

EL PASO HEALTH

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 - 75 years of age with diabetes (type 1 and type 2)	Assessment	Height, weight, BMI, blood pressure at each visit Psychosocial evaluation and lifestyle changes at each visit Fundoscopic exam. Retinal or dilated eye exam by ophthalmologist or optometrist at least annually Dental exam twice a year Cardiovascular risks (tobacco use, hypertension, dyslipidemia, sedentary lifestyle, obesity, stress, family history, age >40) Nephropathy screening and monitoring as needed Foot exam; referral to a podiatrist at least annually Peripheral neuropathy at each visit Medication adherence at each visit
	Testing	Hemoglobin A1c (HbA1c) testing every 3 to 6 months depending on the individual Urine test for albumin to creatinine ratio annually Serum creatinine and estimated GFR annually Fasting Lipid profile (Total , LDL and HDL cholesterol and triglycerides) as needed Liver function tests as needed Thyroid-stimulating hormone in patients with type 1 diabetes as needed
	Education	Physical activity, healthy diet, appropriate BMI Description of disease process, medications, possible acute and chronic complications Disease self management Tobacco cessation and secondhand smoke avoidance Ophthalmological care Self care to feet and appropriate footwear Dental care Provide information on community resources to support healthy lifestyles Immunizations (Influenza, Pneumonia, Hepatitis) Restrict alcohol consumption
	Goals	1) Glycemic control. A1C goal for most patients is <7%. Preprandial capillary plasma glucose 80-130 mg/dL. Nutrition and medication therapy as needed. 2) Hypertension. Goal of <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. 3) Lipids. Goal of LDL cholestrol <100 mg/dL. Nutrition and medication therapy as needed. 4) Lifestyle Management. Diet, Activity, Smoking cessation, diabetes self-management education and support 5) Eye Exam. Annual exam (or more frequent if needed) to reduce risk or slow progression of diabetic retinopathy. 6) Medical attention for nephropathy. Annual exam (or more frequent if needed) to reduce risk or slow progression of diabetic kidney disease. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

This guideline is based on the American Diabetes Association Standards of Medical Care in Diabetes 2017; Volume 40, Supplement 1.

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