# Type 2 diabetes

## 1 Regarding diabetes mellitus
- a) Type 1 diabetes occurs when the pancreas is not capable of producing insulin
- b) Type 1 diabetes is the most common type of diabetes
- c) In the UK some 2.6 million people have been diagnosed with diabetes
- d) 80% of type 1 diabetes patients are obese
- e) Prediabetes is a precursor to type 2 diabetes

## 2 Risk factors associated with metabolic syndrome include
- a) Increased glucose tolerance
- b) Central obesity
- c) Atherosclerosis
- d) Low blood pressure
- e) Decreased levels of plasminogen activator inhibitor-1

## 3 Type 2 diabetes signs and symptoms include
- a) Increased thirst
- b) Fatigue
- c) Anuria
- d) Blurred vision
- e) Hypoglycaemia

## 4 Regarding type 2 diabetes complications
- a) They cost the NHS £20m per day
- b) Cardiovascular disease is the most common cause of death among type 2 diabetes patients
- c) Poor foot care and poorly controlled diabetes increase the risk of foot ulcers
- d) Neuropathic ulcers are usually painful and tend to occur on the distal ends of the toes
- e) Peripheral neuropathy is a common macrovascular complication

## 5 Concerning microvascular complications
- a) Such complications result from damage to smaller vessels, e.g., due to the formation of microemboli
- b) Retinopathy is usually diagnosed early because of obvious visual symptoms
- c) Proteinuria is identified by an albumin creatinine ratio in the urine of 2.5mg/mmol or above
- d) Microalbuminuria is an indicator of neuropathy in diabetic patients
- e) Gastroparesis and erectile dysfunction are among the manifestations of autonomic neuropathy

## 6 Sulphonylureas
- a) Are considered the gold standard treatment for type 2 diabetes
- b) Enhance the release of insulin from pancreatic islet beta cells
- c) With long durations of action, such as glibenclamide, should be used for elderly patients
- d) Are particularly useful for patients with erratic lifestyles
- e) Commonly cause hypoglycaemia

## 7 Metformin
- a) Is excreted renally so kidney function should be reviewed
- b) Is likely to cause weight gain
- c) Prevents the breakdown of carbohydrate in the gastrointestinal tract
- d) Can cause gastrointestinal side effects such as diarrhoea
- e) Has been shown to reduce diabetic patients’ risk of myocardial infarction and death

## 8 According to National Institute for Health and Clinical Excellence guidance
- a) When prescribing a sulphonylurea, a low-cost drug should be selected
- b) Acarbose is recommended as an alternative to lifestyle interventions
- c) Sitagliptin can be used second-line with a sulphonylurea for patients who cannot take metformin
- d) Exenatide can be considered for first-line use for patients who are not overweight
- e) Insulin secretagogues should only be used for people whose HbA1c remains above 59mmol/mol

## 9 Regarding newer treatments for type 2 diabetes
- a) Exenatide was the first dipeptidylpeptidase-4 inhibitor to be licensed in the UK
- b) Some 40–50% of patients using exenatide experience nausea
- c) Liraglutide is administered subcutaneously twice a day
- d) Dipeptidylpeptidase-4 inhibitors have a low risk of causing hypoglycaemia
- e) Sitagliptin is licensed for use as monotherapy only

## 10 The following antidiabetic medicines are weight neutral or can reduce patients’ weight
- a) Liraglutide
- b) Gliclazide
- c) Saxagliptin
- d) Rosiglitazone
- e) Metformin