagnosis, and then if the patient presents with visual abnormality

D13. What are the key elements of a foot examination?

Please select the most appropriate answer below.

- Sensation (using 128 hz tuning fork, 10 gm monofilament)
- Pulses
- Skin integrity (including interdigital and sole)
- Abnormal bone architecture
- All of the above

Quiz on oral medication

D14. Initiation and adjustment of oral hypoglycaemic agents is based on which clinical measurement?

Please select one.

- HbA1c
- Patient's self blood glucose results
- Symptoms of hypoglycaemia

D15. When adjusting oral hypoglycaemic agents, how frequently should HbA1c be tested until target HbA1c (7%) is achieved?

Please select one.

- Annually
- 3 monthly
- 6 monthly

D16. Repaglinide can be used in combination with gliclazide with beneficial effects.

Please select one.

- True
- False

Quiz on complications of Type 2 diabetes

D17. Annual complications screening includes

Please select all that apply.

- HbA1c
- Weight
- Blood pressure
- Lipids
- Microalbuminuria
- Se Creatinine, eGFR
- Foot assessment
- Lifestyle review

D18. Patients with poorly controlled diabetes can have up to:

Please select one.

- Four HbA1c per year
- Six HbA1c per year
- Ten HbA1c per year
- Monthly check or as frequent as possible depending on the level of HbA1c

D19. Which steps are required for a thorough foot assessment?

Please select all that apply.

- History of foot problems
- Check for active foot problems including intermittent claudication
- Check pulses
- Test for neuropathy
- Assess footwear
- Assess education needs
- Assess self care capacity, vision, dexterity, mobility

Insulin quiz

D20. D20. Mrs Smile is 52 years old and has had Type 2 diabetes for 15 years. She walks 30 minutes a day and has a waist circumference of 95 cms. She is on Metformin 1gm BD, Diamicron MR 120mg BD and Avanda 8 mg per day. Her latest HbA1c is 9.5% and she has recently seen a dietitian and diabetes educator. A typical pattern of her blood glucose (BG) is as follows:

08.30	10–15 mmol/L
12.30	12–16 mmol/L
17.00	10–14 mmol/L
22.30	17–22 mmol/L

Mrs Smile has started on 10 units glargine mane two weeks ago.

A typical pattern of her BG is as follows:

08.30	8–10 mmol/L
12.30	10–13 mmol/L
17.00	8–11 mmol/L
22.30	7–9 mmol/L

What action do you take?

Please select one.

- Increase the dose of glargine by 2 units
- Swap to BD Mixed
- Add rapid-acting at lunch
- Cease oral hypoglycaemic agents

D21. Mr Laugh, aged 61, started 12 units glargine at 6 pm 4 months ago without achieving target levels. His recent HbA1c is 7.9% down from 8.7%

His BG is as follows (A typical pattern):

08.30	8.1 – 9.3 mmol/L
12.30	7.1 – 8.7 mmol/L
17.00	6.9 – 8.5 mmol/L
22.30	7.9 – 10.4mmol/L

What action do you take?

Please select one.

- Continue on current dose
- Reduce glargine by 2 units
- Encourage lifestyle changes
- Increase glargine by 2 units and review in a few days. Also encourage lifestyle changes

Case Study

D22. Mr Candy is a 54-year-old patient who presents with progressive tiredness and lethargy and blurred vision. On questioning, he has noted urinary frequency and has been getting up 2 to 3 times during the night to pass urine. Urinalysis shows 2% glycosuria and a random blood glucose is 15 mmol/L. When you tell Mr Candy he has diabetes, he expresses concern about losing his sight since he has a friend who had diabetes from childhood and who became blind from diabetic eye damage.

1. Which of the following should you tell Mr Candy?

Please select all that apply.

- His eyes should not be affected by diabetes at this stage
- He requires an eye examination now and he should have his eyes checked at least every two years
- His friend has Type 1 diabetes whereas he has Type 2 diabetes, which is much less likely to affect the eyes than Type 1 diabetes
- The major risk factors for diabetic retinopathy are the duration of diabetes and the level of glycaemic control

2. You decide to assess Mr Candy's eyes for diabetic eye damage. Which of the following are correct?

Please select all that apply.

- Fundoscopy should be performed at diagnosis and every two years as early changes are asymptomatic
- Fundoscopy requires examination through a dilated pupil
- Australian optometrists are trained to assess the retina for diabetic retinopathy
- Only assess visual acuity with Snellen chart

In fact, Mr Candy does have minor background retinopathy. In retrospect you note laboratory blood glucose values exceeding 6.1 mmol/L over the last few years which would suggest that undiagnosed diabetes may have been present for some time. Mr Candy is now very concerned and asks you how likely he is to lose his vision and whether other parts of his body are likely to be affected.

3. Which of the following advice would you give him?

Please select all that apply.

- He should have ophthalmological review at least two-yearly.
- He should have his risk factors and indicators for other diabetic complications reviewed.
- With appropriate self and professional care, it's highly likely that his sight during his lifetime will remain quite adequate for the tasks of daily living.

Part E: Demographic details

Please fill in the following information:

First name:

Family name:

a. **Your age:**

 years

b. **Your gender:**

- Male
 Female

c. **How many years have you been working in general practice?**

 years

d. **Are you:**

- A full time GP
 A part time GP

e. **How many hours do you work in a week?**

 hours

f. **Are you in:**

- Solo practice
 Group practice — If you are in group practice, how many GPs in your practice (including yourself)?

 GPs

g. **How many nurses are employed at your practice?**

 nurses

h. **Are there other health professionals working at your practice who assist with diabetes patient care?**

Please select one.

- No
 Yes – please provide details: (for example, dietitian, diabetes educator etc.) Use the space below to supply your answer.

i. **Do you have access to any specialist services?**

Tick appropriate response for each item.

	Yes	No
Endocrinologist	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmologist	<input type="checkbox"/>	<input type="checkbox"/>
Vascular medicine/cardiology	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes educator	<input type="checkbox"/>	<input type="checkbox"/>
Podiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>
Exercise professional	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor or psychologist	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal health worker	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

j. **Are you currently enrolled in any specialised training or education in diabetes management? Please select one.**

- Yes
 No

Other (please specify)

K. **To improve diabetes management, *Diabetes management in General Practice Guidelines for Type 2 diabetes* have been produced by RACGP and Diabetes Australia. Have you used these Guidelines in day to day practice? Please select one.**

- Yes
 No
 Have not heard about these Guidelines before

How long did you take to complete this survey?

- 10–15 minutes
 16–20 minutes
 21–25 minutes
 26–30 minutes
 31–35 minutes
 >35 minutes

