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## Clinical Champion Update

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Date: 10/31/22

Subject: Diabetes

### Diabetes with Autonomic Neuropathy

One of the most commonly missed RAF codes is Type 2 Diabetes with Diabetic Autonomic Neuropathy. Our focus is often on peripheral neuropathy and we overlook this common code (E11.43).

See below for manifestations of Diabetic Autonomic Neuropathy. We commonly diagnose and treat erectile dysfunction, sick sinus syndrome, hypoglycemic unawareness and sleep apnea. These conditions are considered complications of diabetes, or that diabetes was a contributing factor, as long as the onset of the condition was after the diagnosis of Diabetes.

#### Clinical manifestations of diabetic autonomic neuropathy

System	Symptoms
<b>Cardiovascular</b>	<ul style="list-style-type: none"><li>▪ Sinus tachycardia</li><li>▪ Postural tachycardia</li><li>▪ Bradycardia, fixed heart rate (more advanced disease)</li><li>▪ Systolic and diastolic dysfunction</li><li>▪ Decreased exercise tolerance</li><li>▪ Orthostatic hypotension with supine (nocturnal) hypertension</li><li>▪ Cardiac denervation syndrome</li><li>▪ Intraoperative and perioperative cardiovascular instability</li></ul>
<b>Gastrointestinal</b>	<ul style="list-style-type: none"><li>▪ Esophageal dysmotility</li><li>▪ Gastroparesis</li><li>▪ Diarrhea</li><li>▪ Constipation</li><li>▪ Fecal incontinence</li></ul>
<b>Genitourinary</b>	<ul style="list-style-type: none"><li>▪ Erectile dysfunction</li><li>▪ Retrograde ejaculation</li><li>▪ Neurogenic bladder and cystopathy</li><li>▪ Female sexual dysfunction (eg, loss of vaginal lubrication)</li></ul>
<b>Sudomotor and vasomotor</b>	<ul style="list-style-type: none"><li>▪ Anhidrosis</li><li>▪ Hyperhidrosis</li><li>▪ Heat intolerance</li><li>▪ Gustatory sweating</li><li>▪ Dry skin</li><li>▪ Decreased thermoregulation</li><li>▪ Altered blood flow</li><li>▪ Impaired vasomotion</li><li>▪ Edema</li></ul>
<b>Pupillary</b>	<ul style="list-style-type: none"><li>▪ Pupillomotor function impairment (eg, decreased diameter of dark adapted pupil)</li><li>▪ Pseudo Argyll-Robertson pupil</li></ul>
<b>Metabolic</b>	<ul style="list-style-type: none"><li>▪ Hypoglycemia unawareness</li><li>▪ Hypoglycemia unresponsiveness (delayed epinephrine secretion, reduced glucagon secretion)</li></ul>
<b>Other</b>	<ul style="list-style-type: none"><li>▪ Sleep apnea</li><li>▪ Anxiety/depression</li></ul>

Type 2 Diabetes without complications = 0.105 RAF

Type 2 Diabetes with Diabetic Autonomic Neuropathy = 0.305 RAF

Documentation of A&P:

1. Type 2 Diabetes with Diabetic Autonomic Neuropathy (E11.43)
2. Document the complication
  - a. Example: Obstructive Sleep Apnea – with documentation of A&P (stable with nightly CPAP, recommend weight loss, discussed importance of blood sugar control)

## Diabetes with Peripheral Neuropathy

Recently, a study was performed comparing the benefits of monotherapy for Diabetic peripheral neuropathy versus combination therapy with multiple first line treatment options. The OPTION-DM trial included three 16-week treatment pathways: oral amitriptyline supplemented with pregabalin (A-P), pregabalin supplemented with amitriptyline (P-A), and duloxetine supplemented with pregabalin. This study published in the Lancet (link below) showed that only 35% of patients reported well controlled pain with maximum dose monotherapy. Combination therapy resulted in another 19% of patients reporting well controlled pain. There was no statistical difference between the combinations of first line therapies in their efficacy for pain relief, so any of the above options are reasonable to try. Consider combination therapy in patients with poorly controlled neuropathic pain.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01472-6/fulltext#seccestitle70](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01472-6/fulltext#seccestitle70)

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