

# 2nd workshop on NCD diagnosis and periodic health examination

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EUROPEAN UNION  
HEALTH FACILITY

# Objectives of the session

- Sharing updates on progress
- Sharing news on the global policy environment
- Validating the scientific content of the conditions diagnosis elements and PHE recommendation
- Collecting recommendations on the design of a PHE record instrument

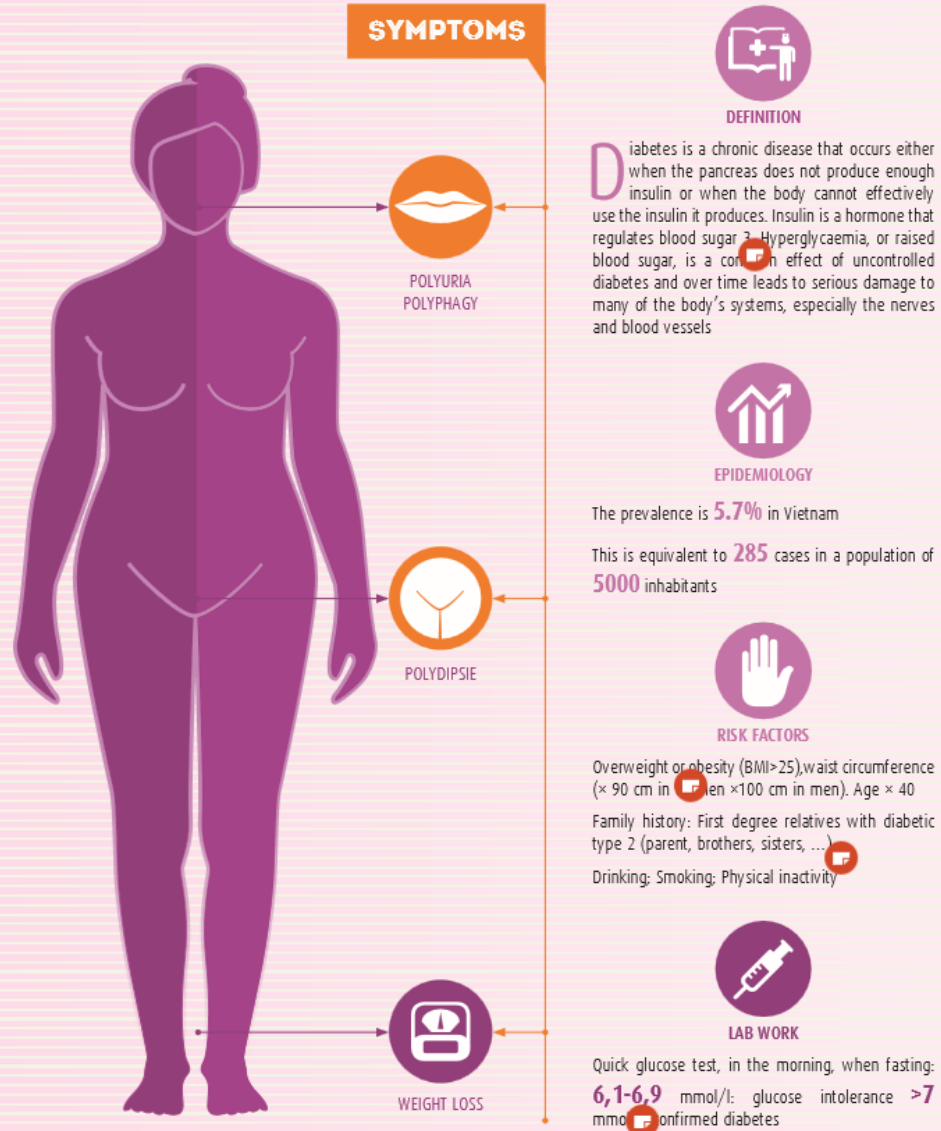


# Progress to date

- Completed a first full version of the conditions diagnosis content
- Initiated the production process with a designing company (Luck House)
- Ready, after comments and validation to launch the production of the first complete mock-up of the handbook
- Pending the establishment of the Technical Review Board which will give the final, official validation of the handbook

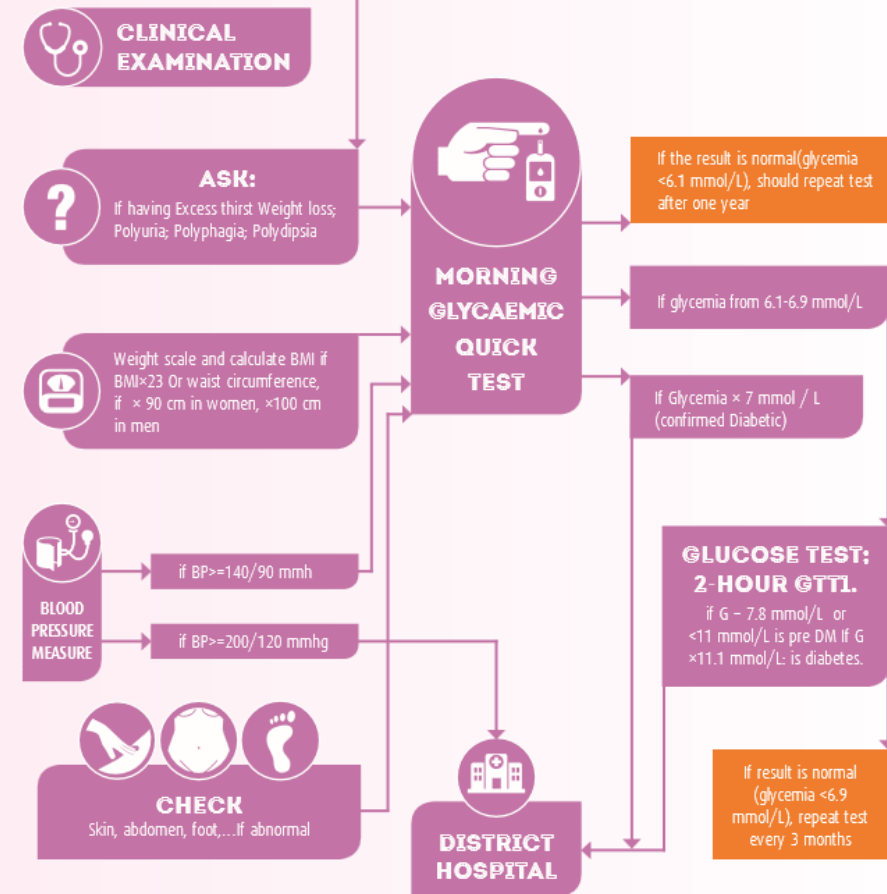


# DIABETES MELLITUS TYPE II



## TARGET CLIENTS

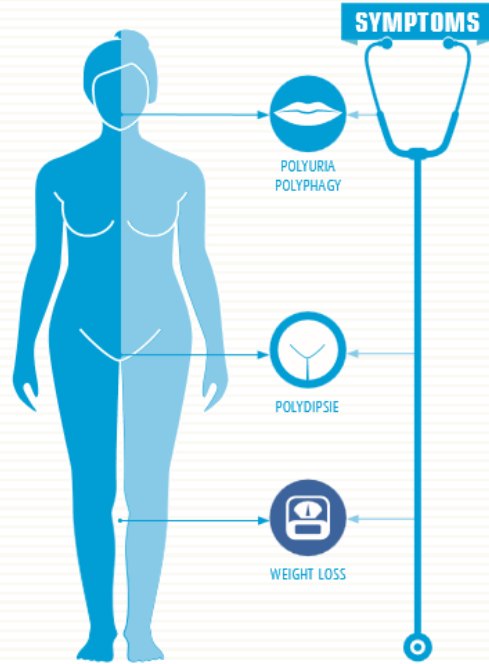
AGE ≥ 40; SMOKING; DRINKING; PHYSICAL INACTIVE; OVERWEIGHT/OBESITY  
PERSONS HAVE FIRST DEGREE RELATIVES WITH DIABETIC TYPE 2 (PARENT, BROTHERS, SISTERS)



**NOTES: RECORD ALL INFORMATION OF CLIENTS, DATE OF VISIT AND FOLLOW UP**

# DIABETES MELLITUS

## Type II



### DEFINITION

Diabetes is a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces. Insulin is a hormone that regulates blood sugar. Hyperglycaemia, or raised blood sugar, is a common effect of uncontrolled diabetes and over time leads to serious damage to many of the body's systems, especially the nerves and blood vessels.



### EPIDEMIOLOGY

The prevalence is **5.7%** in Vietnam. This is equivalent to **285** cases in a population of **5000** inhabitants.



### LAB WORK

Quick glucose test, in the morning, when fasting: **6,1-6,9** mmol/l; glucose intolerance **>7** mmol/l; confirmed diabetes



### RISK FACTORS

Overweight or obesity (BMI>25), waist circumference ( $\geq 90$  cm in women  $\geq 100$  cm in men), Age  $\geq 40$   
Family history: First degree relatives with diabetic type 2 (parent, brothers, sisters, ...)  
Drinking; Smoking; Physical inactivity

## TARGET CLIENTS

AGE  $\geq 40$ ; SMOKING; DRINKING; PHYSICAL INACTIVE; OVERWEIGHT/OBESITY  
PERSONS HAVE FIRST DEGREE RELATIVES WITH DIABETIC TYPE 2 (PARENT, BROTHERS, SISTERS)

### CLINICAL EXAMINATION



#### ASK:

If having Excess thirst  
Weight loss; Polyuria;  
Polyphagia; Polydipsia



Weight scale and calculate BMI: if BMI  $\geq 23$  Or waist circumference, if  $\geq 90$  cm in women,  $\geq 100$  cm in men



### BLOOD PRESSURE MEASURE

if BP  $\geq 140/90$  mmHg

if BP  $\geq 200/120$  mmHg



### CHECK

Skin, abdomen, foot...if abnormal

### MORNING GLYCAEMIC QUICK TEST

If the result is normal (glycemia  $< 6.1$  mmol/L), should repeat test after one year

If glycemia from 6.1-6.9 mmol/L

If Glycemia  $\geq 7$  mmol / L (confirmed Diabetic)

### GLUCOSE TEST; 2-HOUR GTT.

if G  $\leq 7.8$  mmol/L or  $< 11$  mmol/L is pre-DM if G  $\geq 11.1$  mmol/L: is diabetes.

If result is normal (glycemia  $< 6.9$  mmol/L), repeat test every 3 months



### DISTRICT HOSPITAL



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# An enabling political environment

- Recent supportive declaration and initiatives in the domain at hand: primary care, information recording: Deputy PM Vu Duc Dam



# Objectives of the day

- Reviewing the proposed content for each condition (group session):
  - Commenting, editing or validating content
  - Answering some key questions as asked in the forms
- Proposing mechanisms to implement periodic health examination in CHCs (plenary session):
  - How to record information at CHC level?
  - How to motivate patients to come back?
  - How to keep track of due visits for at-risk patients?

