

Chronic Illnesses I

Learning Objectives for Diabetes in Children and Adolescents

1. Distinguish between various forms of diabetes mellitus (DM) that can affect children including type 1 DM, type 2 DM, hybrid diabetes, and maturity onset diabetes of the young.
2. Differentiate between traditional insulin and basal/bolus insulin regimens in children with DM.
3. Given a specific patient, design or evaluate the effectiveness of an insulin regimen to optimize glycemic control in a child with type 1 DM.
4. Assess and alter, if necessary, a therapeutic regimen to control hyperglycemia or comorbidities in a child with type 2 DM.
5. Given a specific patient case, design or evaluate the effectiveness of a continuous subcutaneous insulin pump to optimize glycemic control in a child with DM.
6. Develop a patient education strategy for children with DM and their caregivers that includes information on pharmacologic and nonpharmacologic therapy to optimize glycemic control and limit complications.

Learning Objectives for Management of Diabetic Peripheral Neuropathic Pain

1. Demonstrate an understanding of the potential etiologies and pathophysiology of diabetic peripheral neuropathic pain (DPNP).
2. Distinguish between the clinical presentation of and risk factors for diabetic neuropathy and other neuropathic syndromes.
3. Classify treatments for DPNP by their order of preference according to current guidelines.
4. Resolve a drug-related problem in a patient case based on specific parameters, concomitant disease states, ease of administration, and cost.
5. Develop a therapeutic plan for the effective management of painful diabetic neuropathy based on specific patient parameters.
6. Evaluate the appropriateness of a treatment plan for DPNP.

Learning Objectives for Diabetic Nephropathy

1. Discuss the pathophysiologic changes associated with diabetic nephropathy.
2. Classify a patient as having microalbuminuria or macroalbuminuria and stage the level of diabetic nephropathy based on patient-specific parameters.
3. Distinguish among the treatment guidelines and clinical trial data for the use of antihypertensive and antidiabetes agents to slow the progression of diabetic nephropathy.
4. Justify an appropriate pharmaceutical care plan that includes both pharmacologic and nonpharmacologic therapy for preventing and managing diabetic nephropathy.
5. Assess the role of angiotensin-converting enzyme (ACE) inhibitor and angiotensin receptor blocker (ARB) combination therapy, aliskiren, aldosterone antagonists, and calcium channel blockers in the treatment of diabetic nephropathy.
6. Analyze the threshold for initiating and maintaining a patient on an ACE inhibitor or an ARB in the context of serum creatinine concentration.
7. Evaluate the treatment options available to patients with end-stage nephropathy.