

GENERAL PRINCIPLES FOR THE MANAGEMENT OF DIABETES

The following guideline applies to patients with type 1 and type 2 diabetes mellitus. It recommends specific interventions for periodic medical assessment, laboratory tests and education to guide effective patient self-management.

| Eligible Population | Key Components | Recommendations |
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| Patients with diabetes (type 1 and type 2) | Assessment | <ul style="list-style-type: none"> • Height, weight, BMI, blood pressure at each visit • Psychosocial evaluation and lifestyle changes at each visit • Fundoscopic exam. Retinal or dilated eye exam by ophthalmologist or optometrist at least annually • Dental exam twice a year • Cardiovascular risks (tobacco use, hypertension, dyslipidemia, sedentary lifestyle, obesity, stress, family history, age >40) • Nephropathy screening and monitoring as needed • Foot exam; referral to a podiatrist at least annually • Peripheral neuropathy at each visit • Medication adherence at each visit |
| | Testing | <ul style="list-style-type: none"> • Hemoglobin A1c (HbA1c) testing every 3 to 6 months depending on the individual • Urine test for albumin to creatinine ratio annually • Serum creatinine and estimated GFR annually • Fasting Lipid profile (Total, LDL and HDL cholesterol and triglycerides) as needed • Liver function tests as needed • Thyroid-stimulating hormone in patients with type 1 diabetes as needed |
| | Education | <ul style="list-style-type: none"> • Physical activity, healthy diet, appropriate BMI • Description of disease process, medications, possible acute and chronic complications • Disease self-management • Tobacco cessation and secondhand smoke avoidance • Ophthalmological care • Self-care to feet and appropriate footwear • Dental care • Provide information on community resources to support healthy lifestyles • Immunizations (Influenza, Pneumonia, COVID-19, Hepatitis) • Restrict alcohol consumption |

| Eligible Population | Key Components | Recommendations |
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| | <p>Goals</p> | <ul style="list-style-type: none"> • Glycemic control. A1C goal for most patients is <7%. Preprandial capillary plasma glucose 80-130 mg/dL. Nutrition and medication therapy as needed. • Hypertension. Goal of <140/90 mmHg. Medication therapy as needed. Lifestyle intervention consists of weight loss if overweight or obese; reducing sodium and increasing potassium intake; moderation of alcohol intake; and increased physical activity. • Lipids. Goal of LDL cholesterol <100 mg/dL. Nutrition and medication therapy as needed. • Lifestyle Management. Diet, Activity, Smoking cessation, diabetes self-management education and support • Eye Exam. Annual exam (or more frequent if needed) to reduce risk or slow progression of diabetic retinopathy. • Medical attention for nephropathy. Annual exam (or more frequent if needed) to reduce risk or slow progression of diabetic kidney disease. <p>Individual patient considerations and advances in medical science may supersede or modify these recommendations.</p> |

This guideline is based on the American Diabetes Association Standards of Medical Care in Diabetes 2023; Volume 46, Supplement 1.