# Home monitoring of feline diabetics

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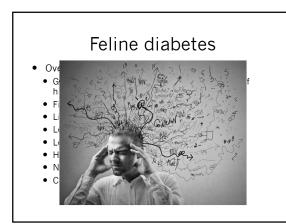
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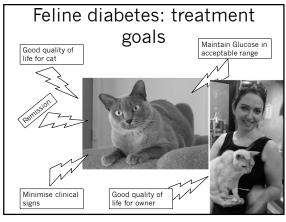
## Feline diabetes

- Very common feline endocrinopathy: 1/250 cats
- Relative or complete lack of insulin production
- Risk factors
  - Male
  - AgeObesity

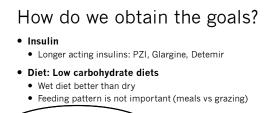


- Breed: DSH, BurmeseMostly a life-long disease
- Some cats can enter remission (20-50%) during first months after diagnosis



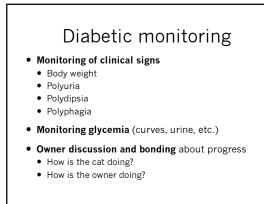






#### Monitoring

Blood/urine glucoseClinical signs





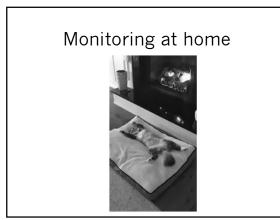
# Monitoring at the vets

- Cat comes into practice
- Vet/assistant sees case
- Physical exam
- Glucose curve
- Decisions made about insulin/diet, etc.

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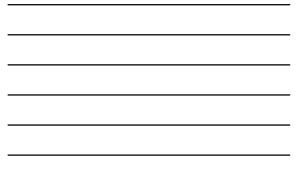


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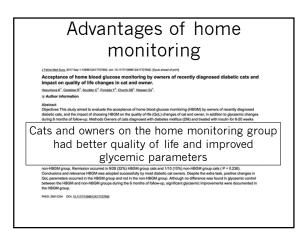




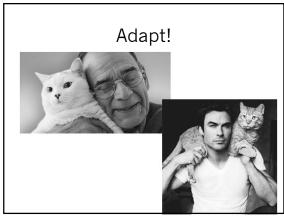


Home monitoring			
Advantages for the owner	Advantages for the cat	Advantages for the veterinary surgeon	
Reduction of veterinary visits & costs	Reduced travel & stress	Improved relationship with clients/improved owner compliance	
Greater involvement in the management of the disease	Improved quality of life	Glucose curve performed according to daily routine	
Blood glucose curves can be done at any/ convenient time	Early detection of hypoglycaemia	Clinician can request immediate testing +/- curve at any time when concerned	
Reduced worry about whether there		Reduction of stress hyperglycaemia	









## Home monitoring

- Can be introduced in the first visit
- Can be delayed for 3-4 weeks until owner
  - Becomes comfortable with diagnosis
  - Becomes used to insulin
  - Learns technique of injection
  - Develops a trusting relationship with you

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## Initial visit: plan of action

### **Discuss initial key aspects**

#### • Insulin-related aspects

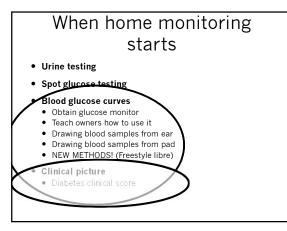
- HOW TO INJECT: where, how, which syringe, etc.
- Owners can practice in front of you
- How to best handle insulin: fridge, drawer, avoid shaking, etc.

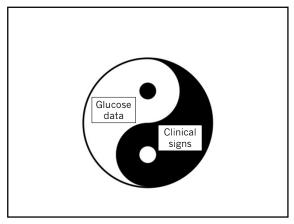
#### • Signs of hypoglycemia/DKA

- Additional questions
  - What to do if cat doesn't eat (yes/no/half insulin, etc.)?
  - What to do if a dose is missed?
  - Accidental overdose?





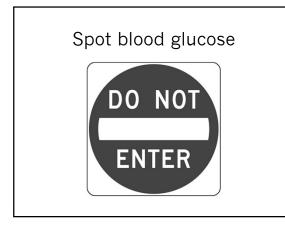






# Urine testing Determine if there is glucose or ketones in urine Useful to do in early stages Hist morning urine If no glucose in urine (possible sign BG is too low): call clinic If ketones present and cat is ill: call immediately If ketones present for 3 days: call clinic Enest of information is not useful Depends on individual's urine threshold Depends on individual's urine output

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# Spot blood glucose: exceptions

- Cats entering diabetic remission
- Anorexic/inapettant cats before/after insulin

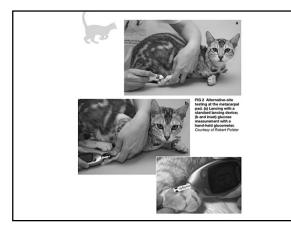
Table 2: example of the insulin dosing guidelines provided to the owner of a diabetic cat on the basis of pre-injection spot home bland alucose testina in anorexic cats or those about to enter diabetic remission

Blood glucose concentration (before food and insulin)	Recommended insulin dose
>15 mmol/l (270 mg/dl)	Full dose of insulin (minimum of 1 IU)
10-15 mmol/l (180-270 mg/dl)	1/2 dose of insulin (minimum of 0.5 IU)
8-10 mmol/l (144-180 mg/dl)	¼ dose of insulin (minimum of 0.5 IU)
<8 mmol/l (144 mg/dl)	No insulin
• If hypoglycemia: reduce	dose

• No other permanent dose changes are justified







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# Blood glucose curves

• How often?

- Not more than every 7-10 days (unless specific reasons)
- How many blood samples? Every 2h
  - Every 2n
    Start at time of insulin injection, then continue for 12-14h until next injection
  - Always include before insulin (and food)
  - If Glucose falls below 180 mg/dl, measure every hour (to detect hypoglycemia and rebound hyperglycemia)

## Blood glucose curves

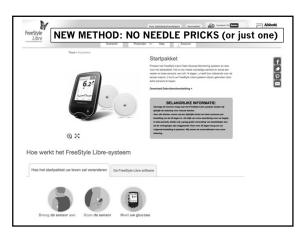
- What can we read from them
  - Nadir (lowest blood glucose concentration):
    - is there a scope for increasing dose?
    - Is there hypoglycemia?
    - Is there no response? (insulin resistance)?
  - Duration of action
    - Should we consider a change in insulin type?

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# • One of the most useful glycemic tools

- But beware!
  - Some owners may find it a burden!
  - Very significant day-to-day variability
  - ALWAYS to be interpreted with the clinical signs
  - Exception: hypoglycemia







# Alpha-track vs Freestyle Libre

#### Alpha-track

- Requires regular pricks
- Provides Capillary Glucose reading
- Owners write down results
- Provide information about glucose curves
- No further pricks neededResults are displayed on PDF form

 Provides interstitial Glucose

Information about TRENDS
 during several days

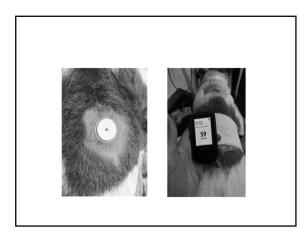
Freestyle

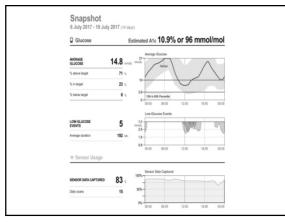
 Requires placing probe at the vet practice

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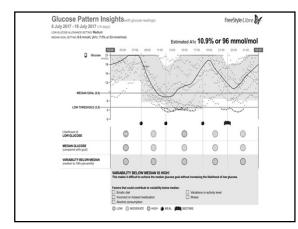


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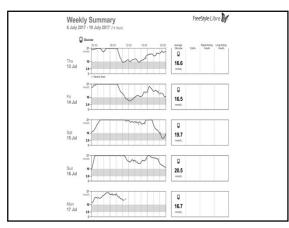










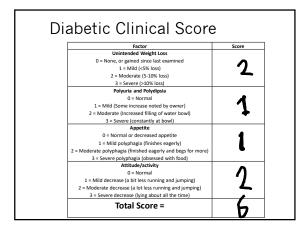




### Home monitoring: clinical signs

- NO GLYCEMIC PARAMETER SHOULD BE INTERPRETED WITHOUT THIS
- Focus on clinical parameters associated with hypoglycemia and hyperglycemia
   Tremors, disorientation, weakness, seizures
  - Polyuria, polydipsia, polyphagia, weight loss
- Other clinical signs : vomiting, diarrhea
- Monitor body weight

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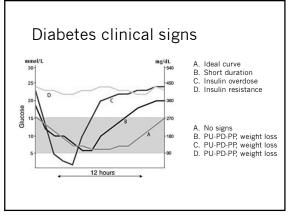


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### Diabetes clinical signs: limitations

- Sometimes subtle hypoglycemia does not show signs
- Insulin overdosing (Somogy overswing) can sometimes look the same as underdosing







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## Home monitoring: conclusions

- Improves glucose control and quality of life
- Not suitable for everyone
- Important to adapt to each patient-owner duo
- Always interpret glycemic parameters with clinical signs
- Modern technology makes it even easier
  - Diabetes apps
  - Freestyle libre



