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专家说

——糖尿病微血管并发症的社区管理策略

随着近年来慢病管理规范化,糖尿病大血管病变及其所致心脑血管并发症已为人们熟知,公众重视程度提高,三级预防措施逐渐得到落实。然而,医务人员和公众对糖尿病微血管病变的认识和关注尚且不足。对糖尿病慢性并发症筛查、诊断和治疗的滞后使大部分糖尿病患者直至中晚期出现不可耐受的症状时才获得诊断和治疗,预后亦不理想。研究显示,糖尿病微血管并发症中的糖尿病视网膜病变、肾脏病变和神经病变分别是导致成年人失明、终末期肾损伤以及非创伤性截肢的首位病因。

与其他慢病相同,糖尿病慢性并发症管理的“主战场”是基层医疗机构。然而,基层医疗机构尚缺乏完整和规范的糖尿病微血管并发症筛查、防治及管理流程。我国在2018年首次出台了《基层糖尿病微血管病变筛查与防治专家共识》,并于2020年进行了更新。该共识充分考虑基层现实条件,对糖尿病微血管病变的筛查、诊断、随访教育及分级诊疗给出了推荐意见。

总的来说,对于糖尿病微血管并发症,应遵循“风险评估-定期筛查-综合预防-多学科分级诊治-持续管理”路径。对于基层医疗机构和全科医生而言,应首先提高自身和公众对糖尿病微血管病变的认识,从而提升改善疾病管理水平的主动性;其次,应遵循相关指南及专家共识,切实掌握糖尿病微血管病变的筛查技术,实现早诊早治,并通过早期干预延缓并发症的进展;再次,应积极构建以全科医生为中心的整合型医疗网络,通过与其他医疗资源的有效对接实现安全、持续、高效的管理。

需要指出的是,随着人口老龄化进程加剧,多种慢病共存成为常态,全科医生担负着包括糖尿病在内的多种慢病管理“总指挥”之责。提升全科医生慢病管理水平的难点并不在于掌握某种疾病的管理技术,而是在于如何将多种慢病的管理技术进行有机整合并实施在某个特定患者身上。以人为中心、以持续健康促进为目标来构建信息系统,借助信息化、智能化等手段辅助全科医生制定计划和做出决策或许是值得探索的解决之道。

(四川大学华西医院特需医疗中心 赵茜)

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