

WORLD SUMMIT ON DIABETES

June 16-17, 2021 | Webinar

A Consensus Statement of the Associazione Medici Diabetologi (AMD), Società Italiana di Diabetologia (SID), Società Italiana di Endocrinologia e Diabetologia Pediatrica (SIEDP)

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Diabetic ketoacidosis (DKA) is a serious medical emergency once considered typical of type 1 diabetes (T1DM), but now reported in type 2 and GDM patients too. Though, DKA can cause severe complications and even prove fatal. These recommendations, based on international and national guidelines, are designed to help healthcare professionals reduce the frequency and burden of DKA. Strategies for the early diagnosis of T1DM help to prevent DKA, and include: health education to improve people's awareness; identifying high-risk individuals based on family history, genetic and immunological screening. Other preventive strategies are: patients' active involvement in diabetes treatment, and careful use of medication prescribed by doctors. In particular patients need to know the importance of blood glucose monitoring (at least 4 times a day, and more frequently in case of illness, use of medication that raises blood sugar, or stress) to identify any significant variations outside normal range. Then they must be able to make insulin dose adjustment based on diabetologists' recommendations according to blood glucose levels, physical exercise, and other factors influencing glycemic control. They need to know to check on hematic or urinary ketone levels in the event of high blood glucose levels (above 250 mg/dl, or 200 mg/dl in pregnancy) in two separate, successive tests. And that if the ketone test is positive, a doctor, diabetologist or emergency service should be contacted immediately. In this context the early detection of BHB in the capillary blood is essential for patients on CSI.

Biography

Degree Medicine Padua- University 1978 (30/ honors). 1980-2006 Assistant Professor ,October 2006-Associate Professor DIMED, Padua-University. Qualification Full Professor 2014. Responsible Structure High Specialization Diabetes Pregnancy 2005 ULSS-16 now ULSS6 October 2011- Head UO Diabetologia ULSS-16 then ULSS6 Specialization Endocrinology 1981, Internal Medicine 1991, Qualification Chief Diabetology 1987. Institutional Activities: member: SID Board 2008-2012; SIBioC Diabetes Interassociation- Study Group; EAPM Advisory Board, EASD Diabetes-Pregnancy- European- Study- Group (DPSG); International –Association- Diabetes Pregnancy- Study- Group (IADPSG), AMD Scientific Committee since 2019, coordinator Diabetes Pregnancy Group SID 1998-2002;

Member: Veneto Region Commissions: Diabetes ,Diabetes AIR Working Group, PDTA Diabetes, PDTA Diabetes Pregnancy,. Coordinator Working Groups PDTA Obese Child, Obese, Pregnant, adult ULSS6. Collaborations Ministry of Health: Commission Member: License decree, Guidelines diagnosis gestational-diabetes (2011); recommendations: " obesity, diabetes 2011", Clinical-organizational guidelines for prevention of pregnancy complications "(2017-2018), updated guidelines for " Physiological Pregnancy " 2020. Research: Study of advanced-glycation , glycooxidation in diabetes; mass spectrometry evaluation of glycooxidation markers; diabetes and obesity pregnancy Collaborations: Mass Spectrometry Service CNR - Padua; DPSG (DALI research European Community); IADPSG.

Postgraduate-training USA 1989, 1990 Cleveland Case –Western-University (non-enzymatic glycation research), USA 1998 Massachusetts- General- Hospital (diabetes course). Teaching activity: University Course o Medicine, Surgery, Nurse, Dietitians, Schools Specialization Endocrinology, Geriatrics, Padua-University.

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