

Free e-learning resource

Recognition and management of pancreatogenic (type 3c) diabetes

[Click here](#) to access a new interactive case study

Sarah, 57 years old, was diagnosed with type 2 diabetes two years ago, with a BMI of 27.6 kg/m². Hyperglycaemia was reasonably controlled on metformin M/R 1 g twice daily, such that her HbA_{1c} four months previously was 61 mmol/mol and she had chosen to focus on lifestyle measures to improve glycaemic control.

Sarah had, however, become unwell of late. She saw her GP with symptoms of marked tiredness, thirst, polyuria (especially at night), genital thrush and weight loss of half a stone over the last month or so. Fingerprick testing showed a capillary blood glucose of 17.8 mmol/L, with ketones of 0.2 mmol/L. An HbA_{1c} came back later at 108 mmol/mol.

**What further information might be useful here?
What are the implications of Sarah's sudden deterioration in glycaemic control?**

By working through this interactive case study, we will consider the following issues and more:

- Diagnosing less common types of diabetes.
- Signs and symptoms of pancreatogenic (type 3c) diabetes.
- Managing hyperglycaemia in pancreatogenic diabetes.
- Pancreatic exocrine deficiency (PEI) and pancreatic enzyme replacement therapy (PERT).
- "Brittle diabetes" and other clinical concerns.

Diabetes & Primary Care's series of interactive case studies is aimed at all healthcare professionals in primary and community care who would like to broaden their understanding of diabetes.

Type 3c diabetes is frequently misclassified (often as type 2 diabetes) and so prevalence is underestimated in practice. The case study in this issue of the journal takes us through the basic considerations of identifying and managing pancreatogenic (type 3c) diabetes.

The format uses typical clinical scenarios as tools for learning. Information is provided in short sections, with most ending in a question to answer before moving on to the next section.

Working through the case studies will improve our knowledge and problem-solving skills in diabetes care by encouraging us to make evidence-based decisions in the context of individual cases.

Readers are invited to respond to the questions by typing in your answers. In this way, we are actively involved in the learning process, which is hopefully a much more effective way to learn.

By actively engaging with these case histories, I hope you will feel more confident and empowered to manage such presentations effectively in the future.

David Morris, Specialist Doctor in Diabetes, Royal Shrewsbury Hospital; Undergraduate Clinical Tutor, Keele University; and retired GP

Click here
to access the
case study

Recognition and management of pancreatogenic (type 3c) diabetes and other interactive case studies are all
[available here](#)