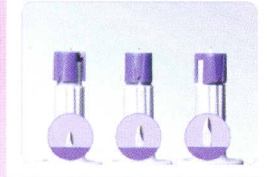


# Diabetic Nurse (Expert Column)

*My patient has Type 2 diabetes and has just started on insulin. The doctor suggests that she does home blood glucose monitoring after discharge. She is agreeable but has some concerns. How do I address these concerns?*

**Conscientious Nurse**



**Dear Conscientious Nurse,**

Let us address the concerns of your patient one by one.

## **Is home blood glucose monitoring really necessary as blood tests are done at every clinic visit?**

Studies have shown the risk of diabetes related complications such as stroke, heart attacks, etc. can be reduced with improved sugar control. Self-monitoring of blood glucose (SMBG) can help her to understand the impact of food, activity, stress and insulin on her blood glucose level. Her doctor can also use SMBG results to adjust her insulin dosage.

## **My patient does not like to prick herself every day. (A) Can she do urine test instead? (B) If not, how frequent does she need to do blood test?**

Your patient does not need to test every day. International recommendation for patients with type 2 diabetes on insulin therapy is 2 to 3 times a day, for two to three days a week. Although urine glucose testing is simple, painless & inexpensive to perform, SMBG is preferred because as it is more accurate and can detect hypoglycaemia.

Do note that for patients with unstable metabolic control, every change in daily routine, alterations of treatment regimens (increase / reduce in insulin or oral hypoglycemic agent dosage) or illness will increase the frequency of SMBG.

## **How do I advise her to select a glucometer?**

Do advise accordingly to their needs. Below are some helpful tips:

### **Cost of the meter/tests strips**

Replenishing the test strips can be costly in the long term, consider a glucometer with the most affordable test strips.

### **Comfort**

If pain is an issue, choose a lancing device with Clixmotion technology. It minimizes skin damage and causes less pain. She can also adjust the penetration depth of the lancet. Remember to advise your patient to prick the side of the fingertip, as it is least painful.

### **Convenience & safety**

For elderly and patients with hand weakness or poor dexterity, a glucometer that requires no handling of lancets is recommended. The lancet devices come in the form of a drum which prevents accidental finger pricks. She can also consider a glucometer that uses large test strips for easy handling.

### **Sample size**

Some glucometers require a very small amount of blood & others require a large drop of blood. The amount of blood needed for SMBG influences the number of times the patient needs to prick the finger.

### **Size of glucometer**

If the patient is always on the move, consider getting a small meter for traveling use.

I hope that this advice is helpful in your discussions with your patient.

**Nurse Clinician (Diabetes) Lam Chin Chin**

## **Are We Scaring Ourselves Silly With Vaccination?**

Are the flu vaccinations that you have taken worked out for you? The chances are, you will probably never know! Not unless you deliberately infect yourself with the flu virus just to test your boosted immunity. Historically, people took pus and scabs from active smallpox lesions and rubbed onto the skin of healthy person to induce immunity against the deadly disease. Intrigued, physician Edward Jenner (1749 – 1823) had also noticed that milkmaids who had been infected with cowpox were immune to smallpox. Cowpox, despite being caused by a virus related to smallpox, scars less and is rarely lethal. When Jenner infected a healthy boy with cowpox, exposed him to smallpox and the boy exhibited no signs of the highly virulent smallpox, vaccination is born.

Each year, seasonal influenza kills about 250,000 to 500,000 people globally. Coupled with the worldwide outbreak of the 2009 H1N1 pandemic, influenza related hospitalizations and its medical complications are straining nations economically. As vaccinations are largely effective in influenza prevention, minimizing its severity and spread, government-endorsed vaccinations are strongly encouraged among the masses.

Flu vaccinations are not without risks. The most prominent example being: during the 1976 swine flu outbreak in United States, her government hastily pushed for mandatory vaccinations for everyone. Their fear of a pandemic was not unfounded; the last H1N1 pandemic in 1918 killed an estimation of 50 to 100 million people and even spread to as far as the Arctic! What resulted from the 1976 mandatory vaccination program was that although only one person died and 13 were hospitalized from the flu, it was the side effects of the vaccination that caused five hundred cases of Guillian-Barre syndrome and 25 deaths.

Concerns have also been raised regarding thimerosal, a mercury-based preservative in vaccines, which was alleged to contribute to autism. The safety of aluminum used in vaccine adjuvants was also questioned. Although currently there is no accepted scientific evidence that the above-mentioned compounds are health-risks, such disputes over the effectiveness and safety of vaccination are still debated around the world.

The purpose of this article is not to discredit vaccination but highlight the opinions and controversy that surrounds it. Although vaccination does not guarantee complete protection, its contribution to mankind is paramount. The eradication of the deadly smallpox and the control of measles and polio have helped to prevent millions of deaths and disability around the world. Flu vaccinations are necessary especially to high-risk groups like healthcare workers and children. As such, it is essential to instill more confidence among the masses towards vaccination.

**Pridester James Ang Wei Kiat**

*The opinions expressed here are the views of the writer*