



**Clinical Guidelines
For the
Management of Diabetes**

Management of Diabetes

A panel of experts appointed by the American Diabetes Association (ADA) revised the ADA Diabetes Standards of Care in January 2005 and updated March 2005. Schaller Anderson has adapted the above for its use in treating diabetes.

The complete Standards of Care are available on the Web:

http://care.diabetesjournals.org/content/vol28/suppl_1/

These guidelines are distributed under a quality improvement/utilization management program in order to identify criteria for appropriate and effective use of health care services and consistency in the care provided to plan enrollees. The guidelines are not intended to: (i) supplant the duty of a qualified health professional to provide treatment based on the individual needs of a patient; (ii) constitute procedures for or the practice of medicine by the party distributing the guidelines; or (iii) guarantee coverage or payment for the type or level of care proposed or provided.

Guideline Summary for Management of Adults with Diabetes Mellitus Types 1 and 2

Adult patients with type 1 or type 2 diabetes mellitus					
Goals	<table style="width: 100%; border: none;"> <tr> <th style="text-align: left; width: 50%;">Glycemic Control</th> <th style="text-align: left; width: 50%;">Risk Factor Control</th> </tr> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> - Preprandial glucose 90-130 mg/dl - Postprandial glucose < 180 mg/dl - HgbA1C < 7% - HgbA1C < 6% may reduce complications in both type 1 and type 2 - Less rigorous control for patients with frequent hypoglycemia </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> - Blood pressure < 130/80 (adult) - LDL-C (\geq 40 YRS W/O CAD)³ reduction of LDL by 30-40% - LDL-C (\geq 40 YRS W/O CAD w + RF)¹ < 100 mg/dl - LDL-C (With CAD) < 70 mg/dl - HDL-C > 40 mg/dl - Triglycerides < 150 mg/dl - Urine microalbumin < 30 ug/mg creatinine </td> </tr> </table>	Glycemic Control	Risk Factor Control	<ul style="list-style-type: none"> - Preprandial glucose 90-130 mg/dl - Postprandial glucose < 180 mg/dl - HgbA1C < 7% - HgbA1C < 6% may reduce complications in both type 1 and type 2 - Less rigorous control for patients with frequent hypoglycemia 	<ul style="list-style-type: none"> - Blood pressure < 130/80 (adult) - LDL-C (\geq 40 YRS W/O CAD)³ reduction of LDL by 30-40% - LDL-C (\geq 40 YRS W/O CAD w + RF)¹ < 100 mg/dl - LDL-C (With CAD) < 70 mg/dl - HDL-C > 40 mg/dl - Triglycerides < 150 mg/dl - Urine microalbumin < 30 ug/mg creatinine
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Source: Standards of Medical Care for Patients with Diabetes Mellitus, Diabetes Care, Vol. 28, Supp 1, January 2005. Copyright© American Diabetes Association from Diabetes Care, Vol. 28, Supplement 1, 2005; S4-S36. Reprinted with permission from The American Diabetes Association.

¹ Major risk in addition to diabetes include: Modifiable risks – smoking, hypertension, hyperlipidemia, sedentary lifestyle, obesity, stress; Fixed risks – family history, age, gender

² If type 1 diabetes at least 5 years and for all type 2 diabetes, tests include timed specimen for albumin or albumin creatinine ratio

³ Heart Protection Study: Subjects with diabetes with total cholesterol > 135 mg/dl benefited from a 30-40% reduction in LDL-C with daily statin therapy. In general statin therapy in diabetes has been shown to reduce myocardial infarctions and stroke in all diabetes

These guidelines are not a substitute for medical judgment and should only be used by qualified health-care professionals who apply independent judgment and take into account the circumstances of each individual patient's care.

References:

- Standards of Medical Care in Diabetes Diabetes Care 28:S4-S36, 2005.
(http://care.diabetesjournals.org/content/vol28/suppl_1/)
- The American Association of Clinical Endocrinologists Medical Guidelines for the Management of Diabetes Mellitus: The AACE System of Intensive Diabetes Self-Management—2002 Update
(http://www.aace.com/clin/guidelines/diabetes_2002.pdf)

Recommendations for the provision of services in primary care for people with diabetes. Available on the world wide web (<http://www.diabetes.org.uk/hcpreports/carerecs.htm>).