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In each issue of **Diabetes Resources** we have provided specific information about management for diabetes, including important tests and resources to help reduce complications associated with the disease. Information is included about the ABCs of diabetes: **A1C testing 2-4 times per year, Blood pressure screening at every visit, and annual Cholesterol testing. Additional clinical information is also provided. A dilated eye exam, sensory foot exam and screening for kidney disease are each recommended annually. Attention to these risk factors reduces the chance for cardiac, renal, eye and vascular disease secondary to diabetes.**

In support of the **New Mexico Adult Diabetes Practice Guideline 2011**, please see the reverse side of **Diabetes Resources** for recommendations for care including resources and tools that can help in your efforts to provide education and support among your patients with diabetes.

Check www.nmtod.org for organizations that have graciously provided funding for **Diabetes Resources**.

New Mexico Health Care Takes On Diabetes, a New Mexico non-profit corporation, is a broad coalition of New Mexico's diabetes care professionals, New Mexico Health Plans, the New Mexico Department of Health, and the New Mexico Medical Review Association, with technical and administrative support from the American Diabetes Association.

Diabetes Resources

Practical Information for New Mexico Health Care Professionals



A quarterly publication for clinicians caring for people with diabetes - Vol. 15 No. 22, 2011

Diabetes Screening

The Issue:

Diabetes is frequently underdiagnosed. Earlier diagnosis of diabetes may lead to reduction of long-term complications. Patients with risk factors should be screened when clinically appropriate.

Screening for Diabetes

There is a difference between diagnostic testing and screening. When an individual exhibits symptoms or signs of a disease, diagnostic tests are performed. These tests are not considered to be screening tests. Rather, the purpose of screening is to identify asymptomatic individuals who likely have diabetes.

Asymptomatic, undiagnosed individuals who have the following risk factors are at increased risk for undiagnosed diabetes and should be screened for diabetes whenever clinically appropriate.^{1,2}

Table 1: Criteria for Testing for Diabetes for Asymptomatic Adults³

Testing should be considered in all adults who are overweight (BMI ≥ 25 kg/m²) and have additional risk factors:

Modifiable Risk Factors	Unmodifiable Risk Factors
<ul style="list-style-type: none"> ❖ Hypertension ($\geq 140/90$ mmHg or on therapy for hypertension) ❖ A1C $\geq 5.7\%$, IGT, or IFG on previous testing ❖ History of CVD 	<ul style="list-style-type: none"> ❖ First-degree relative with diabetes¹ ❖ Polycystic ovarian syndrome (PCOS)¹ ❖ Conditions associated with insulin resistance (acanthosis nigricans)¹ ❖ Gestational diabetes or delivered a baby weighing >9 lbs. ❖ Members of a high-risk ethnic population (e.g., African American, Latino, Native American, Asian American, Pacific Islander)

Because age is a major risk factor for diabetes, testing of those without other risk factors should begin no later than at age 45 years.

Establishing a Diagnosis of Diabetes

While there are other methods, the three easiest methods for establishing the diagnosis of diabetes are shown in Table 2. In the absence of unequivocal hyperglycemia, these tests must be confirmed on a subsequent day.

Table 2: Three Methods for Diagnosing Diabetes

<ol style="list-style-type: none"> 1. Symptoms of diabetes plus casual plasma glucose concentration 200 mg/dl (11.1 mmol/l). Casual is defined as any time of day without regard to time since last meal. The classic symptoms of diabetes include polyuria, polydipsia, and unexplained weight loss. 2. FPG 126 mg/dl (7.0 mmol/l) or greater. Fasting is defined as no caloric intake for at least 8 h. 3. A1C 6.5 or greater.

¹ Diabetes Care January 2005, Supplement 1; S5-S6.

² Agency for Healthcare Research and Quality, Clinical Guideline, Screening for Type 2 Diabetes Mellitus in Adults: U.S. Preventive Services Task Force, *Ann Intern Med*, 148:11; 846-854.

³ Diabetes Care, vol. 33, Supplement 1, January 2010.

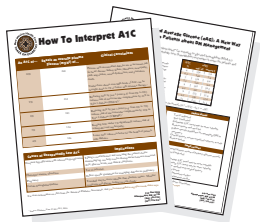
Did you know?

There is little evidence that an individual will develop significant complications of DM within 3 years of a negative screening test result.³

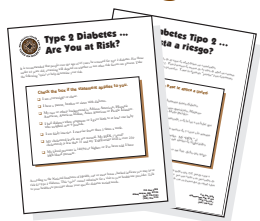
Resources for Clinicians

The following resources are FREE and can be downloaded from the New Mexico Health Care Takes On Diabetes website at www.nmtod.org. For further information contact Charm Lindblad, Executive Director, at 505.796.9121 or toll-free 1.866.796.9121.

How To Interpret A1C—A1C is the most important indicator of glucose control in diabetes. But it can be difficult to understand the clinical relevance of a given A1C value. You know the goal is an A1C <7.0%, but do you know why? Did you know an A1C level of 9.0% is approximately equal to an average glucose level of 212 mg/dl? Do you know how to interpret the A1C when patients have repeated episodes of hypoglycemia or when they are anemic? “How to Interpret A1C” will help answer those questions and will show you how A1C levels relate to average blood glucose levels and clinical correlations. An invaluable “memory jogger” for clinicians, it can be downloaded free from the New Mexico Health Care Takes On Diabetes website.



A Screening Tool for Your Patients—People over the age of 45 years should be screened for type 2 diabetes. For those under 45 years old, screening will depend on whether other risk factors are present. According to the National Institutes of Health, one or more “yes” answers indicates risk for type 2 diabetes. Help your patients take this simple “quiz” to determine their risk for type 2 diabetes. This document is available in both English and Spanish.



Are You at Risk for Diabetes? A Patient Tool—While diabetes and pre-diabetes occur in people of all ages and races, some groups have a higher risk for developing the disease than others. The American Diabetes Association Risk Test for Diabetes can help you determine if you are at increased risk for diabetes or pre-diabetes. A high score may indicate that you have prediabetes or at risk for pre-diabetes. Take the test and find out for sure. The test is available at www.diabetes.org/diabetes-basics/prevention/diabetes-risk-test/.

Websites—The editorial committee has identified websites that you may find informative:

- ❖ National Diabetes Education Program: www.ndep.nih.gov
- ❖ American Diabetes Association: www.diabetes.org
- ❖ National Institutes of Health: www.diabetes.niddk.nih.gov
- ❖ American Heart Association, Heart of Diabetes Program: www.americanheart.org/diabetes
- ❖ Everyday Choices for a Healthier Life: www.everydaychoices.org
- ❖ NM Department of Health, Diabetes Prevention and Control Program: www.diabetesnm.org
- ❖ Information about Diabetes Testing: ADA Clinical Practice Recommendations 2005, supplement 1, Diabetes Care 2006 Vol. 29 http://care.diabetesjournals.org/content/vol29/suppl_1/
- ❖ Diet, Nutrition and Weight Control www.fruitsandveggiesmatter.org
www.fruitsandveggiesmatter.org/video/VideoCenter.php
www.healthychoices.org
www.usda.gov/cnpp
- ❖ HTN and Diabetes: www.diabetes.org/makethelink

These websites may be accessed directly or through the New Mexico Health Care Takes On Diabetes website www.nmtod.org.*

*Please note that these websites do not necessarily represent the views of NMHCTOD. They are listed for your reference and convenience. NMHCTOD does not evaluate websites for content accuracy or application to any clinical situation.

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