

QUESTION

A 65-year-old male patient with a long history of hypertension and a recent diagnosis of type 2 diabetes mellitus is being treated with lisinopril and metformin. He has been experiencing increasing fatigue and weakness over the past few weeks. His blood pressure is well-controlled, and his blood glucose levels are stable. The patient is concerned about his symptoms and wants to know what might be causing them.

System	Findings	Relevant History
General	Fatigue, weakness	Recent diagnosis of type 2 diabetes mellitus
Cardiovascular	Well-controlled blood pressure	Long history of hypertension, treated with lisinopril
Endocrine	Stable blood glucose levels	Treated with metformin
Renal	No edema, normal urine output	No known renal disease
Neurological	No numbness, tingling, or motor deficits	No known neurological conditions
Respiratory	No cough, sputum, or shortness of breath	No known respiratory conditions
Gastrointestinal	No abdominal pain, nausea, or vomiting	No known gastrointestinal conditions

What is the most likely cause of the patient's symptoms?

ANSWER



The patient's symptoms are most likely caused by anemia, which is a common complication of type 2 diabetes mellitus. Anemia can result from microvascular disease, organ damage, or renal disease, all of which are associated with hyperglycemia and insulin resistance. The patient's fatigue and weakness are likely due to the reduced oxygen-carrying capacity of the blood caused by anemia.

The patient should be evaluated for anemia, and the underlying cause should be identified and treated. This may involve adjusting his diabetes medications, managing his hypertension, and addressing any organ damage or renal disease.