



HbA1C 5.5-5.9% and/or FPG 5.6-6.0 mmol/L Patient is at risk of diabetes. Consider rescreening more often and/or referral to primary care provider for 75 g OGTT if patient has ≥ 1 risk factor for T2DM. HbA1C <5.5% and/or FPG <5.6 mmol/L Patient is within normal range. Recommend rescreening as per guidelines (refer to box on Target Populations).

POCT Results

HbA1C ≥6.5% and/or FPG ≥7.0 mmol/L

this table) should be used

Above target

HbA1C 6.0-6.4% and/or FPG 6.1-6.9 mmol/L

Some T2DM with a low risk of hypoglycemia

Within patient's individualized target range

trends and determine next steps

· Review medications and adherence

Pharmaceutical Opinion Prescription adaptation/renewal

• Adherence packaging (e.g., dosette, blister packing)

Ensure immunizations are up to date, e.g., influenza, pneumococcal

• Follow-up medication review/MedsCheck Follow-up/Diabetes Education Follow-up

Book an

appointment

Obtain informed consent and perform POCT

Pharmacist interprets the results and provides patient consultation

SCREENING

~ If both HbA1C and FPG values are available but are not aligned, the result that indicates the highest risk of diabetes for the patient (i.e., closest to the top of

MONITORING*,xii Target Ranges⁴

HbA1C (%)

primary care provider for 75 g OGTT.

Proceed with POCT

today

(based on class of antihyperglycemic agent used and patient-specific characteristics) ≤6.5 to reduce the risk of nephropathy and 5-10 4-7 retinopathy Most T1DM or T2DM ≤7 Some T1DM or T2DM who are functionally 7.1-8.0 (for those who are (4-5.5 if HbA1C goal is not (5-8 if HbA1C goal is not dependent, frail elderly with or without functionally dependent) achieved but balance against achieved but balance against dementia, have recurrent severe risk of hypoglycemia) risk of hypoglycemia) hypoglycemia and/or hypoglycemia unawareness or have limited life expectancy 7.1-8.5 (for all other individuals) # General recommended target ranges for most adults (218 years old) are provided however glycemic targets should be individualized for each patient based on patient-specific factors $If blood glucose \ readings \ are \ suspected \ to \ be \ inaccurate \ or \ discordant \ from \ HbA1C, \ refer \ to \ primary \ care \ provider \ for \ a \ lab \ glucose \ test.$ **POCT Results** Suggested Action

Assess for signs and symptoms of hyperglycemia

Assess for signs and symptoms of hypoglycemia

disease, nerve damage, vision problems) Consider therapy adjustments/additions as necessary

Refer to primary care

provider/No longer

interested

2-hr PPG (mmol/L)*

Suggested Action

Patient may have diabetes. Refer to physician for further assessment and diagnosis.

Patient may have prediabetes. Consider rescreening more often and/or referral to

FPG (mmol/L)*

Educate on potential issues caused by high blood glucose levels (e.g., kidney disease, heart

Provide encouragement to continue to reach/maintain therapeutic goals

Provide education on recognition and treatment of hypoglycemia Consider therapy adjustments/discontinuations as necessary

COUNSELLING General Tips (as applicable) Evaluate home blood glucose records, if available Assess how often and when the patient tests their blood glucose and/or develop a plan to obtain additional glucose readings to assess

Review nonpharmacological interventions such as dietary habits, smoking cessation, physical activity levels, weight changes, etc Review ongoing monitoring of other body systems e.g., diabetic foot care, blood pressure measurements, lipid profile, screening for chronic kidney disease, and eye examinations

- **EXAMPLES OF ADDITIONAL SERVICES THAT MAY BE OFFERED** ${\bf Medication\ review/MedsCheck\ Annual/MedsCheck\ Diabetes\ Annual}$
- Document and notify patient's primary care provider

Schedule follow-up as required

(Refer to the OPA Suggested Fee Guide for Uninsured Clinical and Professional Pharmacy Services for more information as required)

specific to special populations (e.g., children, pregnancy), please refer to the Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada.

Note: Information provided in this resource pertain to most adults ≥18 years of age. For more information, including guidance

CANRISK: Canadian Diabetes Risk Assessment Questionnaire; FPG: fasting plasma glucose; HbA1C: hemoglobin A1C/glycated hemoglobin; OGTT: oral glucose tolerance test; OHIP: Ontario Health Insurance Plan; POCT: point-of-care test; PPG: postprandial glucose; **T1DM:** Type 1 Diabetes Mellitus; **T2DM:** Type 2 Diabetes Mellitus

The Ontario Pharmacists Association (OPA) provides this material to pharmacy professionals for informational purposes only and is intended to assist pharmacy professionals with initiating discussions with patients about point-of-care testing but does not replace professional judgment and responsibilities. It is provided without warranty of any kind by OPA and OPA assumes

DISCLAIMER:

ABBREVIATIONS:

no responsibility for any errors, omissions or inaccuracies therein. The decision for use and application of this document is the responsibility of the user. OPA assumes no liability for such use and application or any resulting outcomes. It is the responsibility of the pharmacy professional to use professional judgment in evaluating this material in light of any relevant clinical or situational data. It is intended to supplement materials provided by regulatory authorities, and should there be any discrepancies, municipal, provincial, and federal laws, policies and guidelines shall prevail. This information is up to date as at the date of

- REFERENCES: Diabetes Canada Clinical Practice Guidelines Expert Committee, Ekoe, J. M., Goldenberg, R., & Katz, P. (2018). Screening for Diabetes in Adults. Canadian journal of
- diabetes, 42 Suppl 1, S16-S19. https://doi.org/10.1016/j.jcjd.2017.10.004 ii. Diabetes Canada Clinical Practice Guidelines Expert Working Group, Cheng, A., Feig, D. S., Ho, J., Siemens, R., & Diabetes Canada Clinical Practice Guidelines Steering Committee (2021). Blood Glucose Monitoring in Adults and Children with Diabetes: Update 2021. Canadian journal of diabetes. 45(7), 580-587 https://doi.org/10.1016/j.jcjd.2021.07.003
- iii. Diabetes Canada. (2018, May 18). Self-Monitoring of Blood Glucose (SMBG) Recommendation Tool for Health-care Providers. Accessed June 10, 2022. $\underline{\text{http://guidelines.diabetes.ca/docs/resources/self-monitoring-blood-glucose-recommendation-tool.pdf}}$ iv. Diabetes Canada Clinical Practice Guidelines Expert Committee, Berard, L. D., Siemens, R., & Woo, V. (2018). Monitoring Glycemic Control. Canadian journal of diabetes,
- 42 Suppl 1, S47-S53. https://doi.org/10.1016/j.jcjd.2017.10.007
- Mansell, K & Arnason, T. Diabetes Mellitus. (2021). Therapeutic Choices. Canadian Pharmacists Association. Accessed June 9, 2022. http://www.myrxtx.ca vi. Ministry of Health: Ontario Health Insurance Plan: Laboratories and Genetics Branch. (2020, July 1). Schedule of Benefits for Laboratory Services. Government of Ontario
- ed March 25, 2022. https://www.health.gov.on.ca/en/pro/programs/ohip/sob/lab/lab_mn vii. Florkowski, C., Don-Wauchope, A., Gimenez, N., Rodriguez-Capote, K., Wils, J., & Zemlin, A. (2017). Point-of-care testing (POCT) and evidence-based laboratory medicine (EBLM) - does it leverage any advantage in clinical decision making?. Critical reviews in clinical laboratory sciences, 54(7-8), 471-494.
- https://doi.org/10.1080/10408363.2017.1399336
- viii. Nichols, J. H. (2020). Chapter 19 Point-of-care testing. In W. Clarke & M. A. Marzinke (Eds.), Contemporary Practice in Clinical Chemistry (Fourth Edition) (pp. 323-336).
- Academic Press. <u>https://doi.org/10.1016/B978-0-12-815499-1.00019-3</u> ix. Government of Canada. (2021, March 19). Safe Medical Devices in Canada. Accessed May 11, 2022. $\underline{https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/activities/fact-sheets/safe-medical-devices-fact-sheet. \\\underline{https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/activities/fact-sheets/safe-medical-devices-fact-sheet. \\\underline{https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/activities/fact-sheets/safe-medical-devices-fact-sheet. \\\underline{https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/activities/fact-sheets/safe-medical-devices-fact-sheets/safe-medical-$
- x. Health Quality Ontario (2014). Point-of-Care Hemoglobin A1c Testing: An Evidence-Based Analysis. Ontario health technology assessment series, 14(B), 1-30. xi. Rebel, A., Rice, M. A., & Fahy, B. G. (2012). Accuracy of point-of-care glucose measurements. Journal of diabetes science and technology, 6(2), 396-411.

xii. Diabetes Canada Clinical Practice Guidelines Expert Committee, Imran, S. A., Agarwal, G., Bajaj, H. S., & Ross, S. (2018). Targets for Glycemic Control.