Executive Summary – March 2008

Diagnosis and Management of Type 2 Diabetes Mellitus in Adults

Scope and Target Population:

To provide a comprehensive approach to the diagnosis and management of prediabetes and type 2 diabetes mellitus in adults. Management will include nutrition therapy, physical activity, self-management strategies, and pharmacologic therapy recommendations, as well as the prevention and diagnosis of diabetes-associated complications and risk factors.

The diagnosis of gestational diabetes or the management of diabetes in patients who are pregnant is excluded from the scope of this guideline. Oral agents do not have FDA approval for use in pregnancy. The glucose goals are different in pregnancy and require more aggressive treatment.

Please refer to the ICSI Routine Prenatal guideline for information relating to gestational diabetes.

The diagnosis and management of type 1 diabetes is not included in this guideline.

Clinical Highlights and Recommendations:

- Self-management support is necessary for people with diabetes to manage their disease.
- Focus on cardiovascular risk reduction (blood pressure control, LDL cholesterol control and statin use, aspirin use, and tobacco cessation).
- A1c levels should be individualized to the patient.
- Aggressive blood pressure control is just as important as glycemic control. Systolic blood pressure level should be the major factor for detection, evaluation, and treatment of hypertension. The use of two or more blood pressure lowering agents is often required to meet blood pressure goal.
- Prevent microvascular complications through annual eye exams, foot risk assessments and foot care counseling, and annual screening for proteinuria.
- Initial therapy with lifestyle treatment and metformin is advised unless contraindicated.

Priority Aims:

Both individual measures of diabetes care, as well as comprehensive measures of performance on multi factorial interventions, are recommended. A randomized controlled trial has shown a 50% reduction in major cardiovascular events through a multifactorial intervention targeting hyperglycemia, hypertension, dyslipidemia, microalbuminuria, aspirin and ACE inhibitor use in individuals with microalbuminuria.

1. Percentage of adult patients, age 18-75 with type 2 diabetes mellitus, who achieve established control around comprehensive measures.
2. Increase the percentage of adult patients, age 18-75 with type 2 diabetes mellitus, for whom recommended screening frequencies and ideal treatment goals are met.
3. Decrease the percentage of adult patients, age 18-75 with type 2 diabetes mellitus, with poorly controlled blood sugars and cardiovascular risk factors (clinical strategies that target high-risk populations may be more viable with limited resources).
4. Improve self-management skills in adult patients, age 18-75 with type 2 diabetes mellitus.

Additional Background:

Type 2 Diabetes accounts for about 90% of the diabetic patients in the United States. The prevalence of diagnosed Type 2 Diabetes Mellitus in the United States is about 7 million people, or roughly 3% of the population.