

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, 2013, and the American Association of Clinical Endocrinologists (AACE) 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, certified diabetes educators, registered dietitians, pharmacists, mental health professionals, and other specialists with diabetes expertise¹
- Encourage patients to take an active role in their care¹
- Develop, with the patient, a treatment plan that considers¹:
 - __ Habits and lifestyle
 - __ School or work situation
 - __ Cultural factors
 - __ Complications and/or other medical conditions
- Set A1C and other lifestyle goals with the patient and modify as appropriate, including¹:
 - __ Nutrition evaluation and therapy
 - __ Weight loss
 - __ Physical activity
- Provide educational tools and support¹
- Emphasize the importance of diabetes self-management^{1,2}
- Monitor overall glucose control, taking into consideration diet, exercise, and/or medications²
- Consider combination therapy to help improve glycemic control^{2,3}

Monitor blood glucose levels¹

- 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) ¹	A1C <7.0%	FPG 70-130 mg/dL	PPG <180 mg/dL
AACE ^{2,3}	A1C ≤6.5%	FPG <110 mg/dL	PPG <140 mg/dL

For additional information on recommendations for specific therapies based on a patient's A1C levels, consult the AACE Comprehensive Diabetes Management Algorithm 2013,³ available at www.aace.com.

References: 1. American Diabetes Association. Standards of medical care in diabetes—2013. *Diabetes Care*. 2013;36(suppl 1):S11-S66. 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. 3. Abrahamson MJ, Barzilay JI, Blonde L, et al. American Association of Clinical Endocrinologists Comprehensive Diabetes Management Algorithm—2013. *Endocr Pract*. 2013;19(2):327-336. 4. National Committee for Quality Assurance. HEDIS® 2010 Volume 2: Technical Update. http://www.ncqa.org/Portals/0/PolicyUpdates/HEDIS%20Technical%20Updates/HEDIS%202010%20October%20Update_Final.pdf. Accessed August 13, 2013.



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