2018 Diabetes Care Guidelines

Clinical Goals

Glycemic Goal[1]			Blood Pressure Goal[4]	Premeal Glucose Targets[1]
$HgbA_1C$	≤ 7%	For most diabetics	<130/80	80-120 mg/dL
	< 8%	For h/o severe hypoglycemia, advanced age, advanced micro &/or macro vascular complications, extensive co-morbid conditions & long-standing DM when goal difficult to attain despite DSME		

Standards of Care

Office Visit Frequency

Condition	Schedule
Hospitalized	3-5 days post discharge
Treatment goals NOT being met[3]	Every 3 mos
Treatment Goals ARE being met[3]	Every 6 mos

Education

- Home blood pressure monitoring[5]
- Monitoring carbohydrate intake[1]
- Medication administration (insulin or oral meds)[1]
- Blood glucose monitoring[1]
- Limit alcohol consumption[1]
- Proper foot care, surveillance, protection (especially if has abnormal foot exam)[1]
- Exercise[1]
- Smoking cessation[1]
- Weight loss/Weight Management[3]

Immunizations

Per CDC Guidelines

Lab Work

Indicator	Level	Schedule
$HgbA_1C$[1] *Consider fasting plasma glucose test or oral glucose tolerance test if there is disagreement between A1C and blood glucose levels[5]	>7.0%, or not meeting goal	Every 3 mos
	≤7.0%, or meeting goal	Every 6 mos
Lipid profile[3]		If not performed or available within past 12 months; as needed
Spot urinary albumin-to-creatinine ratio[3]		Every 12 mos
Serum Creatinine & estimated GFR[1]		Every 12 mos
Serum Potassium (if on ACE, ARB or diuretic)[1]		Every 12 mos
ALT[1]		Every 12 months
B12 Level (if on long term metformin therapy)[3]		As needed
Thyroid Stimulating Hormone (TSH) - Type 1 diabetics		Every 12 months

Screenings

Type	Schedule
Tobacco Abuse[1] *offer pharmacological therapy if patient is interested in quitting. e-cigarettes = not supported as alternative or to facilitate cessation[11]	Every Visit
Eye Exam[3]	Type 1 (≥5 years) & Type 2 - Every 2 years if normal
PHQ-2[1]	Every 12 mos
Neuropathy[3]	DM Type 1 (≥5 years) & DM Type 2 - Annually
Sleep patterns[3]	*Each visit*
Foot Exam[1]	Normal-annual; Abnormal-each visit
Cormorbities[3]	*Each visit*
Psychosocial determinants[3] & literacy	*Annually & prn*
Cardiovascular risk factors[3]	At least annually

Medications

Type	Prescribed if:
Statins[2]	Treatment driven by risk status (See Table on reverse side of this document)
empagliflozin or liraglutide[3]	Consider if known cardiovascular disease
Ace Inhibitor[2]	In cases of known CVD
ACEI, ARB,Thiazide-like diuretic or dihydropyridine calcium channel blocker[3]	HTN and negative albuminuria
ACEI or ARB (only in the non-pregnant patient)[3]	Recommended if urinary albumin 30-299 mg/g; Strongly recommended if urinary albumin ≥300 mg/g
Aspirin or clopidogrel (if known ASA allergy)[3]	Known ASCVD (if not contraindicated); increased CV risk

Referrals

Type	Explanation
Endocrinology	Consider referral if diabetic complications present; All individuals with Type 1 Diabetes; patients with HgbA1c >8 x2 consecutive tests
Podiatry[3]	History of smoking, lower extremity complications, loss of protective sensation
Nephrology	GFR < 60, anemia, metabolic bone disease, or etiology of kidney disease uncertain
Registered Dietitian[20]	For Medical Nutrition Therapy-ALL diabetics (as often as needed to achieve treatment goals)
Certified Diabetic Educator [21]	For diabetes self management education - group or individual sessions; referral annually for ALL diabetics not meeting A1C goal ******For Adena Care Members, diabetic education is a covered service ******
Maternal-Fetal	All diabetic mothers
Nurse Navigator[3]	If $HgbA_1C$ persistently elevated (>9.0%) after 12 months of intervention; any noted social determinants

Contact Us

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ADA RECOMMENDATIONS FOR STATIN TREATMENT IN DIABETES			
AGE	**RISK FACTORS**	**RECOMMENDED STATIN INTENSITY***	**Notes**
Less than 40 years old	None ASCVD Risk Factor(s)** ASCVD***	None Moderate or High High	* In addition to lifestyle therapy **ASCVD risk factors include LDL cholesterol >100 mg/dL, high blood pressure, smoking, overweight and obesity, and family history of premature ASCVD ***Overt CVD includes those with previous cardiovascular events or acute coronary syndromes
40-75 Years old	None ASCVD Risk Factors ASCVD ACS & LDL > 50 mg/dL in pts who cannot tolerate high dose statin	Moderate High High Moderate PLUS ezetimibe	
Greater than 75 years	None ASCVD Risk Factors ASCVD ACS & LDL > 50 mg/dL in pts who cannot tolerate high dose statin	Moderate Moderate or High High Moderate PLUS ezetimibe	

References

[1] *Standards of Medical Care in Diabetes—2016 Abridged for Primary Care Provider.*

[2] *American Diabetes Association. Standards of Medical Care January 2016.*

[3] American Diabetes Association. *Standards of Medical Care in Diabetes, 2017* . The Journal of Clinical and Applied Research and Education, Volume 40, Supplement 1. (January 2017). Retrieved from https://www.diabetes.org/diabetescare.

[4] Welton, P.K., et al. (November 2017). 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults Executive Summary. A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Downloaded from http://hyper.ahajournals.org on January 10, 2018.

[5] American Diabetes Association. Classification and Diagnosis of Diabetes: *Standards of Medical Care in Diabetes-2018.* Diabetes Care 2018 Jan; 41(Supplement 1): S13-S27. https://doi.org/10.2337/dc18-S002

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