2005 ADA guidelines

Glycemic Control

A1C	< 7%
Preprandial plasma glucose	90-130 mg/dl
Peak postprandial	< 180 mg/dl
Blood pressure	< 130/80

Lipids

LDL	< 100 mg/dl
	< 70 mg/dl *very high risk pts
Triglycerides	< 150 mg/dl
HDL	> 40 mg/dl in men
	> 50 mg/dl in women

Assessment of glycemic control

*Perform A1C **at least two times/year** in patients who are meeting treatment goals.
*Perform A1C **quarterly** in patients not meeting glycemic goals.

Management of Diabetes Complications:

*Patients > 55 years, ± HTN with another CV risk factor:
ACE inhibitor should be considered to reduce risk of CV events
*All patients with diabetes **and** HTN should be treated with an **ACEI or ARB**.
*If needed to achieve blood pressure targets, add a **thiazide** diuretic.

Dyslipidemia/Lipid Management:

*Lipid panel at least **annually** and more often if needed
*If LDL < 100, HDL > 50, and TG's < 150: May repeat lipid panel **every 2 years**.
*Primary goal: Lower LDL < 100 mg/dl
*Patients > 40 years of age with TC ≥135 mg/dl, **without** overt CVD:
LDL reduction of 30 – 40 % regardless of baseline is recommended

Very high-risk patients:

*Acute Coronary Syndrome or previous CV events: more aggressive therapy to achieve
LDL < 70 mg/dl may lead to a significant reduction in further events

Antiplatelet therapy- Primary prevention:

*ASA therapy (75 -162 mg/d) in diabetes patients with increased CV risk:
Age > 40, family history of CVD, HTN, smoking, dyslipidemia, albuminuria

Secondary prevention:

*ASA therapy (75-162 mg/day) in diabetes patients with:
History of MI, vascular bypass procedure, stroke or TIA, peripheral vascular disease, claudication, angina

*Clopidogrel can be used in patients intolerant of aspirin.
*Aspirin is not recommended for patients < 21 years of age

Nephropathy screening:

*T2DM: Perform test **annually** for presence of microalbuminuria
*T1DM > 5 years: Test **annually** for microalbuminuria

Retinopathy screening:
*T1DM: Eye examination **within 5 years** of onset of diabetes; repeat **annually**
*T2DM: Initial dilated and comprehensive eye exam shortly after diagnosis of diabetes; repeat **annually**

Foot care:
*Comprehensive foot examination annually
*Visual inspection of patients' feet at each routine visit
*Educate patients about the risk and prevention of foot problems; reinforce self-care behavior

Physical Activity:
*30-45 minutes of moderate aerobic activity 3-5 days/wk, adapted to individual conditions

Immunizations:
*Annual influenza vaccine in patients > 6 months of age
*Pneumococcal vaccine:
1. At least one time vaccination
2. Revaccination if > 64 yrs and vaccinated > 5 yrs ago
3. Other indications for repeat vaccination include: nephrotic syndrome, chronic renal disease, and other immunocompromised states

Smoking Cessation:
*Include smoking cessation counseling and other forms of treatment as a routine component of diabetes care