Diabetes mellitus

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This page was last modified on 19 August 2013, at 17:51.

Individual at risk

Donor

Guidance at RECRUITMENT

UNACCEPTABLE

Guidance at CT/WORK-UP

ACCEPTABLE if type II diabetes controlled with diet or oral medication alone, and no other risk factors for cardiovascular disease are present.

DEFER if type I diabetes/MODY, or type II diabetes requiring insulin.

Justification for guidance

Diabetes confers an increased risk of occult cardiovascular or cerebrovascular disease, which may confer a greater risk of serious adverse events during donation (either bone marrow or PBSC). Diet-controlled diabetics are generally less likely to have prolonged, poorly controlled blood glucose levels, and thus have a lower incidence of microvascular and arterial damage. With superior insulin therapy nowadays, could it be safe if BSL is really well-controlled & stable? For example, if HbA1c is good & no vascular complications => ACCEPT, but for type 1 warn transplant centre that (i) there is a risk of transmission, and (ii) G-CSF is contraindicated so only HPC(M) can be offered.

However, it is recognised that very few people with type 2 diabetes are able to maintain glucose control to target levels using lifestyle measures alone. Considering the time between recruitment and donation in the majority of cases, it is advisable to defer all diabetics at recruitment, as these donor are more likely to be medically deferred if eventually called to donate several years later. With respect to type 2 diabetes, this is essentially a strategic justification. A number of ethnic groups that are poorly represented on the world's registries have a higher incidence of type 2 diabetes among young people – could there be value in recruiting healthy young type 2 diabetics in regions like the Pacific, Asia, USA and Australia.

References

Morgan CL, Currie CJ, Peters JR. Relationship between diabetes and mortality: a population study using record linkage. Diabetes Care 2000; 23(8): 1103-7.