

Management of Type 2 Diabetes

A 52-year-old man has type 2 diabetes. His diabetes is well controlled with metformin (500 mg) twice daily and long-acting insulin (Insulin glargine 100 ml/unit injectable solution, 20 units), administered once daily. He does not have any other complications associated with his diabetes. He is also on Lisinopril (20 mg) to maintain appropriate blood pressure and kidney function, and aspirin as a cardiovascular preventive service. He visits his primary care physician four times a year, his podiatrist once a year, and his ophthalmologist once a year. Twice yearly he receives tests for his hemoglobin A1C. Once a year he receives blood tests for microalbuminuria, a lipid panel, and a comprehensive metabolic panel. He purchases medication and supplies as needed, including testing supplies so he can test his insulin levels. In addition, he receives diabetes self-management education and medical nutrition therapy education.

He receives an annual influenza vaccine, but has never received a pneumococcal vaccine, so he will receive one this year and another after he turns 65 years of age. His glucagon kit has expired so he will purchase a new kit this year.

DISCLAIMER: This narrative and the accompanying benefit scenario illustrate care for a hypothetical patient receiving treatment for type 2 diabetes. The care, and cost of care, will vary for each patient. No portion of this narrative or the accompanying benefit scenario should be construed as recommendations for care, or cost of care, by the United States Government.

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