



**D**o you ever wonder if other people are doing the same as you and that you might just be re-inventing the wheel?

Now is your chance to find out by using the Noticeboard section in the *Journal of Diabetes Nursing*. As a member of the journal's editorial board, I know that this feature creates a welcome opportunity for nurses involved in diabetes care to pose a quick question or share a fleeting thought with other healthcare professionals without having to



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write a whole article or phone round an array of colleagues.

The idea of Noticeboard is much the same as an internet message board where people can place requests, thoughts, ideas – in fact anything they want to share – as a brief message on this page. We at the journal will then encourage other readers to comment in the next issue, thereby enhancing ongoing debate and discussion but with minimum effort on the part of participants.

#### Accuracy of HbA<sub>1c</sub> levels in anaemia

**Q** *If a person with diabetes has anaemia, at what level would the haemoglobin have to be to give an inaccurate HbA<sub>1c</sub> reading?*

*Anonymous*

#### Diabetes diagnosis

**Q** *On the medical ward where I work, a man was admitted for an operation yesterday, who was aged 78 years and did not have diabetes, but his blood glucose level was 12.8 mmol/L. He said it had been as high as 13 mmol/L before and his GP had told him that he has borderline diabetes. His two sisters both have diabetes. Does he actually have diabetes?*

*Anonymous*

**A** The man most likely has diabetes. Diabetes can be present for long periods without causing any symptoms. The normal metabolic response to surgery and other stress states includes impaired glucose tolerance and insulin resistance, which results in hyperglycaemia. Blood glucose monitoring should be performed while the man is in hospital. It is also worth considering referring the man to a diabetologist, a diabetes educator and dietitian. He may need blood glucose-lowering medicines when he is discharged. Follow-up care might include fasting blood glucose and lipid tests about 6 weeks after surgery. If the fasting blood glucose level is  $\geq 5.5$  mmol/L, a glucose tolerance test performed under test conditions might be indicated at that time. It is likely the man has type 2 diabetes, given the strong family history, but type 1 diabetes also occurs in older people.

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