



Diabetes Guidelines

Adapted from the American Diabetes Association Standards of Care (2007)*

Initial Diagnosis of Diabetes Mellitus

Preferred Method of Testing:

- Fasting plasma glucose (FPG) \geq 126 mg/dL on 2 separate occasions

Other Testing Methods:

- Classic symptoms of diabetes, plus casual plasma glucose concentration \geq 200 mg/dL
- 2-hr plasma glucose \geq 200 mg/dL during an Oral Glucose Tolerance Test (OGTT)

Diagnosis of "Pre-Diabetes" (Impaired Fasting Glucose [IFG] or Impaired Glucose Tolerance [IGT])

- Fasting glucose between 100-126 mg/dL OR 2-hr Oral Glucose Tolerance Test (OGTT) between 140-199 mg/dL

Glycemic Control

Plasma Values	Frequency	Goal	Action
Average preprandial glucose (mg/dL)	N/A	90 -130	< 90 or >150
Average bedtime glucose (mg/dL)	N/A	110 -150	< 110 or >180
Hemoglobin A1c (%)	Every 3 months or at least 2x / yr in patients at goal	< 7%	> 8%

History and Evaluation (Physical Examination)

	Recommendation	Frequency	Goal	Comments
Every Visit	Blood Pressure	Every Visit	< 130/80	N/A
	BMI (Weight)	Every Visit	BMI < 25	N/A
	Foot Exam	Every Visit	N/A	Visual inspection of feet at every visit
	Aspirin Therapy	Every Visit	Use in all adults > 40 yo unless contraindicated	Enteric coated in dose 81-325 mg/day. Avoid if < 21yo-risk of Reye's Syndrome.
	Dental Exam	Every 6 months	N/A	Refer to dentist
Annual	Comprehensive Foot Exam	Annual	N/A	Assess protective sensation, foot structure and biomechanics, vascular status, and skin integrity. Teach protective foot behavior if sensation diminished. Refer to podiatrist if indicated.
	Lipid Profile	Annual	LDL < 100 mg/dL (If Cardiovascular Disease is noted, < 70 mg/dL is optional) Triglycerides < 150 mg/dL HDL > 40 mg/dL (males) HDL > 50 mg/dL (female)	N/A
	Albumin / Creatinine	Annual	< 30 mcg/mg	If abnormal, recheck at least twice in 3-6 mos; microalbuminuria exists if at least 2 tests show elevated levels**
	Influenza	Annual	N/A	N/A
	Dilated Eye Exam	If first exam is normal, every 2 years. If exam is abnormal, re-examine every year.	N/A	Refer to ophthalmologist or optometrist
Counseling	Alcohol	Every visit	1-2 drinks with food	
	Tobacco Use	Every visit	No smoking	The Maine Tobacco Helpline: 1-800-207-1230
	Pneumonia	Once	N/A	N/A
	Diabetes Self-Management Education (DSME) by an ADA recognized program	At diagnosis and as needed thereafter.	Provided by a qualified health care professional based on their profession and continuing education.	On going as new challenges and treatment advances become available.

ADA Recommended Content Areas for Discussion of Self Management with Patients:

1. Disease process and treatment options
2. Psychosocial adjustment
3. Goal setting
4. Nutritional management
5. Physical activity
6. Medications
7. Monitoring
8. Preventing, detecting and treating acute complications
9. Preventing, detecting and treating chronic complications
10. Preconception care, pregnancy, and gestational diabetes

For More Information:

American Diabetes Association.....www.diabetes.org
 National Diabetes Education Program.....www.ndep.nih.gov
 MaineHealth Target Diabetes Program.....www.mainhealth.org/target
 Maine Diabetes Prevention and Control Program.....www.maine.gov/dhhs/bohdcfh/dcp

*ADA Standards of Care can be found at http://care.diabetesjournals.org/cg/reprint/30/suppl_1/s4

** Refer to the TARGET DIABETES PROVIDER RESOURCE MANUAL Microalbuminuria Screening Algorithm for when to refer to a nephrologist