

SUPPLEMENT MATERIAL

Questionnaire

1. Age group.
2. Gender.
3. Place of work.
4. In which healthcare center do you usually work at?
5. Which diabetes mellitus guidelines do you follow?
6. How long is the next diabetes follow-up appointment typically given?
7. Please state any circumstance where you might need to see the patient before the typical follow-up appointment.
8. If you consult your patient more than once yearly; do you order Hemoglobin A1c (HbA1c) for your Type 2 diabetic patients per visit or only yearly?
9. Do you discuss exercise goals during a typical diabetic consultation?
10. Do you discuss nutritional goals during a typical diabetic consultation?
11. Do you refer your patients to ophthalmology yearly?
12. If no, more frequently or less frequently? Why?
13. Do you refer your patients to podology yearly?
14. If no, more frequently or less frequently? Why?
15. Kindly comment on your criteria for referring the patient to cardiology.
16. Kindly comment on your criteria for referring the patient to nephrology.
17. Kindly comment on your criteria for referring the patient to a dietitian.
18. Which are the routine blood tests that you tend to order for your diabetic patients?
19. Do you advise your patients to keep a blood glucose diary?
20. Do you discuss long-term complications with your patients during a typical consultation visit?
21. Do you actively look out for complications?
22. If yes, which of these do you look out for? Please choose from the list below.
23. What first-line medication do you start patients with type 2 diabetes on?
24. What second-line treatment do you usually start patients with type 2 diabetes on?
25. Do you actively monitor for side effects of medication such as diarrhea in metformin and hypoglycemia in gliclazide?
26. During a normal consultation do you check their: Blood pressure, Weight, Capillary Blood Glucose, Urine dipstick testing.
27. At what HbA1c level do you add another oral hypo-glycemic agent to metformin?
28. Kindly answer this question only if you work in the primary healthcare setting; Do you refer to a diabetologist?
29. If you answered Yes to the above question, when and why would you refer to a diabetologist?

Answers to the question

Kindly comment on your criteria for referring the patient to cardiology.

- 1 When macro-vascular complications arise
- 2 Any cardiovascular signs and symptoms such as angina, chest pain, shortness of breath, arrhythmias, new murmurs, heart failure, irregular pulse
- 3 Patient with metabolic syndrome who are symptomatic
- 4 ECG changes such as left ventricular hypertrophy
- 5 If significant risk factors are present such as smoking
- 6 Rising N-terminal pro-B-type natriuretic peptide, and other abnormal blood results
- 7 High and uncontrolled blood pressure
- 8 Positive Myocardial Perfusion Imaging (MIBI) scans
- 9 Need for coronary angiography
- 10 Some participants don't refer to cardiology
- 11 Showing signs of peripheral vascular compromise
- 12 Abnormal computed tomography coronary angiogram
- 13 Secondary prevention post-myocardial infarction
- 14 strong positive family history of Ischemic Heart Disease (IHD)
- 15 A high Cardiovascular Risk Score (QRISK2)
- 16 Depending on the patient's particular situation

- 17 New onset diabetes
- 18 Yearly ECG, then according to result
- 19 Uncontrolled lipids despite treatment
- 20 Inability to perform exercise and to lose weight.

Comparisons in guideline usage between doctors working in mater Dei hospital versus those who work in healthcare centers.					
Guidelines	Healthcare centers	%	Mater Dei Hospital	%	Total
The NICE	40	39.6	19	18.8	59
The NICE; ADA; WHO	1	0.99	0	0	1
The NICE; IDF	4	3.96	0	0	4
IDF	4	3.96	0	0	4
The NICE; ADA	1	0.99	5	4.95	6
ADA; WHO	1	0.99	1	0.99	2
The NICE; ADA; WHO; IDF	1	0.99	2	1.98	3
WHO	2	1.98	2	1.98	4
ADA	7	6.93	9	8.91	16
The NICE; ADA; IADPSG for gestational diabetes	0	0	1	0.99	1
The NICE; WHO	0	0	1	0.99	1
Total	61		40		101
NICE: National institute for health and care excellence, ADA: American diabetes association, WHO: World Health Organization, IDF: International diabetes federation, IADPSG: International Association of Diabetes and Pregnancy Study					

Comparative assessment of initiation of pharmacological therapy based on the percentage of HbA1C among the study population.										
Location	HbA1C level									Total
	6	6.5	<7	7	7.5	>7	8	>8	Depends	
Healthcare centers	1	0	5	14	17	9	5	5	5	61
	0.99%	0%	4.95%	13.86%	16.83%	8.9%	4.95%	4.95%	4.95%	
Mater Dei Hospital	0	1	16	11	0	9	0	0	3	40
	0%	0.99%	15.84%	10.89%	0%	8.9%	0%	0%	2.97%	
Total	1	1	21	25	17	18	5	5	8	101
HbA1c: Hemoglobin A1c										