Diabetes Targets for Adults

Prevent or reduce complications of diabetes by meeting these targets

Hemoglobin A_{1c}	Less than 7%*
Lipids	
LDL	Less than 100 mg/dl
HDL	More than 50 mg/dl (females), More than 40 mg/dl (males)
Triglycerides	Less than 150 mg/dl
Blood Pressure	Less than 130/80 mmHg
Body Mass Index	Less than 25
Microalbumin	Less than 30 mg
Tobacco Use	If you use tobacco products, quit.
Annual Eye Exam	
Complete Annual Foot Exam	

*HbA_{1c} normal range defined by clinical lab (usually 4 to 6.5%). Keep as low as possible without significant hypoglycemia.

Development of these uniform recommendations was supported by Cooperative Agreement #U32/CCU822702-01 from the CDC. It's contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Utah Diabetes Practice Recommendations
For Adults with Type 1 and Type 2 Diabetes

Guidelines for Frequency of Lab Tests and Examinations

Examination	**Every 3 months** for those who are not meeting blood glucose or blood pressure goals, on new therapy, on intensive insulin therapy, or with evidence of progression of microvascular or macrovascular disease **Every 6 months** for those who are meeting blood glucose and blood pressure goals, are not on new therapy, and do not have evidence of progression of microvascular or macrovascular disease
Hemoglobin A_{1c}	Same as for examination above
Blood Glucose	If patient is self-monitoring blood glucose and records are acceptable: **Optional** If patient is not self-monitoring blood glucose: Test when fasting at each examination visit and correlate with A_{1c}
Blood Pressure [1, 2]	Check and record at every visit
Foot Exams [3]	1. Screen feet annually: physical exam and sensory exam using a monofilament 2. Categorize findings: low or high risk Low risk: none of the 5 high risk characteristics listed below High risk: one or more of the following: Loss of protective sensation Absent pedal pulses Severe foot deformity History of foot ulcer Prior amputation 3. High risk: screen at every visit
Dilated Eye Exam [4]	Annually for most patients with mild or no NDPR or microaneurisms, biennially for patients in good control with advise from an eye care professional
Microalbumin [5, 6, 7]	Annually
Fasting Lipid Profile	Annually
Influenza Vaccine	Annually
Pneumococcal Vaccine	Once before age 65. Consult physician about revaccination after 65
Self-Management Education	1. Upon diagnosis 2. When there are significant changes in therapy; the patient is not meeting targets; for pre-pregnancy counseling; and newly diagnosed gestational diabetes 3. Annually reassess need for education
Refer to Specialists	1. As needed, when not meeting targets 2. As needed, when complications are noted
Dental Exam	At least annually for preventive care

1. If BP is 130-139/80-89 initiate exercise and nutritional intervention, if not effective use ACE-I, ARB or Thiazide diuretic; if BP >140/90 initiate lifestyle modification + ACE-I, ARB or diuretic; if >150/90, consider initial two drug therapy with ACE-I or ARB + Thiazide diuretic
2. Unless contraindicated, use low dose aspirin as a prophylactic measure at onset of vascular risk and/or after age 40: (Low dose: 81 mg to 325 mg every day)
3. Refer to "Feet Can Last a Lifetime" packet for additional foot screening information (www.ndep.nih.gov)
4. Exception: Examine when planning pregnancy if possible and in first trimester with close follow-up
5. Screen for protein before testing for microalbumin. If protein is present, it is not necessary to perform any tests for microalbumin
6. Consider using ACE inhibitors if microalbumin levels are >30mg/24 hours as determined by a 24 hour urine collection or spot urine microalbumin/creatinine ratio >30 (on at lease two separate occasions)
7. Exception: Screen in first trimester in pregnancy