Management of Diabetes Mellitus

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.

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<th>Eligible Population</th>
<th>Key Components</th>
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| Patients 18 - 75 years of age with type 1 or type 2 diabetes mellitus | Periodic assessment | Assessment should include:  
- Weight, BMI \(^1\)  
- Blood pressure [A] (adult target of < 130/80)  
- Assess cardiovascular risks:  
  - Smoking, hypertension, dyslipidemia, sedentary lifestyle, obesity, stress, family history, age > 40 years, gender  
- Comprehensive foot exam (including monofilament testing annually) [B]  
- Screen for depression [D]  
- Dilated eye exam by ophthalmologist or optometrist [B], or digiscope [B] | At least annually and more frequently as needed |
| | Laboratory tests | Tests should include:  
- A1C [D]  
- Urine microalbumin measurement [D]  
- Serum creatinine and calculated GFR [D]  
- Fasting lipid profile | A1C 2 - 4 times annually based on individual therapeutic goal \(^2\); other tests at least annually |
| | Education, counseling and risk factor modification | People with diabetes should receive medical care from a physician-coordinated team:  
- Consider referral to diabetes educator if education not provided by physician or practice staff  
- Education should include:  
  - Nutrition counseling, including role of weight in insulin resistance and importance of progress toward ideal body weight  
  - Role of self-monitoring of blood glucose in glycemic control [A]  
  - Cardiovascular risk reduction  
  - Smoking cessation intervention [B] and secondhand smoke avoidance [C]  
  - Regular physical activity [A]  
  - Self-care of feet [B]  
  - Preconception counseling [D]  
  - Encourage patients to receive dental care | At diagnosis and as needed |
| | Medical recommendations | Care should focus on smoking, hypertension, lipids and glycemic control:  
- Treatment of hypertension using up to 3 - 4 anti-hypertensive medications to achieve adult target of < 130 systolic [A] and < 80 diastolic [B]  
- Prescription of ACE inhibitor or angiotensin receptor blocker (ARB) in patients with hypertension or albuminuria [A] \(^3\)  
- Statin therapy for primary prevention against macrovascular complications in patients with diabetes who are > age 40 or who have an LDL-C \(\geq\) 100 mg/dl [A] \(^4\)  
- Management of cardiovascular risk factors  
  - Assurance of appropriate immunization status (tetanus, diphtheria, pertussis, influenza, pneumococcal vaccine) [C]  
  - Anti-platelet therapy [A]: low dose aspirin daily for primary prevention in those at increased cardiovascular risk with type 1 [C] and type 2 [A] diabetes, unless contraindicated \(^5\) | At each visit until therapeutic goals are achieved |

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\(^1\) BMI = weight (kg)/height squared (m\(^2\)) or (pounds x 703)/inches\(^2\)

\(^2\) Develop or adjust the management plan to achieve normal or near-normal glycemia with an A1C goal of < 7%. Less stringent treatment goals may be appropriate for patients with a history of severe hypoglycemia, patients with limited life expectancies, very young children or older adults and individuals with comorbid conditions. More stringent treatment goals (i.e., a normal A1C < 6%) for individual patients and in pregnancy.

\(^3\) Consider referral of patients with serum creatinine value > 2.0 mg/dl (adult value) or persistent albuminuria to nephrologist for evaluation.

\(^4\) Target LDL-C < 100 mg/dl [B]. For patients with overt CVD, a lower LDL-C goal of < 70 mg/dl is an option [B].

\(^5\) Aspirin therapy is not routinely recommended for patients under the age of 21 years because of the increased risk of Reye's syndrome.