



## GENERAL PRINCIPLES FOR THE MANAGEMENT OF DIABETES

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.

Eligible Population	Key Components	Recommendations
Patients 18 and older with diabetes (type 1 and type 2)	<b>Assessment</b>	<ul style="list-style-type: none"> <li>• Height, weight, BMI, blood pressure at each visit</li> <li>• Psychosocial evaluation and lifestyle changes at each visit</li> <li>• Fundoscopic exam. Retinal or dilated eye exam by ophthalmologist or optometrist at least annually</li> <li>• Dental exam twice a year</li> <li>• Cardiovascular risks (tobacco use, hypertension, dyslipidemia, sedentary lifestyle, obesity, stress, family history, age &gt;40)</li> <li>• Nephropathy screening and monitoring as needed</li> <li>• Foot exam; referral to a podiatrist at least annually</li> <li>• Peripheral neuropathy at each visit</li> <li>• Medication adherence at each visit</li> </ul>
	<b>Testing</b>	<ul style="list-style-type: none"> <li>• Hemoglobin A1c (HbA1c) testing every 3 to 6 months depending on the individual</li> <li>• Urine test for albumin to creatinine ratio annually</li> <li>• Serum creatinine and estimated GFR annually</li> <li>• Fasting Lipid profile (Total, LDL and HDL cholesterol and triglycerides) as needed</li> <li>• Liver function tests as needed</li> <li>• Thyroid-stimulating hormone in patients with type 1 diabetes as needed</li> </ul>
	<b>Education</b>	<ul style="list-style-type: none"> <li>• Physical activity, healthy diet, appropriate BMI</li> <li>• Description of disease process, medications, possible acute and chronic complications</li> <li>• Disease self-management</li> <li>• Tobacco cessation and secondhand smoke avoidance</li> <li>• Ophthalmological care</li> </ul>



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Eligible Population	Key Components	Recommendations
		<ul style="list-style-type: none"> <li>• Self-care to feet and appropriate footwear</li> <li>• Dental care</li> <li>• Provide information on community resources to support healthy lifestyles</li> <li>• Immunizations (Influenza, Pneumonia, COVID-19, Hepatitis)</li> <li>• Restrict alcohol consumption</li> </ul>
	Goals	<ul style="list-style-type: none"> <li>• <b>Glycemic control.</b> A1C goal for most patients is &lt;7%. Preprandial capillary plasma glucose 80-130 mg/dL. Nutrition and medication therapy as needed.</li> <li>• <b>Hypertension.</b> Goal of &lt;140/90 mmHg. Medication therapy as needed. Lifestyle intervention consists of weight loss if overweight or obese; reducing sodium and increasing potassium intake; moderation of alcohol intake; and increased physical activity.</li> <li>• <b>Lipids.</b> Goal of LDL cholesterol &lt;100 mg/dL. Nutrition and medication therapy as needed.</li> <li>• <b>Lifestyle Management.</b> Diet, Activity, Smoking cessation, diabetes self-management education and support</li> <li>• <b>Eye Exam.</b> Annual exam (or more frequent if needed) to reduce risk or slow progression of diabetic retinopathy.</li> <li>• <b>Medical attention for nephropathy.</b> Annual exam (or more frequent if needed) to reduce risk or slow progression of diabetic kidney disease.</li> </ul>

This guideline is based on the American Diabetes Association Standards of Medical Care in Diabetes 2023; Volume 46, Supplement 1. Individual patient considerations and advances in medical science may supersede or modify these recommendations. Reviewed and Approved 7/25/2023