

Resource Highlight

UpToDate



SMHCS Medical Library

UpToDate

- Evidenced-based point of care clinical medical database providing recommendations across 26 specialties. UpToDate integrates and links to LexiDrug (formerly LexiComp)
- With UpToDate:
 - Answer Questions Quickly
 - Increase Clinical Knowledge
 - Improve Patient Care
 - Earn CME
 - Share Patient Education
- UpToDate is available via website and mobile app.



Quick Overview

UpToDate	
Evidence-based	More expert opinion, Less well referenced
Built-in drug info	From Lexicomp
Patient information	Yes, UTD written materials
Breadth	Monitors over 460 journals plus Cochrane. Also monitors 10,000+ national and international guidelines.
Peer Reviewed	Yes

Style of Presentation - UpToDate

- UpToDate favors longer, **narrative** style delivery.

The screenshot shows the UpToDate interface for the topic "Clinical presentation, diagnosis, and initial evaluation of diabetes mellitus in adults". The left sidebar contains a table of contents with sections like SUMMARY AND RECOMMENDATIONS, INTRODUCTION, CLINICAL PRESENTATION (highlighted), DIAGNOSTIC CRITERIA, DIAGNOSTIC TESTS, DIFFERENTIAL DIAGNOSIS, and EVALUATION. The main content area is titled "CLINICAL PRESENTATION" and includes a bulleted list for "Type 2 diabetes" and "Type 1 diabetes", followed by detailed narrative text for each. The "Type 2 diabetes" section describes its prevalence, symptoms like polyuria and polydipsia, and diagnostic criteria. The "Type 1 diabetes" section describes its autoimmune nature and presentation. The "DIAGNOSTIC CRITERIA" section is partially visible at the bottom.

UpToDate® diabetes

Sarasota Memorial Hospital Register Sign in

< Back Clinical presentation, diagnosis, and initial evaluation of diabetes mellitus in adults

Topic Graphics (3)

Outline

SUMMARY AND RECOMMENDATIONS

INTRODUCTION

CLINICAL PRESENTATION

DIAGNOSTIC CRITERIA

Diabetes

- Symptomatic hyperglycemia
- Asymptomatic hyperglycemia

Prediabetes

DIAGNOSTIC TESTS

Fasting and two-hour plasma glucose

A1C

A1C, FPG, and OGTT as predictors of cardiovascular risk

DIFFERENTIAL DIAGNOSIS

Other causes of hyperglycemia

Classification of diabetes

EVALUATION

Comprehensive history

Biochemical testing

Differentiating the cause

Diabetes-related complications and comorbid

Rate ☆☆☆☆ Topic Feedback

CLINICAL PRESENTATION

- **Type 2 diabetes** – Type 2 diabetes is by far the most common type of diabetes in adults (>90 percent) and is characterized by hyperglycemia usually due to progressive loss of insulin secretion from the beta cell superimposed on a background of insulin resistance, resulting in relative insulin deficiency. The majority of patients are asymptomatic at presentation, with hyperglycemia noted on routine laboratory evaluation, prompting further testing. The frequency of symptomatic diabetes has been decreasing in parallel with improved efforts to diagnose diabetes earlier through screening. (See "[Screening for type 2 diabetes mellitus and prediabetes](#)".)

The classic symptoms of hyperglycemia (including polyuria, polydipsia, nocturia, blurred vision, and weight loss) are often noted only in retrospect after a blood glucose value has been shown to be elevated. Polyuria occurs when the serum glucose concentration rises significantly above 180 mg/dL (10 mmol/L), exceeding the renal threshold for glucose reabsorption, which leads to increased urinary glucose excretion. Glycosuria causes osmotic diuresis (ie, polyuria) and hypovolemia, which in turn can lead to polydipsia. Patients who replete their volume losses with concentrated sugar drinks, such as non-diet sodas, exacerbate their hyperglycemia and osmotic diuresis.

Rarely adults with type 2 diabetes can present with a hyperosmolar hyperglycemic state, characterized by marked hyperglycemia, severe dehydration, and obtundation, but without ketoacidosis. Diabetic ketoacidosis (DKA) as the presenting symptom of type 2 diabetes is also uncommon in adults but may occur under certain circumstances (usually severe infection or other acute illness). (See "[Diabetic ketoacidosis and hyperosmolar hyperglycemic state in adults: Clinical features, evaluation, and diagnosis](#)" and "[Syndromes of ketosis-prone diabetes mellitus](#)".)

- **Type 1 diabetes** – Type 1 diabetes is characterized by autoimmune destruction of the pancreatic beta cells, leading to absolute insulin deficiency. Type 1 diabetes accounts for approximately 5 to 10 percent of diabetes in adults.

DKA may be the initial presentation in approximately 25 percent of adults with newly diagnosed type 1 diabetes. Compared with children, the loss of insulin secretory capacity usually is less rapid over time in adults with type 1 diabetes [1]. Thus, adults with type 1 diabetes typically have a longer estimated period prior to diagnosis and are likely to have more protracted symptoms of hyperglycemia (polyuria, polydipsia, fatigue) than children [2]. In 2 to 12 percent of adults, the clinical presentation is similar to that of type 2 diabetes (older-age onset and not initially insulin dependent), with autoimmune-mediated insulin deficiency developing later in the course of disease [1]. This is sometimes referred to as latent autoimmune diabetes of adults (LADA). (See "[Classification of diabetes mellitus and genetic diabetic syndromes](#)", section on 'Latent autoimmune diabetes in adults (LADA)').

DIAGNOSTIC CRITERIA

Fasting plasma glucose (FPG), two-hour plasma glucose during a 75 g oral glucose tolerance test (OGTT), or glycated hemoglobin (A1C) may be used for diagnostic testing. OGTT is not commonly

Style of Presentation - Grading Labels

UpToDate includes grading labels in the treatment recommendations.

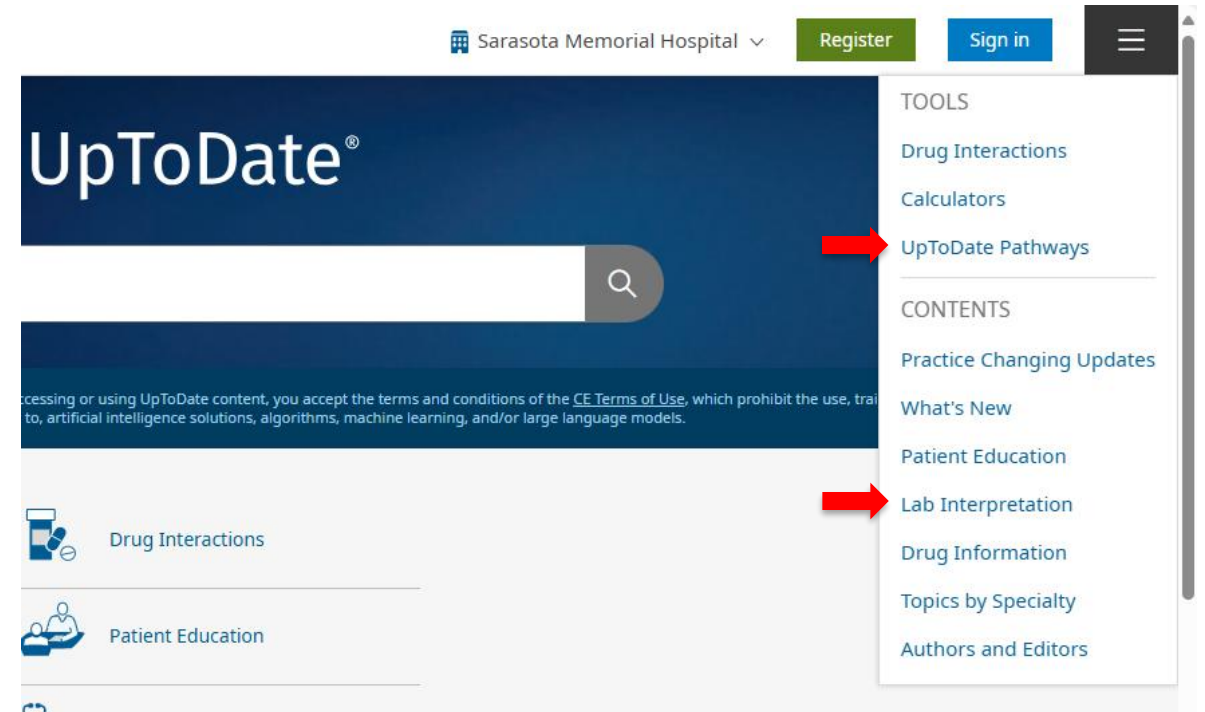
SUMMARY AND RECOMMENDATIONS

- **Epidemiology** – Hip fractures are common worldwide and substantially increase the risk of death and major morbidity in older adults. (See "[Hip fracture in older adults: Epidemiology and medical management](#)".)
- **Clinical anatomy and fracture classification** – Hip fractures are classified by anatomic location and fracture type. The general categories include intracapsular (femoral neck and head) and extracapsular (intertrochanteric and subtrochanteric) fractures. Fracture classification is described further in the text. Intracapsular fractures have higher rates of nonunion, malunion, and avascular necrosis of the femoral head because the blood supply is more easily disrupted ([figure 2](#) and [figure 3](#)). (See '[Fracture classification](#)' above and '[Anatomic considerations](#)' above.)
- **Initial care** – Initial management of the patient with a hip fracture consists primarily of providing adequate analgesia and consulting an orthopedic surgeon. Regional nerve blocks can be effective. It is prudent to obtain blood for type and crossmatch in patients with any two of the following risk factors: age over 75 years, initial hemoglobin below 12 g/dL (SI 120 g/L), and a peritrochanteric fracture. We suggest **not** using skin or skeletal traction (**Grade 2B**). (See '[Initial assessment and medical management](#)' above.)

A	High-quality evidence: Consistent evidence from randomized trials, or overwhelming evidence of some other form
B	Moderate-quality evidence: Evidence from randomized trials with important limitations, or very strong evidence of some other form
C	Low-quality evidence: Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

Unique Tools – Pathways & Lab Interpretation

- **UpToDate Pathways** provide interactive guides to help make appropriate decisions related to specific clinical questions exclusively utilizing synthesized content from UpToDate and underlying evidence in society guidelines.
- **Lab Interpretations** enable you to quickly and accurately interpret and decide next steps on abnormal lab results.
- Pathways and Lab Interpretations are available on both the web and mobile app versions of UpToDate.



Contact the Library for Assistance and in-person or virtual training.

Email: Medical-Library@SMH.com

Website: <https://library.smh.com>