

# Guidelines for Adult Diabetes Care

Developed by the **New York Diabetes Coalition**<sup>\*</sup>  
in collaboration with the New York State Dept. of Health, Diabetes Prevention & Control Program.  
Based on the American Diabetes Association Clinical Practice Recommendations.  
Visit [www.diabetes.org](http://www.diabetes.org) for full recommendations.



CLINICAL PRIORITIES	A B C ' S	■ A1C ■ Blood Pressure ■ Cholesterol ■ Smoking Status	
		FREQUENCY	GOAL/RECOMMENDATION
<b>HISTORY &amp; PHYSICAL</b>	Blood Pressure <sup>1</sup>	Every Visit	<130/80
	Weight & BMI	Every Visit	Healthy weight=BMI≥18.5 and < 25. Advise weight reduction to optimize BMI.
	Comprehensive Foot Exam <sup>2</sup>	Annual/3-6 mos. for high risk pts.	Teach protective foot behavior if sensation diminished. Refer to podiatrist.
	Dilated Retinal Exam	Annual <sup>3</sup>	Detect retinopathy/refer to eye care professional. <sup>3</sup>
	Dental	Every 6 months	Refer to dentist.
<b>LABORATORY*</b>	A1C	Every 3-6 months <sup>4</sup>	<7.0% <sup>5</sup>
	Fasting Lipid Profile <sup>1</sup> Cholesterol	Annual	LDL <100 mg/dl; HDL >40 mg/dl for men, HDL >50 mg/dl for women; Triglycerides <150 mg/dl. <b>Pts with overt CVD, lower LDL to goal of &lt;70 mg/dl</b>
	Urine Microalbumin/ Creatinine Ratio <sup>1</sup>	Annual <sup>6</sup> and at diagnosis	Check spot urine for albumin and creatinine, calculate ratio. ≥30 ug alb/mg creatinine is abnormal.
	Serum Creatinine	Annual	Estimate glomerular filtration rate (GFR) <sup>7</sup> to stage the level of chronic kidney disease (CKD). See resource B.
<b>IMMUNIZATIONS</b>	Flu Vaccine	Every autumn	
	Pneumovax	Once	Revaccinate those pts. ≥65 if initial vaccine given >5 years ago when pt. <65. <sup>8</sup>
<b>COUNSELING &amp; RISK REDUCTION</b>	Tobacco Use <sup>1</sup>	Annual/ongoing	Assess readiness, counsel cessation. See Resource A.
	Psychosocial Adjustment	Annual/ongoing	Suggest support groups/counsel/refer. Assess for depression. See resource C.
	Sexual Functioning	Annual/ongoing	Discuss functioning and therapy options with both male and female patients.
	Preconception	Initial/ongoing	Target A1C as close to normal (<7%) as possible. Evaluate medications. <sup>9</sup>
	Pregnancy	Initial/ongoing	Maintain A1C levels as close to normal (<7%) as possible. Comprehensive eye exam 1st trimester. Evaluate medications. <sup>9</sup> Refer to high risk program.
	Aspirin Therapy	Ongoing	75-162 mg/day. Consider for all pts. >40 y.o. or with additional CVD risk factors.
	ACE Inhibitor/ARB <sup>**</sup>	Ongoing	Recommended for any pt. with overt CVD or pts. >40 y.o. with one or more CVD risk factor in addition to DM. <sup>**</sup> ARB for pts. unable to tolerate ACE
<b>REVIEW SELF-MANAGEMENT SKILLS</b>	Pt. & Clinician Jointly Set Goals	Initial/every visit	Ongoing close monitoring of pt progress. Refer to diabetes self-management training at diagnosis and as needed. <sup>10</sup>
	Physical Activity	Initial/ongoing	Assess and prescribe based on patient's health status. <sup>11</sup> See resource D.
	Nutrition	Initial/ongoing	If BMI ≥25, advise weight reduction. <sup>10</sup> See resource E.
	Self Monitoring Blood Glucose (SMBG)	Initial/ongoing	Pt. to monitor glucose as necessary to minimize risk of hyper- and hypo-glycemic episodes. <sup>12</sup> Review & check patient log book for accuracy.
	Foot Screening	Initial/ongoing	Inspect skin for signs of pressure and breakdown to prevent ulceration and infection. Teach protective foot behavior.

\*Additional monitoring: EKG (initial/as indicated: pt. ≥40 y.o. or DM ≥10 yrs), Thyroid Assessment (initial/as indicated, palpation & function), Blood Glucose & Urinalysis (as indicated)

## FOOTNOTES:

- <sup>1</sup>Annual review of CVD risk factors.
- <sup>2</sup>Use Semmes-Weinstein monofilament & tuning fork.
- <sup>3</sup>Type 1: init. exam after 5 yrs. duration, Type 2: at diagnosis. ADA recommends ophthalmologist or optometrist.
- <sup>4</sup>2x/yr for stable glycemic control and at goal; 4x yr. if change in therapy or if not meeting glycemic goals.
- <sup>5</sup>More stringent goal (A1C<6%) may be considered in individual pts.
- <sup>6</sup>Type 1: After 5 yrs. disease duration then annually.
- <sup>7</sup>Consider referral to physician experienced with diabetic renal disease for GFR <60 ml/min per 1.73 m<sup>2</sup> or uncontrolled HTN or hyperkalemia. Consultation with nephrologist suggested when GFR <30 ml/min per 1.73 m<sup>2</sup>.
- <sup>8</sup>Also revaccinate for nephrotic syndrome, chronic renal disease and immunocompromised states.
- <sup>9</sup>Statins, ACE, ARBs contraindicated prior to and during pregnancy.
- <sup>10</sup>To locate Certified Diabetes Educator (1-800-832-6874, [www.diabeteseducator.org](http://www.diabeteseducator.org)) or Registered Dietitian ([www.eatright.org](http://www.eatright.org))
- <sup>11</sup>Advise physical activity 30 minutes/5 days per week including resistance training 3x's week.
- <sup>12</sup>Recommend postprandial testing (goal <180 mg/dl) when A1C levels are not optimal but fasting/pre-meal targets are being met.

- These guidelines are minimum recommendations and are not intended to replace the clinical judgment of health care providers.

## RESOURCES:

- A. Smoking Cessation Counseling:**  
[http://www.nyhpa.org/pdf/Smoking\\_Cessation\\_Guideline.pdf](http://www.nyhpa.org/pdf/Smoking_Cessation_Guideline.pdf)  
[www.nyhpa.org/pdf/Guide\\_Your\\_Patients.pdf](http://www.nyhpa.org/pdf/Guide_Your_Patients.pdf)  
[http://www.mssny.org/mssnyip.cfm?c=i&nm=Smoking\\_Cessation](http://www.mssny.org/mssnyip.cfm?c=i&nm=Smoking_Cessation)  
<http://www.surgeongeneral.gov/tobacco/tobaqrq.htm>  
NYS Smokers' Quitline: 1-866-NYQUIT (697-8487), [www.nysmokefree.com](http://www.nysmokefree.com)
- B. GFR Calculator & PC Download:** [www.nkdep.hih.gov](http://www.nkdep.hih.gov)  
Stages of Chronic Kidney Disease:  
[www.kidney.org/professionals/kdoqi/guidelines.cfm](http://www.kidney.org/professionals/kdoqi/guidelines.cfm)
- C. MacArthur Depression Screening and Management Toolkit:**  
[www.depression-primarycare.org/clinicians/toolkits/full](http://www.depression-primarycare.org/clinicians/toolkits/full)
- D. Physical Activity:** [www.everydaychoices.org/active.html](http://www.everydaychoices.org/active.html)
- E. ADA Nutrition Principles**  
[http://care.diabetesjournals.org/cgi/content/full/27/suppl\\_1/s36](http://care.diabetesjournals.org/cgi/content/full/27/suppl_1/s36)