

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 if indicated.
	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
	Urine Microalbumin/ Creatinine Ratio ¹	Annual ⁶	Check spot urine for albumin and creatinine, calculate ratio. ≥30 ug alb/mg creatinine is abnormal. ⁷
	Serum Creatinine	Annual	Estimate glomerular filtration rate (GFR) ⁸ 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. ⁹
COUNSELING & RISK REDUCTION	Tobacco Use	Annual/ongoing	Assess readiness, counsel cessation. See resources A & C.
	Psychosocial Adjustment	Annual/ongoing	Suggest support groups/counsel/refer. Assess for depression. See resource D.
	Sexual Functioning	Annual/ongoing	Discuss functioning and therapy options with both male and female patients.
	Preconception/Pregnancy	Initial/ongoing	Optimize glucose control 3-6 mos. before and during pregnancy, target A1C <6.0%. 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 HTN and microalbuminuria and for pts. >55 y.o. with CVD risk factor in addition to DM. **ARB for pts. unable to tolerate ACE
REVIEW SELF-MANAGEMENT SKILLS	Pt. & Clinician Jointly Set Goals	Initial/ongoing	Refer to diabetes self-management training as needed. ¹⁰
	Physical Activity	Initial/ongoing	Assess and prescribe based on patient's health status. ¹¹
	Nutrition	Initial/ongoing	If BMI ≥25, advise weight reduction. See resource E.
	Self Monitoring Blood Glucose (SMBG)	Initial/ongoing	Pt. to monitor glucose as necessary to minimize risk of hyper- and hypoglycemic episodes. ¹² Review & check patient log book for accuracy.
	Foot Exam	Initial/ongoing	Inspect skin for signs of pressure and breakdown to prevent ulceration and infection.

*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)

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

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: at time of diagnosis and after 5 yrs. disease duration.
- ⁷Albumin >20 ug/min in 4 hr. timed urine or >30 mg/24 hr. collection are also abnormal.
- ⁸Consider 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.
- ⁹Also revaccinate for nephrotic syndrome, chronic renal disease and immunocompromised states.
- ¹⁰To locate Certified Diabetes Educator (1-800-832-6874, www.diabeteseducator.org) or Registered Dietitian (www.eatright.org)
- ¹¹ADA, American Heart Association & American Cancer Society advise walking 30 minutes/5 days per week.
- ¹²Recommend postprandial testing (goal <180 mg/dl) when A1C levels are not optimal but fasting/pre-meal targets are being met.

RESOURCES:

- A. Smoking Cessation Counseling:**
<http://www.nyhpa.org/pdf/SmokingCessationGuideline.pdf>
<http://www.nyhpa.org/pdf/GuideYourPatients.pdf>
<http://www.surgeongeneral.gov/tobacco/tobaqrg.htm>
- B. GFR Calculator:** <http://www.medcalc.com/gfr.html>
 Pocket-PC calculator download
<http://www.kidney.org/professionals/kdoqi/cap.cfm>
 Stages of Chronic Kidney Disease
www.kidney.org/professionals/kdoqi/guidelines_ckd/p4_class_g2.htm
- C. NYS Smokers' Quitline:** 1-866-NYQUITTS (697-8487), www.nysmokefree.com.
- D. MacArthur Depression Screening and Management Toolkit:**
www.depression-primarycare.org/clinicians/toolkits/full
- E. ADA Nutrition Principles:**
http://care.diabetesjournals.org/cgi/content/full/27/suppl_1/s36