

Centre d'accès aux soins communautaires (CASC) : 310-CASC

Évaluation, diagnostic et prévention

Arnprior Hospital	1-855-293-7838
Barry's Bay St Francis Memorial Hospital	1-855-293-7838
Carleton Place & District Memorial Hospital	613-257-2200
Kemptville District Hospital	613-258-4997
Hôpital régional de Pembroke	1-855-293-7838
Renfrew Victoria Hospital	613-432-4851
CHEO-Centre des saines habitudes de vie	613-260-1477
Ligne santé Champlain	www.lignesanteChamplain.ca

Services éducatifs

Barry's Bay St Francis Memorial Hospital	1-855-293-7838
Carleton Place & District Memorial Hospital	613-257-2200
Kemptville District Hospital	613-258-4997
Deep River and District Hospital	1-855-293-7838
Hôpital régional de Pembroke	1-855-293-7838
North Lanark CHC	613-259-2782
Renfrew Victoria Hospital	1-855-293-7838
Rideau Valley Diabetes Services	613-284-2558 1-877-321-4500

[CHEO](#) 613-737-7600 poste 3719

[Algonquins of Pikwakanagan - Services de santé](#) 1-855-293-7838

[Arnprior Hospital](#) 1-855-293-7838

Ressources Internet

Faisons face au diabète	1-800-668-9938
Passeport diabète	1-800-668-9938
Association canadienne du diabète	1-800-226-8264
Ressources pour professionnels	1-877-510-510-2
Saine alimentation Ontario	1-877-510-510-2
www.lignesanteChamplain.ca	613-798-5555 poste 18054
Champlain CVD Prevention Network	613-798-5555 poste 18054
Vivre en santé Champlain	613-562-6262 ext 1699 1-877-240-3941
Quality Improvement & Innovative Partnership	

Soins à domicile

CASC de Champlain	310-CCAC
Ligne Santé Champlain	www.lignesanteChamplain.ca
Fondation de recherche sur le diabète juvénile	613-244-4818
Ressources communautaires pour personnes handicapées	613-724-5886
Association canadienne pour le diabète	1-800-226-8264
Pembroke & District office	1-800-226-8264
Centre de coordination régional de lutte contre le diabète de la région de Champlain	613-233-4443 poste 2118

Gestion des risques attachés aux maladies chroniques

Systèmes personnels d'intervention d'urgence	310-CASC
Institut de cardiologie de l'université d'Ottawa	
Clinique d'hypertension	613-761-5429
Clinique des lipides	613-761-5257
Ottawa Cardiovascular Centre	613-738-1584
Unité de diabète, Hôpital d'Ottawa	
Insulinothérapie intensive	613-738-8400 x 88333
Cliniques ambulatoires d'hypertension	
Pembroke	613-732-2811 x6613
Renfrew	613-432-4851
Deep River	613-584-1266 x163

Néphrologie

Ottawa Hospital	613-722-7000
Renfrew Victoria Hospital	613-432-4851 x107

Gestion du poids

Clinique de gestion du poids de l'hôpital d'Ottawa	613-761-5101
Bariatric Medical Institute	613-730-0264

Soins des pieds

[Soins des pieds - région de Champlain](#)

Activité physique

[Programmes corps à cœur](#) 613-798-5555 poste 18691

Sensibilisation à la santé cardiovasculaire

[Pembroke](#) 613-732-3675 poste 7310

Renoncement au tabac

Renfrew County & District Health Unit	613-732-3629
Quit smoking programs	ou 1-800-267-1097
Leeds, Lanark, & Grenville District Health Unit	
Quite smoking programs	613-345-5685 ou 1-800-660-5853
Institut de cardiologie de l'université d'Ottawa	613-761-5464 1-866-399-4432
Téléassistance pour fumeurs	1-877-513-5333

Programmes de mise en charge personnelle

Vivre en santé Champlain	613-562-6262 poste 1699 1-877-240-3941
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Services de répit / Soutien aux aidants

CASC de Champlain	310-CASC
Ligne santé Champlain	www.lignesanteChamplain.ca

Services de réadaptation

[Rehabilitation Integrated Transition Tracking System](#)
[RITTS program](#)

Aide au transport

[Transport - Accessible](#)
[Transport - Bénévole](#)

Assistance pour aliments, support nutritionnel, banques d'aliments

Saine alimentation Ontario - Appelez un(e) diététiste	1-877-510-5102
Arnprior & District Food Bank	613-623-4431
Deep River & Area Food Bank	613-584-2418
Eganville & District Community Food Bank	613-628-2845
St. Joseph's Food Bank - Pembroke	613-732-3807
Renfrew & District Food Bank	613-433-9216

[Services de livraison de repas](#)

[Repas congelés](#)

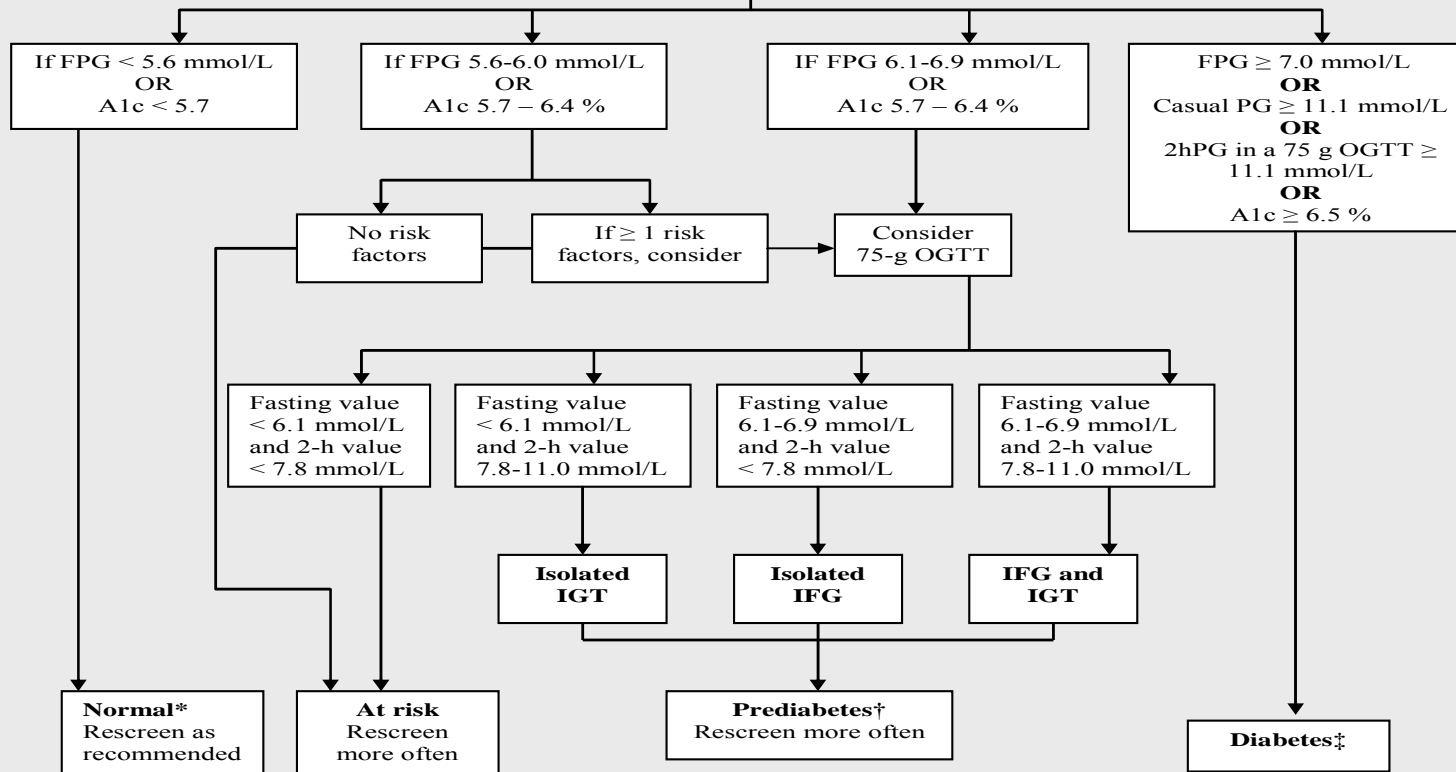
Assistance financière

Association canadienne du diabète	1-800-226-8264
Seringues pour aînés	1-800-268-6021
Programme de médicaments Trillium	1-800-268-1154
Lilly Canada Cares Insulin Assistance Program	1-888-479-7587
Programme d'appareils et accessoires fonctionnels	1-800-268-6021
Certificat pour le crédit d'impôt pour personnes handicapées	Formulaire T2201

Screening for type 2 diabetes in adults

Screen every 3 years in individuals ≥ 40 years of age
 Screen earlier and/or more frequently in people with additional risk factors for diabetes

FPG OR A1c



Management of Prediabetes

- Implement a structured program of lifestyle modification that includes moderate weight loss and regular physical activity.
- In individuals with IGT, consider a biguanide (metformin) or an alpha-glucosidase inhibitor
- In individuals with IGT and/or IFG and no known CVD, consider a TZD

*If, despite a normal FPG, an OGTT is subsequently performed & the 2hPG value is 7.8-11.0 mmol/L, a diagnosis of isolated IGT is made.

†Prediabetes = isolated IFG, isolated IGT, IFG and IGT.

‡A confirmatory laboratory glucose test (either an FPG, a casual PG or a 2hPG in a 75-g OGTT or A1c) must be on another day in all cases in the absence of unequivocal hyperglycemia accompanied by acute metabolic decompensation.

2hPG = 2 hour plasma glucose

IGT = impaired glucose tolerance I
 FPG = fasting plasma glucose

FG = impaired fasting glucose
 OGTT = oral glucose tolerance test

PG = plasma glucose

Diabetes screening algorithm has been adjusted to reflect the ADA & CDA guidelines to date by Dr. Phyllis Hierlhy MD, FRCPC and Dr. Janine Malcolm MD, FRCPC, Assistant Professor of Medicine, Division of Endocrinology, University of Ottawa. Endocrine Specialist Co-leads at the Diabetes Regional Coordination Centre in Champlain.



INSULIN PRESCRIPTION

PRESCRIBER'S NAME: _____
 ADDRESS: _____
 TEL: _____ Fax: _____

PATIENT'S NAME: _____
 ADDRESS: _____

Choose insulin(s) from one of the columns AND complete the "Dosing and Titration"

INSULIN TYPE*			DOSING AND TITRATION	
BASAL <ul style="list-style-type: none"> Long-acting analogues (Clear) Intermediate-acting (Cloudy) 	<input type="checkbox"/> Humulin® N <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial <input type="checkbox"/> KwikPen™	<input type="checkbox"/> Levemir® <input type="checkbox"/> Cartridge <input type="checkbox"/> Lantus® <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial <input type="checkbox"/> SoloSTAR®	Starting dose: _____ units at bedtime Increase dose by _____ units every _____ nights until fasting blood glucose has reached the target of _____ mmol/L	
BOLUS <ul style="list-style-type: none"> Rapid-acting analogues (Clear) **GIVE IMMEDIATELY BEFORE MEAL** Short-acting (clear) **GIVE 30 MINUTES BEFORE MEAL** 	<input type="checkbox"/> Humalog® <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial <input type="checkbox"/> KwikPen™	<input type="checkbox"/> NovoRapid® <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial Limited Use <input type="checkbox"/> 388 (type 1 DM) <input type="checkbox"/> 389 (type 2 DM)	<input type="checkbox"/> Apidra® <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial <input type="checkbox"/> SoloSTAR®	Starting doses: _____ units ac breakfast _____ units ac lunch _____ units ac supper
PREMIXED <ul style="list-style-type: none"> Premixed analogues **GIVE IMMEDIATELY BEFORE MEAL** Premixed regular **GIVE 30 MINUTES BEFORE MEAL** 	<input type="checkbox"/> Humalog® Mix25® <input type="checkbox"/> Cartridge <input type="checkbox"/> KwikPen™ <input type="checkbox"/> Humalog Mix50® <input type="checkbox"/> Cartridge <input type="checkbox"/> KwikPen™ <input type="checkbox"/> Humulin® 30/70 <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial	<input type="checkbox"/> NovoMix® 30 <input type="checkbox"/> Cartridge <input type="checkbox"/> Novolin® ge 30/70 <input type="checkbox"/> Cartridge <input type="checkbox"/> Vial <input type="checkbox"/> Novolin® ge 40/60 <input type="checkbox"/> Cartridge <input type="checkbox"/> Novolin® ge 50/50 <input type="checkbox"/> Cartridge	<input type="checkbox"/> NovoPen® 4 <input type="checkbox"/> ClikSTAR®	Starting doses : _____ units ac breakfast _____ units ac supper Increase breakfast dose by _____ units every _____ days until presupper blood glucose has reached the target of _____ mmol/L Increase presupper dose by _____ units every _____ days until fasting blood glucose has reached the target of _____ mmol/L Beware of hypoglycemia post-breakfast or post-supper. Stop increasing dose if this occurs
PEN DEVICE Required if cartridges selected. Pen should match insulin brand.	<input type="checkbox"/> HumaPen® Luxura™ <input type="checkbox"/> HumaPen® Memoir™			
OTHER SUPPLIES	<input type="checkbox"/> Pen needles (if using pen) _____ <input type="checkbox"/> Glucose test strips _____ <input type="checkbox"/> Lancets _____ <input type="checkbox"/> Insulin syringes (if using vial) _____			
QUANTITY + REPEATS	INSULIN Mitte: _____ boxes Repeats x _____	SUPPLIES Mitte: _____ boxes Repeats x _____		

Signature: _____

Date: _____

Print Name: _____

License #: _____

<http://www.ocfp.on.ca/local/files/Current%20Events/New%20Insulin%20Pad%20Teaching%20Slides%20Oct%202009.ppt>

Disponible en anglais pour le moment



INSULIN INITIATION AND TITRATION SUGGESTIONS

(for type 2 diabetes)

People starting insulin should be counseled about the prevention, recognition and treatment of hypoglycemia .

The following are suggestions for insulin initiation and titration. Clinical judgment should always be used as the suggestions may not apply to every patient.

Basal Insulin added to Oral Antihyperglycemic Agents (Lantus[®], Levemir[®], Humulin[®] N, Novolin[®]ge NPH)

- Target fasting blood glucose (BG) of 4-7 mmol/L
- Most patients will need 40-50 units at bedtime to achieve target but there is no maximum dose
- Start at a low dose of 10 units at bedtime (may start at lower dose (0.1-0.2 units/kg) for lean patients (< 50 kg))
- Patient should gently self-titrate by increasing the dose by 1 unit every night until fasting BG target of 4-7 mmol/L is achieved
- When fasting BG target is achieved, the patient should remain on that dose until reassessed by their diabetes team
- If fasting hypoglycemia occurs, the dose of bedtime basal should be reduced
- Metformin and the secretagogue are usually maintained when basal insulin is added
- If daytime hypoglycemia occurs, reduce the oral antihyperglycemic agents (especially secretagogues)
- Lantus[®] or Levemir[®] can be given at bedtime or in the morning

Basal + Bolus Insulins

- When basal insulin is not enough to achieve glycemic control, bolus insulin should be added before meals. There is the option of only adding bolus insulin to the meal with the highest postprandial BG as a starting point for the patient who is not ready for more injections.
- For current basal insulin users, maintain the basal dose and add bolus insulin with each meal at a dose equivalent to 10% of the basal dose. For example, if the patient is on 50 units of basal insulin, add 5 units of bolus insulin with each meal
- For new insulin users starting with Basal + Bolus regimen, calculate total daily insulin dose (TDI) as 0.3 to 0.5 units / kg, then distribute as follows:
 - 40% of TDI dose as basal insulin (Lantus[®], Levemir[®], Humulin[®] N, Novolin[®]ge NPH) at bedtime
 - 20% of TDI dose as bolus insulin prior to each meal
- Rapid-acting insulin analogues (Apidra[®], Humalog[®], NovoRapid[®]) should be given immediately before eating
- Short-acting insulin (Humulin[®] R, Novolin[®]ge Toronto) should be given 30 minutes before eating
- Adjust the dose of the basal insulin to achieve the target fasting BG level (usually 4-7 mmol/L)
- Adjust the dose of the bolus insulin to achieve postprandial BG levels (usually 5-10 mmol/L)
- Consider stopping the secretagogue when bolus insulin is added

Premixed Insulin before breakfast and before dinner (Humalog[®] Mix25[®], Humalog Mix50[®], NovoMix[®] 30, Humulin[®] 30/70, Novolin[®]ge 30/70, Novolin[®]ge 40/60, Novolin[®]ge 50/50)

- Target fasting and presupper BG levels of 4-7 mmol/L
- Most patients with type 2 diabetes will need 40-50 units twice a day to achieve target but there is no maximum dose
- Start at a low dose of 5 to 10 units twice daily (before breakfast and before supper)
- Patient can gently self-titrate by increasing the breakfast dose by 1 unit every day until the presupper BG is at target
- Patient can gently self-titrate by increasing the supper dose by 1 unit every day until the fasting BG is at target
- Beware of hypoglycemia post-breakfast or post-supper. Stop increasing dose if this occurs
- When target BG levels are achieved, the patient should remain on that dose until reassessed by their diabetes team
- Premixed analogue insulins (Humalog[®] Mix25[®], Humalog Mix50[®], NovoMix[®] 30) should be given immediately before eating
- Premixed regular insulins (Humulin[®] 30/70, Novolin[®]ge 30/70 or 40/60 or 50/50) should be given 30 minutes before eating
- Continue the meformin and consider stopping the secretagogue

Basal Insulin Example
Starting dose 10 units at bedtime
Increase dose by 1 unit every 1 night until fasting blood glucose has reached the target of 4-7 mmol/L

Basal + Bolus example (80kg person)

Total daily insulin = 0.5 units/kg
 = 0.5 × 80
 TDI = 40 units
Basal insulin = 40% of TDI
 = 40% × 40 units
 Basal bedtime = 16 units
Bolus insulin = 60% of TDI
 = 60% × 40 units
 Bolus = 24 units
 = 8 units with each meal

Premixed insulin example
10 units ac breakfast
10 units ac supper
Increase breakfast dose by 1 unit every 1 day until presupper blood glucose has reached the target of 4-7 mmol/L
Increase supper dose by 1 unit every 1 day until fasting blood glucose has reached the target of 4-7 mmol/L

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