



Clinical Practice Guidelines for the Management of Diabetes Mellitus in Adults

Source: American Diabetes Association, Diabetes Care, [Clinical Practice Recommendations 2004](#), January 2004.

Assessment:

To be assessed at every visit:

- Blood Pressure (goal < 130/80mm/Hg)
- Weight
- Foot examination to screen for neuropathy and peripheral artery disease
- Depressed mood and/or anxiety
- Medication review
- Smoking and alcohol use
- Basic understanding of “self management” skills
- Observation for signs and symptoms of organ disease, acute complications and hypoglycemia

To be evaluated per schedule:

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| • Hemoglobin A1c (HbA1c): Goal < 6% | At least twice a year if stable, and 4 times a year if poorly controlled |
| • Lipid panel goals:
LDL < 100 mg/dl
HDL > 40 mg/dl (men)
HDL > 50 mg/dl (women)
Triglycerides < 150mg/dl | Annually |
| • Urinalysis for microalbuminuria | Annually |
| • Dilated eye examination by an optometrist or ophthalmologist | Annually |
| • Influenza vaccination | Annually |
| • Pneumococcal vaccination | As Recommended |

Contributing Factors:

To be assessed at the patient’s initial examination:

- Identification of cardiovascular risk factors: smoking, hypertension, coronary heart disease and dyslipidemia
- Identification of modifiable risk factors: sedentary lifestyle, obesity, stress, smoking, hypertension
- Identification of fixed risks: family history, age and gender
- Identification of individual’s lifestyle-management (nutrition and exercise)
- Identification of individual’s self-management skills

Pharmacotherapy:

- ACE Inhibitor as indicated for any degree of albuminuria and to delay the progression of nephropathy, regardless of the presence or absence of hypertension. (For those patients with hypertension and are intolerant to ACE Inhibitors consider ARB therapy).
- Statin therapy to achieve LDL reduction
- Anti-platelet agents as primary agents in Type 1 and Type 2 diabetes
- Pneumococcal and influenza vaccinations, as appropriate
- Anti-depressants to reduce feelings of depression and anxiety as appropriate

Preferred formulary based on individual's needs:

Insulin..... Novolin[®], Novolin Pens[®], Novolog[®], Lantus[®]

Sulfonylureas glipizide, glyburide, glimepiride and glipizide XL

Biguanides..... metformin hydrochloride (contraindicated with CHF)

Thiazolidinediones Avandia[®] (caution with CHF)

Combination Medication..... Avandamet[®], Glucovance[®] (contraindicated with CHF)

Alpha-Glucosidase Inhibitors Precose[®]

Glucose Meters and Strips Bayer (Elite[®]/EliteXL[®]/Dex[®]/Breeze[®]), Roche (Accucheck[®] Advantage[®]/Compact[®])

Patient Education:

Patient should receive written management plans that are reviewed and revised annually with the assistance of a diabetic team consisting of the physician, certified diabetic educator, and registered dietician. The management plan should incorporate the following facets of care:

- Blood glucose management and frequency of self-monitoring of blood glucose (SMBG) determined by severity of diabetes
- Nutrition therapy, as recommended by registered dietician
- Blood Pressure management
- Exercise program for weight loss, as appropriate
- Training in self-management skills and problem solving, if appropriate, refer to diabetic education classes and WellCare's Diabetes Disease Management Program
- Smoking cessation program

Legal Disclaimer:

These clinical practice guidelines were developed to assist practitioners in making decisions about appropriate health care for specific clinical circumstances. These guidelines are not fixed protocols that must be followed, but are intended for health care professionals and providers to consider. While they identify and describe generally recommended courses of intervention, they are not presented as a substitute for the advice of the physician or other knowledgeable health care professional or provider serving the patient. Individual patients may require different treatments from those specified in a given guideline. Guidelines are not entirely inclusive or exclusive of all methods of reasonable care that can obtain/produce the same results. While guidelines can be written that take into account variations in clinical settings, resources, or common patient characteristics, they cannot address the unique needs of each patient nor the combination of resources available to a particular community or health care professional or provider. Deviations from clinical practice guidelines may be justified by individual circumstances. Thus, these guidelines must be applied based on individual patient needs and are not a substitute for the professional medical judgment of the provider of care.