

Diabetes

Numbers At-a-Glance†

(For Non-pregnant Adults)

Criteria for Diagnosis of Pre-diabetes

Impaired fasting glucose (IFG)	100 – 125 mg/dl (Fasting plasma glucose) or
Impaired glucose tolerance (IGT)	140 – 199 mg/dl (2-hr post 75g glucose challenge)

Criteria for Diagnosis of Diabetes

Random plasma glucose ≥ 200 mg/dl* with symptoms (polyuria, polydipsia, and unexplained weight loss) or
Fasting plasma glucose ≥ 126 mg/dl* or
2-hr plasma glucose ≥ 200 mg/dl* post 75g glucose challenge

*Repeat to confirm on subsequent day

Treatment Goals for the ABCs of Diabetes

A1C $< 7\%$

Preprandial plasma glucose 90 – 130 mg/dl
Peak postprandial plasma glucose < 180 mg/dl
(usually 1 to 2 hr after the start of a meal)

Blood pressure (mmHg)

Systolic Diastolic
 < 130 / < 80

Cholesterol – Lipid Profile (mg/dl)

LDL Cholesterol < 100
HDL Cholesterol Men > 40 Women > 50
Triglycerides < 150

Individualize treatment goals. For example, consider:

- A1C goal closer to normal ($< 6\%$) along with the risk of increased hypoglycemia.
- A1C goal as close to normal as possible for women planning to conceive.
- Less stringent A1C goal for people with severe or frequent hypoglycemia.
- Lower blood pressure goal for people with nephropathy.

See source materials for treatment recommendations.

† American Diabetes Association Standards of Medical Care, *Diabetes Care* 28 (Suppl.1): S4-S36, 2005.

The NDEP promotes control of the ABCs of diabetes and use of the term A1C for Hemoglobin A_{1C}.

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Management Schedule

At each regular diabetes visit:

- Measure weight and blood pressure.
- Inspect feet.
- Review self-monitoring blood glucose (SMBG) record.
- Review/adjust medications.
- Recommend regular use of aspirin for CVD prevention.
- Review self-management skills, dietary needs, and physical activity.
- Consider referral for medical nutrition therapy, diabetes self-management education, and psychosocial assessment.
- Counsel on smoking cessation and alcohol use.

Twice a year:

- Obtain A1C in patients meeting treatment goals with stable glycemia (quarterly if not).
- Refer for dental exam.

Annually:

- Obtain fasting lipid profile (every 2 years if normal).
- Obtain serum creatinine and urinalysis for protein, microalbumin, and albumin-to-creatinine ratio.
- Refer for dilated eye exam (if normal, an eye care specialist may advise an exam every 2–3 years).
- Perform comprehensive foot exam.
- Administer influenza vaccination.
- Review need for other preventive services.

Lifetime:

- Administer pneumococcal vaccination (repeat if over 64 or immunocompromised and last vaccination was more than 5 years ago).



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