

WISCONSIN ESSENTIAL DIABETES MELLITUS CARE GUIDELINES, 2004 (ONE-PAGE)

The recommendations in these Essential Diabetes Mellitus Care Guidelines are intended to serve as a guide for clinicians and others involved in the implementation of care and preventive services for people with diabetes. They are not intended to replace or preclude clinical judgement. Abnormal physical or lab findings should result in follow-up/intervention.

For particular details and references for each specific area, please refer to the supporting documents and implementation tools in the full-text guideline available via the Internet at <http://dhfs.wisconsin.gov/health/diabetes/DBMCCGuidelns.htm> or telephone: (608) 261-6871.

Concerns	Care/Test	Frequency
General Recommendations/ Care	<ul style="list-style-type: none"> ◆ Perform diabetes-focused visit..... ◆ Review management plan, assess problems and goals..... ◆ Assess physical activity ◆ Assess nutrition/weight/BMI/growth..... 	<i>Type 1*</i> : Every 3 months <i>Type 2*</i> : Every 3 – 6 months * consider more often if A1c \geq 7.0% and/or complications exist Each focused visit; revise as needed Each focused visit Each focused visit
Self-Management Education	<ul style="list-style-type: none"> ◆ Refer to diabetes educator, preferably a certified diabetes educator (CDE); curriculum to include the ten key areas of the national standards for diabetes self-management education 	At diagnosis, then every 6 – 12 months, or more as needed
Medical Nutrition Therapy	<ul style="list-style-type: none"> ◆ Refer to registered dietician, preferably a CDE; to include areas defined by the American Dietetic Association's Nutrition Practice Guidelines 	<i>Type 1</i> : At diagnosis; then, if age < 18, every 3 – 6 months; if age \geq 18, every 6 – 12 months. <i>Type 2</i> : At diagnosis; then every 6 – 12 months or more as needed
Glycemic Control	<ul style="list-style-type: none"> ◆ Check A1c (see Algorithm 1)..... Goal: < 7.0% or \leq 1% above lab norms ◆ Review goals, meds, side effects, and frequency of hypoglycemia ◆ Assess self-blood glucose monitoring schedule..... 	<i>Type 1</i> : Every 3 months <i>Type 2</i> : Every 3 – 6 months Each focused visit Each focused visit, 2 – 4 times/day, or as recommended
Cardiovascular Care	<ul style="list-style-type: none"> ◆ Check lipid profile..... Adult goals: Total Cholesterol < 200 mg/dL Triglycerides < 150 mg/dL HDL \geq 40 mg/dL (men) HDL \geq 50 mg/dL (women) Non-HDL (Cholesterol) < 130 mg/dL LDL < 100 mg/dL (optimal goal) LDL < 70 mg/dL (for very high risk) ◆ Blood pressure..... Adult goal: < 130/80 mmHg Pediatric goal: below 90% of ideal for age ◆ Assess smoking status ◆ Start aspirin prophylaxis (unless contraindicated) 	<i>Children</i> : If > 2 years, after diagnosis and once glycemic control is established. Repeat annually if abnormal. Follow National Cholesterol Education Program (NCEP III) guidelines. <i>Adults</i> : Annually. If abnormal, follow NCEP III guidelines. Each focused visit Each visit; if smoker, counsel to stop; refer to cessation Age > 40 with diabetes; Age \leq 40, individualize based on risk
Kidney Care	<ul style="list-style-type: none"> ◆ Check albumin/creatinine ratio using a random urine sample, also called urine microalbumin/creatinine ratio (see Algorithm 2) ◆ Check serum creatinine..... ◆ Perform routine urinalysis 	<i>Type 1</i> : Begin with puberty or after 5 years duration, then annually <i>Type 2</i> : At diagnosis, then annually At diagnosis, then annually At diagnosis, then as indicated
Eye Care	<ul style="list-style-type: none"> ◆ Perform dilated eye exam by an ophthalmologist or optometrist..... 	<i>Type 1</i> : If age \geq 10, within 3 – 5 years of onset, then annually <i>Type 2</i> : At diagnosis, then annually; two exceptions exist (see Section 7)
Foot Care	<ul style="list-style-type: none"> ◆ Inspect feet, with shoes and socks off..... ◆ Perform comprehensive lower extremity exam 	Each focused visit; stress need for daily self-exam Annually, with monofilament
Oral Care	<ul style="list-style-type: none"> ◆ Perform oral health screening..... ◆ Advise dental exam by general dentist or periodontal specialist 	At diagnosis, then each focused visit At diagnosis, then every 6 months (if dentate) and every 12 months (if edentate)
Emotional/Sexual Health Care	<ul style="list-style-type: none"> ◆ Assess emotional health; screen for depression ◆ Assess sexual health concerns 	Each focused visit Each focused visit
Immunizations	<ul style="list-style-type: none"> ◆ Provide influenza vaccine..... ◆ Provide pneumococcal vaccine..... 	Annually, if age \geq 6 months Once; then per Advisory Committee on Immunization Practices
Preconception and Pregnancy Care	<ul style="list-style-type: none"> ◆ Provide preconception counseling/assessment..... ◆ Assess contraception/discuss family planning ◆ Screen for gestational diabetes 	3 – 4 months prior to conception* At diagnosis and each focused visit* At 24 – 28 weeks gestation or sooner if high risk* * consider referring to provider experienced in care of diabetic women during pregnancy
Screening for Pre-diabetes and Diabetes	<ul style="list-style-type: none"> ◆ Perform fasting plasma glucose test or oral glucose tolerance test (see Algorithm 6)..... 	Test all people \geq age 45; if normal and person has no risk factors, retest in 3 years

(SEE BACK)

Screening for Pre-diabetes and Diabetes

Test all people ≥ 45 years for pre-diabetes and diabetes. If screening results are normal and person has no risk factors, re-testing should occur at 3-year intervals. Screen at a younger age or more often if the person has one or more risk factors from the following list:

- 1) Body mass index (BMI) ≥ 25 kg/m²
- 2) Sedentary lifestyle
- 3) Prior history of pre-diabetes/glucose intolerance
- 4) Race/ethnicity (e.g., African-Americans, Hispanic-Americans, Native Americans, Asian-Americans, and Pacific Islanders)
- 5) Family history of diabetes in one or more first-degree relatives
- 6) History of hypertension ($>140/90$ mmHg)
- 7) History of vascular disease
- 8) History of dyslipidemia: HDL ≤ 35 mg/dL and/or a triglyceride level ≥ 250 mg/dL
- 9) Markers of insulin resistance: (e.g., acanthosis nigricans and/or waist circumference > 40 inches in men and > 35 inches in women)
- 10) History of polycystic ovary syndrome (PCOS)
- 11) History of gestational diabetes mellitus (GDM) in women or delivery of a baby weighing more than nine pounds at birth

Table 1: Diagnosis of Pre-diabetes and Diabetes (2004 Criteria)

Test	Fasting Plasma Glucose (FPG)	Oral Glucose Tolerance Test (OGTT)	Random/Casual Plasma Glucose (with symptoms)
How Performed	Blood glucose is measured after at least an 8 hour fast	75-gram glucose load (drink) is ingested after at least an 8 hour fast; blood glucose is measured at 2 hours	Blood glucose is measured at any time regardless of eating
Normal	< 100 mg/dL	< 140 mg/dL	
Pre-diabetes (IFG)	100 – 125 mg/dL		
Pre-diabetes (IGT)		140 – 199 mg/dL	
Diabetes Mellitus	≥ 126 mg/dL ❖	≥ 200 mg/dL	≥ 200 mg/dL ❖⌘ (with symptoms)

IFG: Impaired fasting glucose

IGT: Impaired glucose tolerance

❖ Test must be confirmed by repeating on a different day

⌘ It is not appropriate to have a person eat a meal and then draw a random glucose two hours after