

# **Practice Test 9**

## **READING SUB-TEST – PART A**

### **Text A – Management of Type 2 Diabetes in Primary Care**

#### **OBJECTIVE:**

To examine the prevalence, clinical characteristics, and management patterns of type 2 diabetes among adult patients attending primary care practices.

#### **DESIGN AND SETTING:**

A cross-sectional observational study was conducted across multiple primary care centres, involving routine data collection from consecutive patient consultations over 12 months.

#### **RESULTS:**

Out of a total sample of 5,200 patients, 624 (12.0%) were diagnosed with type 2 diabetes. Prevalence was higher among males (13.5%) compared with females (10.2%), although variation across age groups was observed. Approximately 68% of patients reported one or fewer hyperglycaemic episodes per month, while a smaller proportion experienced more frequent episodes.

Only 9% of patients were currently receiving insulin therapy. However, insulin use was significantly higher among patients with frequent hyperglycaemic episodes (21–23%) compared with those experiencing infrequent episodes (approximately 5–6%). Oral hypoglycaemic agents, particularly metformin and sulfonylureas, were the most commonly prescribed treatments.

Inappropriate prescribing patterns were also identified, with short-acting insulin accounting for approximately 7–9% of total treatments. Additionally, some patients were found to be receiving combination therapies that did not fully align with current clinical guidelines.

#### **CONCLUSION:**

Type 2 diabetes is commonly managed within primary care settings. However, insulin therapy appears to be underutilised, particularly among patients with higher symptom frequency, indicating a potential gap between clinical need and treatment practice.

## Text B – Economic Burden of Type 2 Diabetes (UK)

Table: Estimated Annual Costs per Patient (£)

Cost Element	Cost Element	Men (£)	Women (£)
Direct medical costs	540	1,180	1,720
Lost workdays	2,200	4,900	7,100
Reduced productivity	1,850	3,650	5,500
<b>Total cost</b>			<b>14,320</b>

*Note: Variations in cost are associated with the frequency and severity of hyperglycaemic episodes, as well as differences in workforce participation.*

## Text C – Case Notes: Workplace Impact of Diabetes

### Case 1:

“Ali” reported frequent absence from work due to poorly controlled blood glucose levels, with multiple episodes occurring throughout the year. His employer expressed concern regarding productivity and attendance, eventually issuing a formal warning. This reflects patterns observed in some clinical studies where poorly managed diabetes is associated with increased workplace disruption.

### Case 2:

“Meena,” in contrast, receives structured workplace support. Her employer provides flexible working hours and designated facilities for regular glucose monitoring. Her condition is formally recognised as a chronic illness, allowing reasonable workplace adjustments. As a result, she has maintained consistent employment despite ongoing symptoms.

## **Text D – Research Brief on Diabetes (Global)**

- Global prevalence of type 2 diabetes is estimated at approximately 9–10% in men and 10–12% in women.
- The average number of hyperglycaemic episodes per year ranges from 26 to 30.
- Patients typically require between 3 and 5 days of rest annually due to complications.
- Approximately 20–30% of patients consult healthcare professionals regularly.
- Poor glycaemic control remains the leading contributor to diabetes-related complications.