



# SUGGESTED GUIDELINES FOR THE MANAGEMENT OF DIABETES

Based on the 2008 American Diabetes Association full text Clinical Practice Recommendations, available at [www.diabetes.org](http://www.diabetes.org)

TEST	GOAL
<b><i>Glycemic control</i></b>	
Preprandial capillary plasma glucose .....	70 – 130 mg/dl
Peak postprandial capillary plasma glucose .....	<180 mg/dl
A1C .....	<7%
<ul style="list-style-type: none"> <li>• Quarterly if treatment changes or patient not meeting goals</li> <li>• At least 2 times a year if stable</li> </ul>	
<i>The A1C goal for the individualized patient is an A1C as close to normal (&lt;6%) as possible without significant hypoglycemia.</i>	
<b><i>Lipid Profile</i></b>	
<ul style="list-style-type: none"> <li>• Annually and more often if needed to achieve goals</li> </ul>	
LDL .....	<100 mg/dl
Triglycerides.....	<150 mg/dl
HDL .....	>40 mg/dl for men
.....	>50 mg/dl for women
<b><i>Blood Pressure</i></b> .....	<130/80 mmHg
<ul style="list-style-type: none"> <li>• BP should be measured at every routine diabetes visit</li> </ul>	

TEST	GOAL
<b><i>Microalbumin</i></b> .....	<30 ug/mg
<ul style="list-style-type: none"> <li>• Yearly</li> </ul>	
Serum creatinine should be measured annually for the estimation of glomerular filtration rate in all adults with diabetes regardless of the degree of urine albumin excretion.	
<b><i>Dilated Eye Exam</i></b>	
<ul style="list-style-type: none"> <li>• Yearly</li> </ul>	
<b><i>Comprehensive Foot Exam</i></b>	
<ul style="list-style-type: none"> <li>• Yearly (more often in patients with high risk foot conditions)</li> </ul>	
The foot examination can be accomplished in a primary care setting and should include the use of a monofilament, tuning fork, palpation, and a visual examination. Refer patients who smoke, have loss of protective sensation and structural abnormalities, or have history of prior lower-extremity complications, to foot care specialists for ongoing preventive care and lifelong surveillance.	

## CRITERIA FOR THE DIAGNOSIS OF DIABETES MELLITUS

1. FPG  $\geq$ 126 mg/dl. Fasting is defined as no caloric intake for at least 8 hours.\*

OR

2. Symptoms of hyperglycemia and casual plasma glucose  $\geq$ 200 mg/dl. Casual is defined as any time of day without regard to time since last meal. The classic symptoms of diabetes include polyuria, polydipsia, and unexplained weight loss.

OR

3. 2-h PG  $\geq$ 200 mg/dl during an OGTT. The test should be performed as described by the World Health Organization, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.\*

## DIAGNOSTIC CRITERIA FOR PRE-DIABETES

	Fasting	Casual or 2-hr OGTT
Impaired fasting glucose .....	$\geq$ 100-125 mg/dl	
Impaired glucose tolerance.....		$\geq$ 140-199 mg/dl

\*In the absence of unequivocal hyperglycemia, these criteria should be confirmed by repeat testing on a different day.

DiabetiCare is a Health Management Program available to ConnectiCare members 18 years or older diagnosed with diabetes. To enroll a member in DiabetiCare, call 1-800-390-3522. To find out more information about ConnectiCare's Health Management Programs, refer to ConnectiCare's Physician & Provider Manual or [www.connecticare.com](http://www.connecticare.com)

## ASPIRIN THERAPY

Aspirin has been recommended as a primary and secondary prevention therapy to prevent cardiovascular events in diabetic and nondiabetic individuals.

## ACE'S AND ARB'S

All patients with diabetes and hypertension should be treated with a regimen that includes either an ACE inhibitor or an ARB. If one class is not tolerated, the other should be substituted.

In the treatment of both micro and macroalbuminuria, either ACE inhibitors or ARBs should be used except during pregnancy. ACE inhibitors and ARBs have been shown to delay the progression to macroalbuminuria.

