

# Diabetes

Numbers At-a-Glance 2008<sup>†</sup>

For non-pregnant adults

## Criteria for Diagnosis of Pre-diabetes

Impaired fasting glucose (IFG)	100 – 125 mg/dl (Fasting plasma glucose) <b>and/or</b>
Impaired glucose tolerance (IGT)	140 – 199 mg/dl (2-hr post 75g glucose challenge)

## Criteria for Diagnosis of Diabetes

Random plasma glucose $\geq$ 200 mg/dl with symptoms (polyuria, polydypsia, and unexplained weight loss) <b>and/or</b>
Fasting plasma glucose $\geq$ 126 mg/dl* <b>and/or</b>
2-hr plasma glucose $\geq$ 200 mg/dl* post 75g glucose challenge

*\*Repeat to confirm on subsequent day unless symptoms are present*

## Treatment Goals for the ABCs of Diabetes

### A1C

< 7 % for patients in general\*\*

Preprandial plasma glucose 70 – 130 mg/dl

Peak postprandial plasma glucose < 180 mg/dl

(usually 1 to 2 hr after the start of a meal)

### Blood pressure (mmHg)

Systolic Diastolic

< 130 / < 80

### Cholesterol – Lipid Profile (mg/dl)

LDL Cholesterol < 100

HDL Cholesterol Men > 40 Women > 50

Triglycerides < 150

### \*\*Individualize target levels. For example, consider:

- A1C target as close to normal (< 6%) as possible without significant hypoglycemia in selected individuals, especially those with little comorbidity and long life expectancy.
- Less stringent A1C target for children and for people with severe or frequent hypoglycemia, limited life expectancy, comorbid conditions such as cardiovascular disease, or those with longstanding diabetes and minimal or stable microvascular disease.

See source materials for treatment recommendations.

<sup>†</sup> American Diabetes Association Standards of Medical Care, *Diabetes Care* 31 (Suppl.1): S12-S54, 2008.

# Diabetes Management Schedule

Adults with diabetes should receive medical care from a physician-coordinated team of health care professionals. Referrals to these team members should be made as appropriate.

## At each regular diabetes visit:

- Measure weight and blood pressure.
- Inspect feet if one or more high-risk foot conditions are present.
- Review self-monitoring glucose record.
- Review/adjust medications to control glucose, lipids, and blood pressure. Include regular use of low-dose aspirin for CVD prevention as appropriate.
- Review self-management skills, dietary needs, and physical activity.
- Assess for depression or other mood disorder.
- Counsel on smoking cessation and alcohol use.

## Quarterly:

- Obtain A1C in patients whose therapy has changed or who are not meeting glycemic goals (twice a year if at goal with stable glycemia).

## Annually:

- Obtain fasting lipid profile (every 2 years if patient has low-risk lipid values).
- Obtain serum creatinine to estimate glomerular filtration rate and stage the level of chronic kidney disease.
- Perform urine test for albumin-to-creatinine ratio in patients with type 1 diabetes >5 years and in all patients with type 2 diabetes.
- Refer for dilated eye exam (if normal, an eye care specialist may advise an exam every 2–3 years).
- Perform comprehensive foot exam.
- Refer for dental/oral exam at least once a year.
- Administer influenza vaccination.
- Review need for other preventive care or treatment.

## Lifetime:

- Administer pneumococcal vaccination (repeat if over 64 or immunocompromised and last vaccination was more than 5 years ago).



To order NDEP materials visit  
[www.YourDiabetesInfo.org](http://www.YourDiabetesInfo.org) or call  
1-888-693-NDEP (6337).

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