

Care for Individuals with Schizophrenia or Bipolar Disorder and Either at Risk for or Diagnosed with Diabetes

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As behavioral health case managers, you may see UnitedHealthcare Community Plan members who are diagnosed with severe mental illness such as schizophrenia or a bipolar disorder, and also have diabetes. This presentation provides general information about type 1 and type 2 diabetes and how antipsychotic medications used to treat severe mental illness can affect a member's health and diabetes conditions.

Types of Diabetes Conditions

There are two types of diabetes: Type 1 and type 2.

Type 1 Diabetes Specifics:

An individual diagnosed with type 1 diabetes doesn't produce insulin. In the majority of cases, type 1 diabetes appears before age 40.

- Also known as juvenile diabetes or childhood diabetes, type 1 diabetes accounts for about 15 percent of all patients who are diagnosed with it.
- It's extremely rare that type 1 diabetes occurs after age 40.

Type 2 Diabetes Specifics:

Type 2 diabetes tends to appear later in life. An individual diagnosed with type 2 diabetes has one of the following two problems, or sometimes both:

1. They don't produce enough insulin.
2. Their insulin isn't working properly, known also as insulin resistance.

Most individuals who develop type 2 diabetes are likely to be overweight and aren't physically active, and have had these health risks for some time.

Certain types of new antipsychotic medications used to treat severe mental illness can increase the risk of type 2 diabetes. Patients taking these medications have also been shown to:

- Have increased levels of blood lipids that can raise the risk of cardiac disease
- Experience one or all of the following: increased abdominal girth, obesity or weight gain
- Be diagnosed with prediabetes, and type 2 diabetes

Signs of High and Low Blood Sugar

Individuals with Type 1 or Type 2 diabetes may have high or low blood sugar.

High Blood Sugar Symptoms

- Blurred vision
- Decreased healing
- Drowsiness
- Dry skin
- Extreme thirst
- Frequent urination
- Hunger

Low Blood Sugar Symptoms

- Anxiety
- Dizziness
- Fast heartbeat
- Headache
- Hunger
- Impaired vision
- Irritability
- Shaking
- Sweating
- Weakness/fatigue

HbA1c Test

- This is a hemoglobin/blood sugar test that measure's an individual's average blood sugar over the previous two to three months and is used to diagnose diabetes.
- The test shows how well blood sugar is being controlled over time for long-term diabetes control. The blood sugar measurement results from an HbA1c test are:
 - Normal: Less than 5.7 percent average
 - Pre-diabetes: Between 5.7-6.4 percent
 - Diabetes diagnosed: 6.5 percent or higher
- Care providers should test individuals with diabetes every three to six months. Check more often if the member has any of the following apply:
 - Above normal blood sugar levels
 - High HbA1c
 - Low blood sugar symptoms

LCL-C Test

- This is a low density lipoprotein (LDL) test used to check cholesterol.
 - It's one of several tests that predicts an individual's risk of developing heart disease.
- Cholesterol is affected by blood pressure and blood sugar – if both are high, cholesterol numbers may be out of the normal range.
- If a patient with diabetes has a high LDL level, their care provider can help them make needed changes to lower their LDL such as:
 - Prescribing medication
 - Recommending dietary and lifestyle changes, and increasing exercise
- LDL cholesterol isn't strictly due to diabetes, though it creates a higher risk for the condition. A high LDL level can be present alone or with other unrelated diseases.
- Test frequency is based on the patient's risk for heart disease but is typically done at least once a year.

Diabetes-Related Health Issues

Over time, diabetes can cause the following health issues:

- Increased risk of heart disease
- Decreased kidney function
- Neurological nerve changes in the hands and feet, also known as neuropathy
- Peripheral circulation problems, which can lead to foot ulcers or foot skin breakdown
- Retinal changes

Encourage Needed Care

Coordinating care between a member's primary care and behavioral health providers helps ensure they get needed diabetes tests to help monitor their health conditions. Care providers should:

- Discuss the member's physical health needs, and include goals in their treatment/service plan
- Encourage family and friends to support the member to stay healthy
- Help establish relationships between the member's behavioral health and physical health care providers

Assist the member by:

- Encouraging them to follow their agreed-upon treatment/service plan
- Helping them coordinate transportation to scheduled appointments

Interventions That Can Help

Remind patients with diabetes to:

- Check their feet daily for cuts/sores
- Check blood sugars as directed by their PCP
- Check their blood pressure at each health care visit
- Have an HbA1c test every six months
- Have a yearly LDL-C test and retinal eye exam
- Visit PCP a minimum four times a year

Helpful Tips.

- If an endocrinologist is out of network and 30 to 40 miles from the member's residence, a PCP referral is required.
- Out-of-network endocrinologists must call Provider Services at 800-690-1606 to get approval to see members.
 - Search our provider directory at myuhc.com[®].
- A credentialed ophthalmologist must complete **eye exams**.
- The member's PCP can do **foot exams** but refer the member to a podiatrist if something unusual is found.
- A referral to a **specialist** isn't needed but most specialists prefer a referral from a PCP when they accept new patients.

Contact and Resources

- Charles Nails, UnitedHealthcare Quality Analyst
- Phone: 615-493-9514
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Resources

If you need additional information about diabetes care, please visit:

- [American Diabetes Association](#)
- [National Center for Biotechnology Information](#)
- [U.S. National Library of Medicine](#)

Questions and Answers

Thank you.