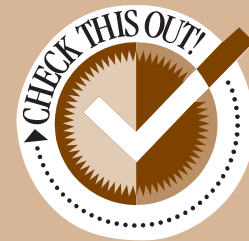




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# Diabetes Resources

## Practical Information for New Mexico Health Care Professionals



A quarterly publication for clinicians caring for people with diabetes - Vol. 15 No. 2, 2011

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](http://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.

## A1C: An Update on Clinical Relevance

### The Issue:

- ❖ The A1C remains the best way for clinicians to monitor the long-term blood glucose control of their patients with diabetes. It corresponds to the average glucose over a 3-month period.
- ❖ For patients with Type 2, every 1-point fall in A1C is associated with a reduction in relative risk for microvascular complications by 35%, diabetes-related deaths by 25%, and MI by 14%.
- ❖ For patients with Type 1, every 1-point fall in A1c is associated with a reduction in relative risk for retinopathy by 38%, nephropathy by 25%, and neuropathy by 14%.
- ❖ Reduction in risk for macrovascular complications is not as clearly correlated with A1C.
- ❖ Many people with DM don't understand A1C. Some providers don't use the term "A1C." Referring to it as "the test that gives your average sugar over the past three months" may be more helpful. According to a recent study only 25% of people with diabetes know their A1C.

### The Current Clinical Recommendation:

The *New Mexico Adult Diabetes Practice Guideline 2011* recommends that all people with diabetes have an A1C test 2- 4 times per year.

- ❖ The general A1C goal for non-pregnant adults is <7%. Lowering A1C to 7% or below has been shown to reduce microvascular and neuropathic complications. Evidence suggests that lowering A1C to 7% or below in the years soon after diagnosis of diabetes is associated with a long-term decrease in risk for macrovascular disease.
- ❖ A lower A1C goal may be appropriate for selected individual patients if this can be achieved without significant hypoglycemia. Studies suggest a small, but incremental reduction in microvascular complications with A1C closer to normal.
- ❖ Less stringent treatment goals may be appropriate for patients with history of severe hypoglycemia, patients with limited life expectancies, very young children or older adults, and individuals with comorbid conditions.

### *Estimated Average Glucose (eAG): A New Way to Talk to Patients about DM Management*

The American Diabetes Association (ADA) recommends the use of a new term in diabetes management, estimated average glucose, or eAG. Health care professionals can now report A1C results to patients using the same units (mg/dl or mmol/l) that patients see routinely in blood glucose measurements.

To access the ADA's Glucose Calculator, visit

[http://professional.diabetes.org/glucose\\_calculator.aspx](http://professional.diabetes.org/glucose_calculator.aspx).

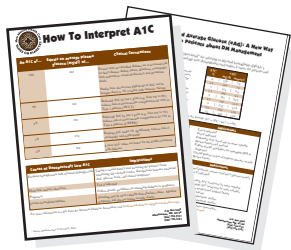
A1C %	eAG	
	mg/dl	mmol/l
6	126	7.0
6.5	140	7.8
7	154	8.6
7.5	169	9.4
8	183	10.2
8.5	197	11.0
9	212	11.8
9.5	226	12.6
10	240	13.4

Source: Diabetes Care, vol. 33, supplement 1, January 2010 s47.

## 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](http://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 the A1C**—A1C is the most important indicator of glucose control in diabetes, but it can be difficult to interpret the clinical relevance of an A1C value. The goal is an A1C <7.0%, but do you know why? Did you know an A1C level of 9.0% equates 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 the A1C” will help answer those questions and will show you how A1C levels relate to average blood glucose levels and clinical complications. This chart may help clinicians explain the importance of A1C to their patients by relating A1C to “average sugar level.” This invaluable “memory jogger” can be downloaded free from the New Mexico Health Care Takes On Diabetes website.



**Estimated Average Glucose Tool Kit**—To support health care providers, the American Diabetes Association has developed an eAG Tool Kit to help patients better understand how their A1C relates to their daily diabetes management. The eAG Tool Kit offers easy-to-use health care provider and patient resources and supplies tools and materials to understand eAG. The kit contains a patient tear pad with information explaining the importance of eAG, an A1C to eAG conversion wheel, two 11 x 17-inch posters for patient exam rooms and an eAG to A1C calculator. Health care professionals can request a free copy of the eAG toolkit at <http://professional.diabetes.org/GlucoseCalculator.aspx>.

**A1C Analyzers for Office or Home Use**—It is possible to perform A1C testing in the office to make immediate diabetes management adjustments during the patient visit. In-home A1C testing is also available, although its role in improving diabetes outcomes is unknown. The American Diabetes Association takes no position on in-home testing. If your patients use in-home testing, you may wish to encourage them to discuss the results with you.

- ❖ To review different manufactures of A1C analyzers for office or home use there is a website that compares A1C Analyzers. Go to: Hemoglobin A1C Analyzers - Diagnostics Product Matrix - Medcompare to review current products on the market for office use.
- ❖ Per the Medcompare website only Bayer Diagnostic offers a combination analyzer that gives both A1C and microalbumin/creatinine test results. [www.medcompare.com/matrix/531/hemoglobin-a1c-analyzers.html](http://www.medcompare.com/matrix/531/hemoglobin-a1c-analyzers.html)

*Point-of-care A1C testing should not be used for diagnosing diabetes due to insufficient accuracy. NMHCTOD does not endorse any particular manufacturer. Check with individual health plans for information on insurance coverage.*

Source: Diabetes Care, Volume 33, Supplement 1, January 2010

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

- ❖ National Diabetes Education Program: [www.ndep.nih.gov](http://www.ndep.nih.gov)
- ❖ American Diabetes Association: [www.diabetes.org](http://www.diabetes.org)
- ❖ National Institutes of Health: [www.diabetes.niddk.nih.gov](http://www.diabetes.niddk.nih.gov)
- ❖ American Heart Association, Heart of Diabetes Program: [www.americanheart.org/diabetes](http://www.americanheart.org/diabetes)
- ❖ NM Department of Health, Diabetes Prevention and Control Program: [www.diabetesnm.org](http://www.diabetesnm.org)

These websites may be accessed directly or through the New Mexico Health Care Takes On Diabetes website [www.nmtod.org](http://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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