



## Credit for Learning

### • TYPE 2 DIABETES •

#### 1. Diabetes mellitus (DM):

- a) Is a metabolic disorder T F  
 b) Is underdiagnosed in the UK T F  
 c) Requires a team approach in its management T F  
 d) Is not only a problem of blood glucose T F  
 e) Can be cured T F

#### 2. In considering type 2 DM:

- a) It proceeds through a stage of impaired glucose tolerance T F  
 b) It can be prevented T F  
 c) It has increased familial tendency T F  
 d) It is not a progressive disorder T F  
 e) Good blood glucose control prevents chronic complications T F

#### 3. Insulin is required in type 2 DM:

- a) To prevent diabetic ketoacidosis T F  
 b) In pregnant women T F  
 c) At the diagnosis if fasting blood sugar is very high T F  
 d) During and after major surgery T F  
 e) When one oral agent fails to control blood glucose T F

#### 4. The WHO revised criteria specify that for the diagnosis of DM to be made, the following must be present:

- a) Polyuria T F  
 b) A random blood glucose of 11.1mmol/L or a fasting blood glucose of over 7mmol/L T F  
 c) A two-hour plasma glucose level of 7mmol/L after a 75G glucose load T F  
 d) Weight loss T F  
 e) If asymptomatic, at least two glucose tests within the diabetic range on different days T F

#### 5. The following is true:

- a) About 2.4 million people in the UK have DM T F  
 b) 80 per cent of all people in the UK with DM have type 2 disease T F  
 c) DM may arise because of excessive secretion of growth hormone T F  
 d) Most individuals with acute pancreatitis develop DM T F  
 e) Ketosis may occur in non-diabetic patients T F

#### 6. In relation to risk factors for the development of type 2 DM :

- a) Identical twins have a near 100 per cent concordance rate for type 2 DM T F  
 b) Patients with type 2 DM confer a 50 per cent probability of developing the disease to their offspring T F  
 c) World-wide, there is a significantly greater tendency for males to develop type 2 DM than females T F  
 d) Disease primarily due to insulin deficiency is typically characterised by fasting hyperglycaemia T F

- e) Disease primarily due to insulin resistance is typically characterised by post-prandial hyperglycaemia T F

#### 7. In the development of type 2DM:

- a) Hyperinsulinaemia may aggravate insulin resistance T F  
 b) Patients who are morbidly obese invariably have impaired glucose tolerance T F  
 c) Patients with gestational diabetes have an increased risk of developing type 2 DM later in life T F  
 d) Foetal malnutrition may confer an increased risk of diabetes in future adult life T F  
 e) Type 2 DM may occur in some patients as a result of starvation T F

#### 8. Sulphonylureas:

- a) Should be used with caution in patients who are breast-feeding T F  
 b) Should be avoided in renal failure T F  
 c) Require islet  $\beta$ -cell activity for a therapeutic effect T F  
 d) Have a secondary failure rate of between 5 and 10 per cent of patients receiving them each year T F  
 e) May produce hypoglycaemia which is generally easy to reverse with oral glucose administration T F

#### 9. Metformin:

- a) Is most useful in obese type 2 DM patients T F  
 b) Acts primarily by increasing insulin secretion within the pancreas T F  
 c) May accumulate in hepatic failure T F  
 d) Has an increased risk of causing lactic acidosis if used in patients with severe heart failure T F  
 e) May reduce fasting glucose by about 25 per cent T F

#### 10. With other oral drugs in the management of type 2 DM:

- a) Acarbose mainly reduces post-prandial hyperglycaemia; it has little effect on fasting blood glucose T F  
 b) Repaglinide is most useful in reducing fasting hyperglycaemia T F  
 c) Thiazolidinediones act mainly by reducing insulin resistance T F  
 d) Thiazolidinediones may be expected to have a lower treatment failure rate than sulphonylureas T F  
 e) Troglitazone was withdrawn because of severe hepatotoxicity T F