

DIABETES MELLITUS II GUIDELINE (2023)

Diagnosis of Adult Diabetes Mellitus II

All Patients ≥ 35 years of age should be screened for Diabetes ([p. S22](#))

- FPG ≥ 126 or
- 2 h PG ≥ 200 during OGTT or
- S/S of Hyperglycemia with random PG ≥ 200 ([p. S19](#))

Initiate Lifestyle Management Referral to a Diabetic Educator or Registered Dietician ([p. S43 & S220](#))

Continue Lifestyle Management ([p. S39](#))
Overweight/Obese refer to DPP ([p. S42](#))

Reassess in 3-6 months
HbA1c at target ([p. S98](#))

Continue Lifestyle Management and Reassessment ([p. S51](#))

Annual Laboratory Evaluation ([p. S53](#))

- Liver Functions Tests
- Lipid Profile
- Spot urinary albumin-to-creatinine ratio
- Serum creatinine and eGFR
- Vitamin B12 if on metformin
- Serum potassium levels if on ACE inhibitors, ARBs or diuretics

HbA1c ≥ 7 ([p. S101](#))
Age ≥ 65 : HbA1c ≥ 7.5
Dependent on comorbidities ([p. S49](#))

Continue Lifestyle Management and Initiate Monotherapy with Metformin ([p. S131](#))

Reassess in 3 months
Is HbA1c above target? ([p. S98](#))

Initiate Dual Therapy:

- Metformin and select from chart on next page ([p. S148](#))
- Self Monitoring of Blood Glucose with injectable therapy ([p. S117](#))

Reassess in 3 months
Is HbA1c above target? ([p. S98](#))

Initiate Dual Therapy: Metformin and select from chart on next page ([p. S148](#))

Reassess in 3 months
Is HbA1c above target? ([p. S98](#))

Continue Triple Therapy

Consider Referral to Endocrinologist if:

- Daily insulin dose ≥ 150 units
- Frequent Hypoglycemia
- Discordant Average PG & HbA1c
- HbA1c ≥ 10 on dual therapy ([S131](#))
- Considering Pregnancy ([S255](#))

Annual Quality Measures and Targets:

HbA1c Target: < 7 (dependent on age and comorbidities) ([p. S101](#))

HbA1c Testing:

- HbA1c $> 9\%$: CMS inverse measure so lower number is better

Statin Therapy: ([p. S207](#))

- Use Statin Therapy based on ASCVD Risk Score/LDL
- ASCVD Risk 0 - 1 with LDL ≥ 100
- ASCVD Risk ≥ 2 or end organ damage with LDL ≥ 70

Dilated Eye Exam: ([p. S204](#))

Microalbuminuria: ([p. S196](#))*

*Alternatives available for this measure

Diabetes is the leading cause of heart disease. Guidelines recommend following the ACC standards for lowering BP & Cholesterol:

- Target BP $\leq 130/80$ ([S160](#))
- 40-75 years reduce LDL by $\geq 50\%$ of baseline & target LDL ≤ 70 mg/dL without heart disease or ≤ 55 mg/dL with heart disease ([S166](#))

Recommended Tools:

- ACC/AHA ASCVD ([Risk Estimator Plus](#))
- Calculate by QxMD click [here](#)
- MDCalc click [here](#)
- Up-to-Date link in eCW & Epic

Lifestyle Management:

- Healthy Diet—i.e., DASH or Diabetes Plate method with goal $\geq 5\%$ weight loss if overweight/obese ([p. S163 & S72](#))
- Limit alcohol consumption (see limits below) ([p. S76](#))
- Reduce sodium intake - optimal goal of < 2300 mg/day ([p. S72](#))
- Screen for Depression ([p. S82](#))
- Screen for SDOH i.e., food insecurity & any SDOH that interferes with ability to manage DM; screen for sleep health ([p. S13 & S86](#))
- Moderate-to-vigorous activity of 150 min/wk spread over at least 3 days/week with 2-3 sessions of resistance training ([p. S76](#))
- Smoking cessation ([p. S79](#))

Continuous Glucose Monitoring (CGM)

- HbA1c < 7 or $> 70\%$ TIR ([p. S101](#))
- High risk/frail target: $> 50\%$ TIR & $< 1\%$ TBR ([p. S101](#))

Additional Recommendation

Annual Foot Exam including: ([p. S53 & S210](#))

- Visual inspection
- Assessment of foot deformities
- Vascular assessment (pedal pulses)
- Neurological assessment (vibration, pinprick sensation, or temperature) and 10-g monofilament exam
- Referral to podiatrist as needed

Reference: [American Diabetes Association Standards of Medical Care in Diabetes](#) (2023) Diabetes Care 2023; 46 (Suppl.1) : S1-S301

Disclaimer: This guideline is not intended to dictate or substitute for the professional judgment of a healthcare practitioner in a particular case. (AHN) The ADA's Standards of Care recommendations are not intended to preclude clinical judgment and must be applied in the context of excellent clinical care, with adjustments for individual preferences, comorbidities, and other patient factors. ([p. S2](#))

Additional Information

Daily Alcohol Limits ([p. S72](#)):

- Men - 2 drinks
 - Women - 1 drink
- (One drink = 12oz. Beer, 5 oz. wine, 1.5 oz. of distilled spirits)

Additional ADA Resources for Healthcare Professionals:

- ADA Standards of Care [App](#) for iOS or Android
- Professional webinars and live programs [link](#)
- [Diabetes Is Primary](#) CE program for primary care clinicians
- [Diabetes Education 101](#) for the Behavioral Health Provider CE program
- ADA patient printable [resources](#)

ABBREVIATIONS

ACC	American College of Cardiology
ASCVD	Atherosclerotic Cardiovascular Disease
CGM	Continuous Glucose Monitoring
DASH	Dietary Approaches to Stop Hypertension
Diabetes Plate Method	Use small plate and limit carbs to 1/4 of plate, 1/4 protein and 1/2 vegetables
DPP	Diabetes Prevention Program
DSMES	Diabetes Self-Management Education and Support
FPG	Fasting plasma glucose
HbA1c	Glycated hemoglobin
PG	Plasma glucose
LDL	Low Density Lipoproteins
OGTT	Oral glucose tolerance test
TIR	Time in Range
TBR	Time Below Range