

Guidelines for Adult Diabetes Care

Developed by the **New York Diabetes Coalition**^{*}
in collaboration with the New York State Dept. of Health, Diabetes Prevention & Control Program.
Based on the American Diabetes Association Clinical Practice Recommendations.
Visit www.diabetes.org for full recommendations.



CLINICAL PRIORITIES	A B C ' S	■ A1C ■ Blood Pressure ■ Cholesterol ■ Smoking Status	
		FREQUENCY	GOAL/RECOMMENDATION
HISTORY & PHYSICAL	Blood Pressure ¹	Every Visit	<130/80
	Weight & BMI	Every Visit	Healthy weight=BMI≥18.5 and < 25. Advise weight reduction to optimize BMI.
	Comprehensive Foot Exam ²	Annual/3-6 mos. for high risk pts.	Teach protective foot behavior if sensation diminished. Refer to podiatrist.
	Dilated Retinal Exam	Annual ³	Detect retinopathy/refer to eye care professional. ³
	Dental	Every 6 months	Refer to dentist.
LABORATORY*	A1C	Every 3-6 months ⁴	<7.0% ⁵
	Fasting Lipid Profile ¹ Cholesterol	Annual	LDL <100 mg/dl; HDL >40 mg/dl for men, HDL >50 mg/dl for women; Triglycerides <150 mg/dl. Pts with overt CVD, lower LDL to goal of <70 mg/dl
	Urine Microalbumin/ Creatinine Ratio ¹	Annual ⁶ and at diagnosis	Check spot urine for albumin and creatinine, calculate ratio. ≥30 ug alb/mg creatinine is abnormal.
	Serum Creatinine	Annual	Estimate glomerular filtration rate (GFR) ⁷ to stage the level of chronic kidney disease (CKD). See resource B.
IMMUNIZATIONS	Flu Vaccine	Every autumn	
	Pneumovax	Once	Revaccinate those pts. ≥65 if initial vaccine given >5 years ago when pt. <65. ⁸
COUNSELING & RISK REDUCTION	Tobacco Use ¹	Annual/ongoing	Assess readiness, counsel cessation. See Resource A.
	Psychosocial Adjustment	Annual/ongoing	Suggest support groups/counsel/refer. Assess for depression. See resource C.
	Sexual Functioning	Annual/ongoing	Discuss functioning and therapy options with both male and female patients.
	Preconception	Initial/ongoing	Target A1C as close to normal (<7%) as possible. Evaluate medications. ⁹
	Pregnancy	Initial/ongoing	Maintain A1C levels as close to normal (<7%) as possible. Comprehensive eye exam 1st trimester. Evaluate medications. ⁹ Refer to high risk program.
	Aspirin Therapy	Ongoing	75-162 mg/day. Consider for all pts. >40 y.o. or with additional CVD risk factors.
	ACE Inhibitor/ARB ^{**}	Ongoing	Recommended for any pt. with overt CVD or pts. >40 y.o. with one or more CVD risk factor in addition to DM. ^{**} ARB for pts. unable to tolerate ACE
REVIEW SELF-MANAGEMENT SKILLS	Pt. & Clinician Jointly Set Goals	Initial/every visit	Ongoing close monitoring of pt progress. Refer to diabetes self-management training at diagnosis and as needed. ¹⁰
	Physical Activity	Initial/ongoing	Assess and prescribe based on patient's health status. ¹¹ See resource D.
	Nutrition	Initial/ongoing	If BMI ≥25, advise weight reduction. ¹⁰ See resource E.
	Self Monitoring Blood Glucose (SMBG)	Initial/ongoing	Pt. to monitor glucose as necessary to minimize risk of hyper- and hypo-glycemic episodes. ¹² Review & check patient log book for accuracy.
	Foot Screening	Initial/ongoing	Inspect skin for signs of pressure and breakdown to prevent ulceration and infection. Teach protective foot behavior.

*Additional monitoring: EKG (initial/as indicated: pt. ≥40 y.o. or DM ≥10 yrs), Thyroid Assessment (initial/as indicated, palpation & function), Blood Glucose & Urinalysis (as indicated)

FOOTNOTES:

¹Annual review of CVD risk factors.

²Use Semmes-Weinstein monofilament & tuning fork.

³Type 1: init. exam after 5 yrs. duration, Type 2: at diagnosis. ADA recommends ophthalmologist or optometrist.

⁴2x/yr for stable glycemic control and at goal; 4x yr. if change in therapy or if not meeting glycemic goals.

⁵More stringent goal (A1C<6%) may be considered in individual pts.

⁶Type 1: After 5 yrs. disease duration then annually.

⁷Consider referral to physician experienced with diabetic renal disease for GFR <60 ml/min per 1.73 m² or uncontrolled HTN or hyperkalemia. Consultation with nephrologist suggested when GFR <30 ml/min per 1.73 m².

⁸Also revaccinate for nephrotic syndrome, chronic renal disease and immunocompromised states.

⁹Statins, ACE, ARBs contraindicated prior to and during pregnancy.

¹⁰To locate Certified Diabetes Educator (1-800-832-6874, www.diabeteseducator.org) or Registered Dietitian (www.eatright.org)

¹¹Advise physical activity 30 minutes/5 days per week including resistance training 3x's week.

¹²Recommend postprandial testing (goal <180 mg/dl) when A1C levels are not optimal but fasting/pre-meal targets are being met.

- These guidelines are minimum recommendations and are not intended to replace the clinical judgment of health care providers.

RESOURCES:

A. Smoking Cessation Counseling:

http://www.nyhpa.org/pdf/Smoking_Cessation_Guideline.pdf

www.nyhpa.org/pdf/Guide_Your_Patients.pdf

http://www.mssny.org/mssnyip.cfm?c=i&nm=Smoking_Cessation

<http://www.surgeongeneral.gov/tobacco/tobaqrq.htm>

NYS Smokers' Quitline: 1-866-NYQUIT (697-8487), www.nysmokefree.com

B. GFR Calculator & PC Download: www.nkdep.hih.gov

Stages of Chronic Kidney Disease:

www.kidney.org/professionals/kdoqi/guidelines.cfm

C. MacArthur Depression Screening and Management Toolkit:

www.depression-primarycare.org/clinicians/toolkits/full

D. Physical Activity: www.everydaychoices.org/active.html

E. ADA Nutrition Principles

http://care.diabetesjournals.org/cgi/content/full/27/suppl_1/s36