

RISK FACTORS OR COMPLICATIONS AND RECOMMENDED TREATMENT GOALS AND FREQUENCY OF EVALUATION FOR ADULTS WITH DIABETES

| Risk Factors or Complications | Goals for Adults with Diabetes or Recommended Tests | Frequency of Evaluation |
|--|---|--|
| Glycemic Control | HbA_{1c} < 7% < 6% consider on individual basis | 2 times/year if at goal or quarterly if Rx change or not at goal |
| Fasting & Capillary Plasma Glucose | Preprandial: 70-130 mg/dL, (5-7.2 mmol/L) * Postprandial: <180 mg/dL, (<10.0 mmol/L) *1-2 hr after beginning a meal | Varies depending on Rx regime Individualize to facilitate reaching goal |
| Anti-platelet Agents Aspirin | 75-162 mg daily for those: <ul style="list-style-type: none"> • With CVD or • At ↑ CVD risk: <ol style="list-style-type: none"> 1. > 40 years old 2. *Who have additional risk factors (family history of CVD, HTN, smoking, dyslipidemia, albuminuria) | Limited evidence for those ≤30 yrs old Not recommended for those ≤ 20 yrs old |
| Blood Pressure Hypertension | BP <130/80 mmHg If autonomic neuropathy present Sit/Stand BP All patients with DM & HTN should be treated with ACE inhibitor or ARB | At every visit |
| Cholesterol Dyslipidemia Complete Lipid Panel | LDL <100 mg/dL, (<2.6 mmol/L) <ul style="list-style-type: none"> • In pts < 40 years w/o CVD but w/ CV risk factors or increased duration of DM, treat to LDL-C goal <100 mg/dL • In pts > 40 yrs w/o CVD begin statin Rx to achieve 30%-40% LDL-C reduction regardless of baseline LDL • In pts w/overt CVD treat with lifestyle and statin to achieve 30-40% LDL-C reduction • <70 mg/dL (1.8 mmol/L) using high dose statin is optional HDL-C >40 mg/dL, (>1.1 mmol/L) Consider >50 mg/dL in women TG <150 mg/dL, (< 1.7 mmol/L) Non-HDL-C 30 points above LDL goal | Annually or more often if not at goal or changing Rx |
| Cardiovascular Disease | Stress exercise testing, Echocardiogram, ABI, Carotid ultrasound | As appropriate in presence of Sx or CV risk factors |
| Diet | Individualized nutritional assessment, recommendations and instruction by RD Low carbohydrate diets (restricting carbs <130 g/day are not recommended) | Diet consultation initially & when appropriate |
| Weight loss | Saturated Fat < 7 % of daily caloric intake Weight loss recommended for BMI ≥ 25 kg/m ² | At each visit if overweight/obese or not at goal weight |

| Risk Factors or Complications | Goals for Adults with Diabetes or Recommended Test | Frequency of Evaluation |
|---|--|---|
| Eyes (Retinopathy) | Dilated comprehensive eye exam | Type 2 DM - Annually Type 1DM - Initially w/in 5 yrs of onset DM; annually thereafter |
| Exercise | A regular physical activity program adapted to the presence of complications If able, at least 150 min/wk of moderate intensity aerobic physical activity distributed over 3-7days a week | Review at each visit |
| Foot Care (Neuropathy) | Quantitative Somatosensory threshold test using Semmes-Weinstein 5.07 (10g) monofilament, tuning fork, palpation, and visual inspection | Annual comprehensive exam Visual exam @ ea visit with neuropathy |
| Kidney (Nephropathy) | Serum Creatinine <hr/> Albumin/creatinine ratio (Random spot urine) 2 of 3 tests should be abnormal w/in a 3-6 mo period before making a new diagnosis | <hr/> Annually <hr/> Type 2DM – Annual Type 1DM - Annual with ≥ 5 yr duration of DM |
| Influenza & Pneumonia | Immunization (vaccination) | Influenza - Annual Pneumococcal - Once May repeat under certain circumstances |
| Periodontal Disease Common in Type 2DM | Dental Evaluation | Annually |
| Smoking | Complete cessation | Ask at every visit |

Adapted from American Diabetes Association Clinical Practice Recommendations 2008. Diabetes Care 2008; Vol 31 (suppl 1)