



SUGGESTED GUIDELINES FOR THE MANAGEMENT OF DIABETES

Based on the 2010 American Diabetes Association full text Clinical Practice Recommendations, available at www.diabetes.org

TEST	GOAL
<i>Glycemic control</i>	
Preprandial capillary plasma glucose.....	70 – 130 mg/dl
Peak postprandial capillary plasma glucose.....	<180 mg/dl
A1C.....	<7.0%*
<ul style="list-style-type: none"> • Quarterly if treatment changes or patient not meeting goals • At least 2 times a year if stable 	
*Referenced to a nondiabetic range of 4.0 – 6.0 using a DCCT-based assay.	
<i>Lipid Profile</i>	
<ul style="list-style-type: none"> • Annually and more often if needed to achieve goals 	
LDL.....	<100 mg/dl
HDL.....	>40 mg/dl for men
.....	>50 mg/dl for women
Triglycerides.....	<150 mg/dl
<i>Blood Pressure</i>	<130/80 mmHg
<ul style="list-style-type: none"> • BP should be measured at every routine diabetes visit 	

TEST	GOAL
<i>Microalbumin</i>	<30 ug/mg
<ul style="list-style-type: none"> • Yearly 	
Measure serum creatinine at least annually in all adults with diabetes regardless of the degree of urine albumin excretion. The serum creatinine should be used to estimate GFR and stage the level of chronic kidney disease (CKD) if present.	
<i>Dilated Eye Exam</i>	
<ul style="list-style-type: none"> • Yearly 	
<i>Comprehensive Foot Exam</i>	
<ul style="list-style-type: none"> • Yearly (more often in patients with high risk foot conditions) 	
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.	

CRITERIA FOR THE DIAGNOSIS OF DIABETES

1. A1C $\geq 6.5\%$.* **OR**
2. Fasting Plasma Glucose (FPG) ≥ 126 mg/dl (7.0 mmol/l).* **OR**
3. Two-hour plasma glucose ≥ 200 mg/dl (11.1 mmol/l) during an OGTT.* **OR**
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dl (11.1 mmol/l).

**In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.*

ANTIPLATELET AGENTS

Consider aspirin therapy (75-162 mg/day) as a primary prevention strategy in those with type 1 or type 2 diabetes at increased cardiovascular risk (10 year risk $>10\%$). This includes most men >50 years of age or women >60 years of age who have at least one additional major risk factor (family history of CVD, hypertension, smoking, dyslipidemia, or albuminuria.)

Use aspirin therapy (75-162 mg/day) as a secondary prevention strategy in those with diabetes with a history of CVD. For patients with CVD and documented aspirin allergy, clopidogrel (75 mg/day) should be used.

Combination therapy with ASA (75-162 mg/day) and clopidogrel (75 mg/day) is reasonable for up to a year after an acute coronary syndrome.

CATEGORIES OF INCREASED RISK FOR DIABETES*

1. Impaired Fasting Glucose – FPG 100-125 mg/dl (5.6-6.9 mmol/l)
2. Impaired Glucose Tolerance – 2hr PG on the 75-g OGTT 140-199 mg/dl (7.8-11.0 mmol/l)
3. A1C 5.7 – 6.4%

**For all three tests, risk is continuous, extending below the lower limit of the range and becoming disproportionately greater at higher ends of the range.*

ACE'S AND ARB'S

Pharmacologic therapy for patients with diabetes and hypertension should be paired with a regimen that includes either an ACE inhibitor or an angiotensin II receptor blocker (ARB). If one class is not tolerated, the other should be substituted. If needed to achieve blood pressure targets, a thiazide diuretic should be added to those with an estimated glomerular filtration rate (GFR) ≥ 30 ml and a loop diuretic for those with an estimated GFR <30 .

In the treatment of the nonpregnant patient with micro or macroalbuminuria, either ACE inhibitors or ARBs should be used.



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