Person—diabetes therapy type, code NN

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# Person—diabetes therapy type, code NN

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| Identifying and definitional attributes | |
| Metadata item type: | Data Element |
| Short name: | Diabetes therapy type |
| METEOR identifier: | 270236 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 01/03/2005 |
| Definition: | The type of diabetes therapy the person is currently receiving, as represented by a code. |
| Data Element Concept: | [Person—diabetes therapy type](https://meteor.aihw.gov.au/content/269852) |
| Value Domain: | [Diabetes therapy code NN](https://meteor.aihw.gov.au/content/270787) |

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| Value domain attributes | | |
| Representational attributes | | |
| Representation class: | Code | |
| Data type: | String | |
| Format: | NN | |
| Maximum character length: | 2 | |
|  | **Value** | **Meaning** |
| Permissible values: | 01 | Diet and exercise only |
|  | 02 | Oral hypoglycaemic - sulphonylurea only |
|  | 03 | Oral hypoglycaemic - biguanide (eg metformin) only |
|  | 04 | Oral hypoglycaemic - alpha-glucosidase inhibitor only |
|  | 05 | Oral hypoglycaemic - thiazolidinedione only |
|  | 06 | Oral hypoglycaemic - meglitinide only |
|  | 07 | Oral hypoglycaemic - combination (eg biguanide & sulphonylurea) |
|  | 08 | Oral hypoglycaemic - other |
|  | 09 | Insulin only |
|  | 10 | Insulin plus oral hypoglycaemic |
|  | 98 | Nil - not currently receiving diabetes treatment |
| Supplementary values: | 99 | Not stated/inadequately described |

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| Collection and usage attributes | |
| Guide for use: | CODE 01     Diet & exercise only  This code includes the options of generalised prescribed diet; avoid added sugar/simple carbohydrates (CHOs); low joule diet; portion exchange diet and uses glycaemic index and a recommendation for increased exercise.  CODE 98     Nil - not currently receiving diabetes treatment  This code is used when there is no current diet, tablets or insulin therapy(ies).  CODE 99     Not stated/inadequately described  Use this code when missing information. |



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| Data element attributes | |
| Collection and usage attributes | |
| Collection methods: | To be collected at the commencement of treatment and at each review. |
| Comments: | In settings where the monitoring of a person's health is ongoing and where management can change over time (such as general practice), the Service contact—service contact date, DDMMYYYY should be recorded.  The main use of this data element is to enable categorisation of management regimes against best practice for diabetes. |
| Source and reference attributes | |
| Submitting organisation: | National Diabetes Data Working Group  Cardiovascular Data Working Group |
| Reference documents: | Berkow R, editor. The Merck Manual. 16th ed. Rahway (New Jersey, USA): Merck Research Laboratories; 1992. |
| Relational attributes | |
| Related metadata references: | Is re-engineered from  [Diabetes therapy type, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](https://meteor.aihw.gov.au/content/273677)  (19.1 KB)  *No registration status*  See also [Female—type of diabetes mellitus therapy during pregnancy, code N](https://meteor.aihw.gov.au/content/717963)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 09/09/2022  See also [Female—type of diabetes mellitus therapy during pregnancy, code N](https://meteor.aihw.gov.au/content/695736)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 20/11/2019  See also [Female—type of diabetes mellitus therapy during pregnancy, code N](https://meteor.aihw.gov.au/content/516185)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 02/08/2017  See also [Female—type of diabetes mellitus therapy during pregnancy, code N](https://meteor.aihw.gov.au/content/668948)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 12/12/2018  See also [Female—type of diabetes mellitus therapy during pregnancy, code N](https://meteor.aihw.gov.au/content/759643)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 09/09/2022 |
| Implementation in Data Set Specifications: | [Acute coronary syndrome (clinical) DSS](https://meteor.aihw.gov.au/content/372930)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 01/09/2012  [Acute coronary syndrome (clinical) DSS](https://meteor.aihw.gov.au/content/482119)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 02/05/2013  [Acute coronary syndrome (clinical) NBPDS 2013-](https://meteor.aihw.gov.au/content/523140)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 02/05/2013  ***Implementation start date:*** 01/07/2013  [Cardiovascular disease (clinical) DSS](https://meteor.aihw.gov.au/content/273052)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 15/02/2006  [Cardiovascular disease (clinical) DSS](https://meteor.aihw.gov.au/content/348289)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 04/07/2007  [Cardiovascular disease (clinical) DSS](https://meteor.aihw.gov.au/content/353668)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 22/12/2009  [Cardiovascular disease (clinical) DSS](https://meteor.aihw.gov.au/content/374213)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 01/09/2012  [Cardiovascular disease (clinical) NBPDS](https://meteor.aihw.gov.au/content/470731)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 17/10/2018  [Cardiovascular disease (clinical) NBPDS](https://meteor.aihw.gov.au/content/697668)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 17/10/2018  [Diabetes (clinical) DSS](https://meteor.aihw.gov.au/content/273054)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 21/09/2005  ***DSS specific information:***  The objectives and priorities of treatment must be tailored to the individual considering age, sex, weight and individual health status.  An individual management plan for each patient should include the following:   * establishment of targets of treatment * healthy eating plan * education in self-monitoring, * adjustment of treatment and in approaches to coping with emergencies * exercise program * risk factor reduction, e.g. smoking cessation * use of oral hypoglycaemic agents, if required * use of insulin, if required * screening for and treatment of complications of diabetes.   In addition to glycaemic control, management of diabetes of either type requires close attention to other risk factors for the development of complications, and the impact of lifestyle changes on blood glucose levels should be monitored. In patients with Type 2 diabetes, an increase in physical activity is essential in management of lipids and glucose level. Increased physical activity has been recognised as perhaps the most feasible way of modifying glucose intolerance, a risk factor for developing diabetes and macrovascular disease (Guest & O'Dea 1992).  [Diabetes (clinical) NBPDS](https://meteor.aihw.gov.au/content/304865)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 21/09/2005  ***DSS specific information:***  The objectives and priorities of treatment must be tailored to the individual considering age, sex, weight and individual health status.  An individual management plan for each patient should include the following:   * establishment of targets of treatment * healthy eating plan * education in self-monitoring, * adjustment of treatment and in approaches to coping with emergencies * exercise program * risk factor reduction, e.g. smoking cessation * use of oral hypoglycaemic agents, if required * use of insulin, if required * screening for and treatment of complications of diabetes.   In addition to glycaemic control, management of diabetes of either type requires close attention to other risk factors for the development of complications, and the impact of lifestyle changes on blood glucose levels should be monitored. In patients with Type 2 diabetes, an increase in physical activity is essential in management of lipids and glucose level. Increased physical activity has been recognised as perhaps the most feasible way of modifying glucose intolerance, a risk factor for developing diabetes and macrovascular disease (Guest & O'Dea 1992). |