

DIABETES Treatment Plan Recommendations

Monitor patients

Targets

Each Visit

- ▶ Blood Pressure
- ▶ Weight

<130/80mmHg

Every 3-6 months

- ▶ A1C

<7%, prefer <6%

Annually

▶ Cholesterol/Lipid Control

- ▷ LDL

<100mg/dL
<70mg/dL with CVD

- ▷ HDL

>40mg/dL (men)
>50mg/dL (women)

- ▷ Triglycerides

<150mg/dL

▶ LFT

▶ Nephropathy Screening

- ▷ Serum Creatinine/GFR

>90mL/min/1.73m²

- ▷ Urine Albumin

<30µg/mg

▶ Comprehensive Foot Exam/

Foot Sensitivity and PAD

▶ Autonomic Neuropathy

▶ TSH

▶ Dilated Eye Exam

▶ Flu Shot

Lifetime

- ▶ Pneumococcal Vaccine

If a patient is diagnosed with diabetes...

Take ACTION

- ▶ Treat A1C and blood glucose – review patients blood glucose records and help problem solve for improvement
- ▶ Encourage Diabetes Self-Management Education (DSME)
- ▶ Recommend moderate physical activity (30 minutes, 5 times a week)
- ▶ Treat elevated blood pressure
- ▶ Treat elevated cholesterol
- ▶ Consider antiplatelet therapy for primary and secondary prevention of CVD events
- ▶ Advise all patients to quit tobacco
- ▶ Assess kidney function and need for ACE/ARB – refer when GFR<60
- ▶ Refer for dilated eye exam
- ▶ Assess and treat/refer for autonomic neuropathy symptoms
- ▶ Teach self-foot care – refer if high risk
- ▶ Discuss family planning with women of reproductive age

FOLLOW-UP

- ▶ Schedule routine appointments every 3-6 months – discuss patient goals at each visit

REFER

- ▶ Refer to Diabetes Self-Management Education Program at diagnosis, with treatment changes and when needed
- ▶ Refer to Medical Nutrition Therapy for individualized counseling
- ▶ Refer for additional psychosocial intervention as indicated
- ▶ Refer to specialists as indicated
- ▶ Refer to self-management support programs, such as:
 - ▷ The Stanford Chronic Disease Self-Management Program / PATH (www.mihealthyprograms.org)

Patient resources:



Reference:

American Diabetes Association: Clinical Practice Recommendations 2011

This information sheet was made possible through support from the Michigan Department of Community Health and may be reproduced.

PREDIABETES Treatment Plan Recommendations

Prediabetes is an increased diabetes risk

Test patients for prediabetes who are overweight and have at least one of the following risk factors:

- ▶ Physical inactivity
- ▶ First-degree relative with diabetes
- ▶ Race/ethnicity (African American, American Indian, Hispanic/Latino, and Asian American/Pacific Islander)
- ▶ Gestational diabetes or delivery of baby weighing >9 lbs
- ▶ Hypertension ($\geq 140/90$ mmHg)
- ▶ Low HDL cholesterol level <35 mg/dl and/or high triglyceride level >250mg/dl
- ▶ A1C $\geq 5.7\%$, or IFG or IGT on previous testing
- ▶ Polycystic ovary syndrome, history of cardiovascular disease, other clinical conditions associated with insulin resistance

- ▶ **Test every 3 years for those 45 and older**
- ▶ **Test more frequently or at younger ages if patients meet the above risks**

American Diabetes Association Diagnosis Criteria

	FPG	OGTT 2hr	A1C
Normal Glucose	60-99	60-139	≤ 5.6
Prediabetes	100-125	140-199	5.7-6.4
Type 2 Diabetes	≥ 126	≥ 200	≥ 6.5

If a patient is diagnosed with prediabetes...

Take ACTION

- ▶ Set goals for weight loss and physical activity – for patients identified at increased risk (prediabetes), 5-7% weight loss and moderate physical activity (30 minutes, 5 times a week) have been proven to reduce blood glucose levels
- ▶ Metformin therapy may be considered in those with multiple risk factors
- ▶ Treat elevated blood pressure
- ▶ Treat elevated cholesterol
- ▶ Evaluate for stress and depression – treat or refer as appropriate
- ▶ Evaluate adequacy of sleep – treat sleep disorders
- ▶ Advise all patients to quit tobacco

FOLLOW-UP

- ▶ Schedule routine appointments every 3-6 months – discuss patient goals at each visit
- ▶ Continue to monitor for the development of diabetes every year

REFER

Patients may need ongoing information and support. Consider referral to:

- ▶ Diabetes self-management education (DSME) programs – for diabetes prevention classes
- ▶ Refer to Medical Nutrition Therapy for individualized counseling

ICD-9 Codes Related to Prediabetes

V77.1	Lab code to be used if suspicious for Prediabetes (Screening for diabetes)	
790.2	Abnormal glucose	
790.21	Impaired Fasting Glucose (IFG)	FPG 100-125 mg/dl
790.22	Impaired Glucose Tolerance (IGT)	2-hour OGTT value 140-199 mg/dl
790.29	Other abnormal glucose	- Abnormal non-fasting glucose - Prediabetes, NOS (Not otherwise specified) - Abnormal glucose, NOS

CPT Codes Related to Prediabetes

82947	Glucose; quantitative, blood (except reagent strip)
82950	Glucose; post glucose dose (includes glucose)
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)

Patient resources:



www.ndep.nih.gov



www.dpacmi.org

Reference:

American Diabetes Association: Clinical Practice Recommendations 2011

This information sheet was made possible through support from the Michigan Department of Community Health and may be reproduced.