

# Help patients with type 2 diabetes achieve blood glucose goals

This information is based on the American Diabetes Association (ADA) Standards of Medical Care in Diabetes, 2011, and the American Association of Clinical Endocrinologists (AAACE) Medical Guidelines for Clinical Practice for Developing a Diabetes Mellitus Comprehensive Care Plan, 2011.

## Focus on type 2 diabetes management with your patients

After conducting an initial medical evaluation:

- Establish a physician-coordinated team that includes nurses, diabetes educators, dietitians, pharmacists, mental health professionals, and other specialists with expertise in diabetes<sup>1</sup>
- Encourage patients to take an active role in their care while working closely with family and healthcare team members<sup>1</sup>
- Develop, with the patient, a treatment plan that considers<sup>1</sup>:
  - Habits and lifestyle
  - School or work situation
  - Cultural factors
  - Complications and/or other medical conditions
- Set A1C and other lifestyle goals with the patient<sup>1</sup>
- Provide educational tools and support<sup>1</sup>
- Emphasize the importance of diabetes self-management<sup>1,2</sup>
- Encourage continuing lifestyle modifications, as appropriate, including<sup>1</sup>:
  - Nutrition evaluation and therapy
  - Weight loss
  - Physical activity
- Patient and physician can monitor overall glucose control, taking into consideration diet, exercise, and/or medications<sup>1</sup>
- Consider combination therapy to help improve glycemic control<sup>2</sup>

## Monitor blood glucose levels<sup>1</sup>

- Teach patients how to conduct self-monitoring of blood glucose (SMBG)
- Routinely evaluate patient SMBG technique
- Perform periodic A1C measurements:
  - At least twice a year for patients who are at their glycemic goal
  - Quarterly for patients who have changed therapy or who are not at their glycemic goal

## Glycemic goals

|  |  |                  |                |
|--|--|------------------|----------------|
| ADA (for patients in general) <sup>1</sup> | A1C <7.0%                                      | FPG 70-130 mg/dL | PPG <180 mg/dL |
| AAACE <sup>2</sup>                         | A1C ≤6.5%                                      | FPG <110 mg/dL   | PPG <140 mg/dL |
| HEDIS <sup>®3</sup>                        | A1C <7.0% for a selected population; A1C <8.0% |                  |                |

For additional information on recommendations for specific therapies based on a patient's A1C levels, consult the ACE/AAACE Algorithm for Glycemic Control (2009 update),<sup>4</sup> available in the Publications section at [www.aaace.com](http://www.aaace.com).

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**References:** 1. American Diabetes Association. Standards of medical care in diabetes—2011. *Diabetes Care*. 2011;34(suppl 1):S11-S61. 2. American Association of Clinical Endocrinologists. Medical Guidelines for Clinical Practice for Developing a Diabetes Mellitus Comprehensive Care Plan. *Endocr Pract*. 2011;17(suppl 2):S1-S53. 3. National Committee for Quality Assurance. HEDIS<sup>®</sup> 2010 Volume 2: Technical Update. [http://www.ncqa.org/Portals/0/PolicyUpdates/HEDIS%20Technical%20Updates/HEDIS%202010%20October%20Update\\_Final.pdf](http://www.ncqa.org/Portals/0/PolicyUpdates/HEDIS%20Technical%20Updates/HEDIS%202010%20October%20Update_Final.pdf). Accessed June 28, 2011. 4. AAACE/ACE Consensus Statement. Statement by an American Association of Clinical Endocrinologists/American College of Endocrinology consensus panel on type 2 diabetes mellitus. An Algorithm for Glycemic Control. Rockville, MD: AAACE; 2009.