

High blood glucose after an acute coronary syndrome

Information for the public

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About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about the care and treatment of people with high blood glucose (also known as hyperglycaemia) after an acute coronary syndrome (a heart attack or unstable angina) that is set out in NICE clinical guideline 130.

This updates some of the advice on Type 1 diabetes that NICE produced in 2004.

Does this information apply to me?

Yes, if you have high blood glucose after an acute coronary syndrome.

The advice in the NICE guideline covers the management of high blood glucose in the first 48 hours in adults admitted to hospital with acute coronary syndrome.

It does not look at treatment of diabetes beyond 48 hours, or the specific treatment of acute coronary syndrome.

Your care

In the NHS, patients and healthcare professionals have rights and responsibilities as set out in the NHS Constitution (www.dh.gov.uk/en/DH_132961). All NICE guidance is written to reflect these. You have the right to be involved in discussions and make informed decisions about your treatment and care with your healthcare team. Your choices are important and healthcare professionals should support these wherever possible. You should be treated with dignity and respect.

To help you make decisions, healthcare professionals should explain high blood glucose and the possible treatments for it. They should cover possible benefits and risks related to your personal circumstances. You should be given relevant information that is suitable for you and reflects any religious, ethnic, or cultural needs you have. It should also take into account whether you have any physical or learning disability, sight or hearing problem or language difficulties. You should have access to an interpreter or advocate (someone who helps you put your views across) if needed.

Your family and carers should be given their own information and support. If you agree, they should also have the chance to be involved in decisions about your care.

You should be able to discuss or review your care as your treatment progresses, or your circumstances change. This may include changing your mind about your treatment or care. If you have made an 'advance decision' (known as a 'living will' in the past) in which you have already given instructions about any treatments that you do not wish to have, your healthcare professionals have a legal obligation to take this into account.

All treatment and care should be given with your informed consent. If, during the course of your illness, you are not able to make decisions about your care, your healthcare professionals have a duty to talk to your family or carers unless you have specifically asked them not to. Healthcare professionals should follow the Department of Health's advice on consent (www.dh.gov.uk/en/DH_103643) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from www.nhs.uk/CarersDirect/moneyandlegal/legal. In Wales healthcare professionals should follow advice on consent from the Welsh Government (www.wales.nhs.uk/consent).

In an emergency, healthcare professionals may give treatment immediately, without obtaining your informed consent, when it is in your best interests.

High blood glucose after an acute coronary syndrome

High blood glucose after an acute coronary syndrome is common in people with diabetes and those without diabetes. It's important that this high blood glucose is treated because it is linked to a greater risk of poor health later.

Treatment in the first 48 hours

Some treatments may not be suitable for you, depending on your exact circumstances. If you have questions about specific treatments and options, please talk to a member of your healthcare team.

If you're admitted to hospital with an acute coronary syndrome, your blood glucose will be measured soon after admission. If the level is high (above 11 mmol/litre) the healthcare team will give you insulin to bring it down. They'll do this even if you don't have a diagnosis of diabetes.

Questions you might like to ask your healthcare team

- What is acute coronary syndrome?
- Can you tell me more about high blood glucose after an acute coronary syndrome?
- Can you tell me more about the treatment for high blood glucose?
- Are there any support organisations in my local area?
- Can you provide any information for my family/carers?

Tests for diabetes

If you think that your care does not match what is described in this information, please talk to a member of your healthcare team in the first instance.

If you've had high blood glucose after an acute coronary syndrome but you don't have diagnosed diabetes, you'll be offered tests for diabetes during or soon after your hospital stay. Before you're discharged the doctor or nurse will take a blood sample to measure haemoglobin A_{1c} (HbA_{1c}, also known as glycated haemoglobin). HbA_{1c} indicates the level of your blood glucose over the past 2–3 months and will help to show whether you had diabetes before you were admitted to hospital.

Four or more days after you were taken ill you'll have another blood sample taken to measure your fasting blood glucose levels. You'll be asked to fast (go without food and any drink except water) for 8 hours before the test. The test will usually be in the morning. You may have this second blood test after you leave hospital.

If your HbA_{1c} or fasting blood glucose level is high and your healthcare team is still unsure whether you have diabetes, you may have another test called an oral glucose tolerance test. For this test you'll be asked to fast overnight, have a blood sample taken in the morning and then drink a glucose drink. You'll then have another blood sample taken after 2 hours to see how much the glucose level has risen. If this test suggests you have diabetes, the healthcare team will advise you about treatment, including a healthy lifestyle.

Lifestyle advice

If you've had high blood glucose after an acute coronary syndrome you have a higher risk of developing type 2 diabetes in the future. The healthcare team will offer you advice about reducing this risk and the risk of having more heart problems in the future. This will include discussion about a healthy lifestyle. You can find out more about this from NICE's information on 'Preventing another heart attack', which is available from the NICE website (<http://guidance.nice.org.uk/CG48>).

Questions you might like to ask about the future

- How can I reduce my chance of developing diabetes in the future?
- How can I reduce my chance of having another heart attack?
- Is it safe for me to exercise?
- Where can I get some more advice about changing my lifestyle?

Regular checks for diabetes

If you've had high blood glucose after an acute coronary syndrome and you don't have a diagnosis of diabetes, your GP should offer you blood tests for diabetes (HbA_{1c} and fasting blood glucose) at least once a year. You should also go to your GP if you start to pass urine more frequently, you're suddenly very thirsty, you lose weight unexpectedly or you're unusually tired. These can all be symptoms of diabetes.

More information

The organisation below can provide more information and support for people with high blood glucose after an acute coronary syndrome. NICE is not responsible for the quality or accuracy of any information or advice provided by this organisation.

- Diabetes UK, 0845 120 2960 www.diabetes.org.uk

You can also go to NHS Choices (www.nhs.uk) for more information.

Accreditation

