Guidelines for Diabetes with Neuropathy 2015

Recommendations

All patients should be screened for diabetic peripheral neuropathy (DPN) starting at diagnosis of type 2 diabetes and 5 years after the diagnosis of type 1 diabetes and at least annually thereafter, using simple clinical tests, such as a 10-g monofilament. **B**

Screening for signs and symptoms (e.g., orthostasis, resting tachycardia) of cardiovascular autonomic neuropathy (CAN) should be considered with more advanced disease. **E**

Tight glycemic control is the only strategy convincingly shown to prevent or delay the development of DPN and CAN in patients with type 1 diabetes **A** and to slow the progression of neuropathy in some patients with type 2 diabetes. **B**

Assess and treat patients to reduce pain related to DPN **B** and symptoms of autonomic neuropathy and to improve quality of life. **E**

The diabetic neuropathies are heterogeneous with diverse clinical manifestations. They may be focal or diffuse. The most prevalent neuropathies are DPN and autonomic neuropathy. Although DPN is a diagnosis of exclusion, complex investigations or referral for neurology consultation to exclude other conditions is rarely needed.

The early recognition and appropriate management of neuropathy in the patient with diabetes is important for a number of reasons:

1. Nondiabetic neuropathies may be present in patients with diabetes and may be treatable.
2. A number of treatment options exist for symptomatic diabetic neuropathy.
3. Up to 50% of DPN may be asymptomatic, and patients are at risk for insensate injury to their feet.
4. Autonomic neuropathy, particularly CAN, is an independent risk factor for cardiovascular mortality.