# New Mexico Adult Diabetes 2017 Practice Guideline

New Mexico Health Care Takes On Diabetes

HealthInsight NEW MEXICO

## Every visit

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| Take interval history | • Review glucose monitoring technique and log; assess frequency of hypoglycemia and awareness. Glucose goals: 80-130 mg/dL pre-meal, <180 mg/dL peak post-meal. Assess for tobacco use. Advise not to smoke; offer tobacco cessation. | |
| Measure blood pressure | • Goal: <140/<90 mmHg. Lower targets such as <130/<80 may be appropriate for selected patients such as younger patients. If >120/>80, advise on lifestyle modification to reduce blood pressure. | |
| Obtain weight | • Weigh. Calculate BMI. Consider measuring waist circumference. If BMI ≥25 (or ≥23 for Asian Americans), offer options to achieve 5% weight loss. | |
| Perform foot assessment | • Inspect feet; educate about proper foot care. Advise to purchase shoes with a wide, square toe box, laces with 3-4 eyelets per side, a padded tongue, quality lightweight materials and sufficient size to accommodate a cushioned insole. | |
| Consult with patient and review, adjust and/or administer drug therapy | • Glucose lowering agents; metformin recommended as initial pharmacological agent for type 2 diabetes if not contraindicated.<br>• Consider liraglutide or empagliflozin for patient with type 2 diabetes and CVD.<br>• HTN therapy with ACEI, ARB; thiazide-type diuretic or dihydropyridine CCB.*<br>• ACEI/ARB for alb/creat ratio >300 mg/g creatinine.<br>• Psychosocial assessment. | • Statin drugs as indicated (see "Obtain lipid profile").<br>• Vaccines: influenza, pneumococcal, hepatitis B (refer to current CDC guidelines**).<br>• Aspirin as secondary prevention if established atherosclerotic cardiovascular disease; consider aspirin therapy for primary prevention for patients over age 50 with one or more risk factors. |

## Quarterly to semi-annually

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| Test A1C | • Measure A1C every three months or twice yearly if in good control.<br>• Goal: A1C <7% appropriate in general. Lower A1C may be appropriate for selected patients, as long as significant hypoglycemia is avoided. Setting an A1C goal <8% may be preferable for patients with advanced diabetes complications, CVD, co-morbidities, reduced life span, or significant hypoglycemia.* |

## At least once each year

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| Review patient knowledge of nutrition and self-management | • Provide/refer for diabetes self-management education and support, medical nutrition therapy, encourage physical activity to reduce sedentary periods of >90 minutes spent sitting, family planning for women of reproductive age.<br>• Assess barriers to achieving any treatment goals not met.<br>• Assess quality of life indicators (sleep, diabetes distress, anxiety, disordered eating behaviors, symptoms of depression).<br>• Counsel on importance of scheduling regular dental exams. |

## Annually

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| Perform complete foot assessment | • Inspect feet, check pulses and ankle reflexes, perform vibration and pin prick testing, conduct monofilament exam. Refer patients who smoke, have loss of protective sensation/structural abnormalities, or history of leg/foot complications to foot care specialists. Prescribe therapeutic footwear for high-risk patients. | | |
| Perform diabetic kidney disease screening | • Assess urine albumin excretion. Normal: <30 mg of albumin per gram of creatinine.<br>• Measure serum creatinine to estimate GFR.<br>• If diabetic kidney disease present, treat and monitor; refer to nephrologist to evaluate for non-diabetic kidney disease and if eGFR is <30 mL/min/1.73 $m^2$. | | |
| Obtain lipid profile Assess atherosclerotic cardiovascular disease (ASCVD) risk (every 1-2 years starting at age 40); recommend statin | **Patients without ASCVD risk factors - consider:** | **Patients with additional ASCVD risk factors - consider:** | **Patients with ASCVD:** |
| | • 40-75 years: moderate intensity statin therapy<br>• >75 years: moderate intensity statin therapy | • <40 years: moderate or high intensity statin therapy<br>• 40-75 years: high intensity statin therapy<br>• >75 years: moderate or high intensity statin therapy | • All ages: high intensity statin therapy |
| Arrange retinal eye exam | • Dilated retinal exam by eye care professional* | | |
| Driving guideline | • Discuss the risk of driving with low blood glucose | | |
| Consider assessment and treatment for diabetes-associated conditions | • Hearing impairment, obstructive sleep apnea, fatty liver disease, low testosterone in men, periodontal disease, certain cancers, fractures, cognitive impairment, depression and arthritis. Refer to specialist if indicated. | | |

This guideline, provided by New Mexico Health Care Takes On Diabetes and HealthInsight, is based on recommendations of the American Diabetes Association and summarizes core care elements appropriate to most adults with diabetes. This guideline should not be construed as representing standards of care nor a substitute for individualized evaluation and treatment.

*Detailed recommendations on this complex topic are available at **www.diabetes.org**.

**CDC guidelines - influenza: cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html; pneumococcal: cdc.gov/mmwr/preview/mmwrhtml/mm6337a4.htm; hepatitis B: cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html