



ADULT DIABETES PRACTICE GUIDE

The Arizona Diabetes Coalition is a state-wide, multi-stakeholder organization whose mission is to reduce the health, social, and economic burden of diabetes in Arizona. Over 200 organizations representing health care providers, diabetes educators, and community organizations are part of the coalition.

| Every Visit | | |
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| Take interval history | <ul style="list-style-type: none"> Review glucose testing log, hypoglycemic episodes, and tobacco use Advise all not to smoke. Offer tobacco cessation | |
| Measure blood pressure | <ul style="list-style-type: none"> BP goal is <130/80 mmHg | |
| Obtain weight | <ul style="list-style-type: none"> Weigh and calculate BMI. Consider measuring waist circumference If BMI >25, offer options to achieve healthy weight | |
| Perform interval foot exam | <ul style="list-style-type: none"> Inspect skin for signs of pressure areas and breakdown Refer patients who smoke, have loss of protective sensation/structural abnormalities, or hx of leg/foot complications to foot care specialists. Glucose lowering medications | |
| Advise, review, adjust and/or administer medications | <ul style="list-style-type: none"> HTN therapy includes ACEI/ARB; diuretic type based on GFR* ACEI/ARB for nephropathy | <ul style="list-style-type: none"> Lipid lowering drugs as needed Aspirin prophylaxis, age >40 or with CVD risk factors -weigh risk/benefit Vaccines - Influenza & Pneumococcal |
| Quarterly to Semi-annually | | |
| Test A1C | <ul style="list-style-type: none"> Measure A1C every 3 months or twice yearly if in good control Goal A1C <7% appropriate in general. Lower A1C may be appropriate for selected patients, as long as significant hypoglycemia is avoided. Setting an A1C goal >7% may be preferable for patients with advanced diabetes complications, CVD, co-morbidities, reduced life span, or significant hypoglycemia* | |
| At Least Once Each Year | | |
| Review patient knowledge of nutrition and self-management | <ul style="list-style-type: none"> Provide or refer: training in self-management, nutrition, physical activity Counsel on importance of scheduling regular dental exams | |
| Annually | | |
| Perform complete foot assessment | <ul style="list-style-type: none"> Inspect, check pulses, conduct monofilament exam | |
| Perform nephropathy screening | <ul style="list-style-type: none"> For patients without known nephropathy, screen for microalbuminuria Normal: < 30 mcg of albumin per mg creatinine Measure serum creatinine to estimate GFR If nephropathy present, treat and monitor, or refer to nephrology | |
| Obtain lipid profile | <ul style="list-style-type: none"> Primary goal: LDL < 100 mg/dl. LDL < 70 mg/dl if CVD or high risk Desirable: HDL > 40 mg/dl* Triglycerides < 150 mg/dl | |
| Arrange retinal eye exam | <ul style="list-style-type: none"> Dilated retinal exam by eye care professional* | |

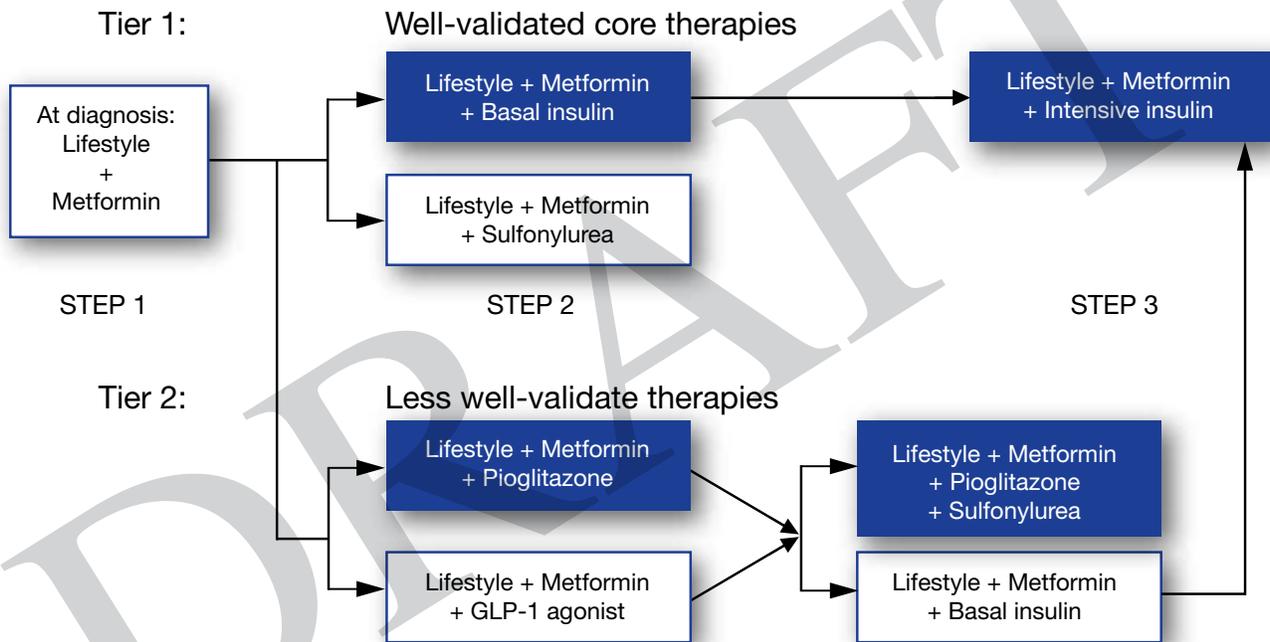
This guideline is based on the recommendations of the American Diabetes Association. For more detailed information, go to www.diabetes.org. This guideline has been adopted by the Arizona Diabetes Leadership Council and Provider Education Committee of the Arizona Diabetes Coalition. This guideline is designed to summarize core elements that should be considered in the care of most people with diabetes. This guideline should not be construed as representing standards of care nor a substitute for individualized evaluation and treatment based on clinical circumstances.

Adapted from the 2010 New Mexico Adult Diabetes Practice Guideline (www.nmtod.com). Permission obtained to reproduce from New Mexico Health Care Takes on Diabetes. Developed under a contract with the State of New Mexico, Department of Public Health, Division of Public Health.

*See www.diabetes.org for definitions and additional details



ADA/EASD Consensus Statement provides strategies for management of Type 2 diabetes



ADA = American Diabetes Association
 EASD = European Association for the Study of Diabetes. Adapted from Nathan et al.¹

- The goal of all interventions is to achieve and maintain glycemic levels within or as close as possible to the normoglycemic range
- Lifestyle intervention and metformin should be the first step in the treatment of new-onset type 2 diabetes
- Reinforce lifestyle interventions at every visit. Check A1C every 3 months until A1C is <7% and then at least every 6 months
- For patients with type 2 diabetes who do not meet glycemic goal after 2 to 3 months with metformin and lifestyle intervention alone, adding basal insulin can be considered as one option
- Initiate basal insulin with 10 units or 0.2 units/kg and titrate until fasting levels are consistently within target range

IMPORTANT SAFETY INFORMATION FOR INSULIN

Possible side effects may include blood sugar levels that are too low, injection site reactions, and allergic reactions, including itching and rash. Tell your doctor about all other medicines and supplements you are taking because they could change the way insulin works. The desired blood glucose levels as well as the doses and timing of antidiabetes medications must be determined individually. Glucose monitoring is recommended for all patients with diabetes.

Reference: 1. Nathan DM, Buse JB, Davidson MB, et al. Medical management of hyperglycemia in type 2 diabetes: a consensus algorithm for the initiation and adjustment of therapy: a consensus statement of the American Diabetes Association and the European Association for the Study of Diabetes. *Diabetes Care*. 2009;32(1):193-203.