

American Diabetes Association (ADA) and American Association of Clinical Endocrinologists (AACE) Guidelines Summary

Summary of Recommendations for Adults With Diabetes

Glycemic control^{1,2}

ADA recommendations¹:

A1C (for many nonpregnant adults)	<7.0%
Preprandial capillary plasma glucose	70-130 mg/dL (3.9-7.2 mmol/L)
Peak postprandial capillary plasma glucose	<180 mg/dL (<10.0 mmol/L)

AACE recommendations²:

A1C (for most nonpregnant adults)	≤6.5%
Preprandial capillary plasma glucose	<110 mg/dL
Peak postprandial capillary plasma glucose	<140 mg/dL

Lipids¹

ADA recommendations¹:

LDL	<100 mg/dL (<2.6 mmol/L)
Triglycerides	<150 mg/dL (<1.7 mmol/L)
HDL	>40 mg/dL (>1.0 mmol/L)*

Hypertension¹

ADA recommendation¹:

Blood pressure	<130/80 mm Hg
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*For women, it has been suggested that the HDL goal be >50 mg/dL (>1.3 mmol/L).

ADA key concepts in setting glycemic goals¹

- A1C is the primary target for glycemic control
- Goals should be individualized
- Certain populations (children, pregnant women, and elderly) require special considerations
- Less intensive glycemic goals may be indicated in patients with severe or frequent hypoglycemia or other mitigating conditions
- Less stringent A1C goals may be appropriate for patients with a history of severe hypoglycemia or other mitigating conditions

References: 1. American Diabetes Association. Standards of medical care in diabetes—2011. *Diabetes Care*. 2011;34(suppl 1):S11-S61. 2. Handelsman Y, Mechanick JI, Blonde L, et al; AACE Task Force for Developing Diabetes Comprehensive Care Plan. American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for Developing a Diabetes Mellitus Comprehensive Care Plan. *Endocr Pract*. 2011;17(suppl 2):1-53.