Kidney Transplant And Diabetes
Information for people who do not have diabetes

Exceptional healthcare, personally delivered
Introduction
A kidney transplant will make an enormous difference to your life. One of these changes is the need to take anti-rejection medications to protect the function of your transplanted kidney. Some of these medications (immunosuppressants) may have side-effects in some patients. These may affect the way your pancreas works, leaving your body without enough insulin to metabolise carbohydrates and sugars properly. This is what causes diabetes – known in this situation as New Onset Diabetes after Transplant (NODAT).

Medications
Different medication regimes carry different risks of causing diabetes. The main priority after a transplant is prevention of organ rejection, so it is very important that these medications are taken, despite these risks. If this is an issue for you, the medical team will reduce the doses of anti-rejection medications as quickly as is safely possible.

Diagnosis and Treatment
Transplant patients are monitored very closely after receiving a new kidney, with regular blood tests to ensure the kidney is working properly. If two or more of these results show higher blood glucose levels, you will be diagnosed with NODAT. This most often occurs within the first 12 weeks after transplant, but diabetes can develop later than this. NODAT requires anti-diabetes treatment, such as following a healthy diet, increasing your level of exercise, and taking tablets and/or insulin, depending on the symptoms you experience.

Around 12 per cent of patients having transplants at North Bristol Trust develop NODAT. The good news is that this may not be permanent. Around 50 per cent of people diagnosed with NODAT are only diabetic temporarily, while they are taking high levels of anti-rejection medications in the immediate post-transplant period. Once these medication doses are reduced, the body’s metabolic system recovers and there is no need for anti-diabetes medication. If this is the case for you, your glucose tolerance will continue to be monitored at least once a year after this, to be sure that diabetes does not recur.
Managing Diabetes
Many people diagnosed with NODAT will be diabetic for the rest of their lives. If you still require anti-diabetes medication more than one year after transplant, this may be the case for you. This means you will need to take special care of your health for the rest of your life: thinking about what you eat, possibly taking tablets or injecting insulin every day, having regular eye and foot checks, and watching your blood pressure control and cholesterol levels – all aspects of health that can be affected by diabetes.

Kidney damage is another complication of diabetes, so for those people with NODAT whose diabetes is permanent, good diabetes control will also be vital for the well-being of your transplanted kidney.

Unfortunately, there is currently no way of predicting which transplant patients are most likely to develop NODAT, so this is a risk that all pre-transplant patients need to be aware of before proceeding with the operation.

If you do develop NODAT, though, you will receive excellent support from the Renal Diabetes team to help you manage the diabetes and stay in good health.

If you have any other questions about NODAT, please do not hesitate to ask a member of the Renal team.

References


NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

© North Bristol NHS Trust. This edition published May 2014. Review due May 2016. NBT002101