

2010 Bravo Health Diabetes Care Guidelines

Bravo Health supports the American Diabetes Association Standards of Medical Care-2009. Guidelines should never supersede clinical judgment. The practitioner, in conjunction with the patient or responsible party, should decide whether these or other recommended services should be performed more frequently, less frequently, or not at all.

ASPECT OF CARE	RECOMMENDATIONS	GOALS
GLUCOSE MONITORING	Self-monitoring of blood glucose should be carried out three or more times daily for patients using multiple insulin injections or insulin pump therapy.	
A1C	<ul style="list-style-type: none"> • Perform the A1C test at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control). • Perform the A1C test quarterly in patients whose therapy has changed or who are not meeting glycemic goals. 	<ul style="list-style-type: none"> • The A1C goal for nonpregnant adults in general is <7%. • Less stringent A1C goals than the general goal of <7% may be appropriate for patients with a history of severe hypoglycemia, limited life expectancy, advanced microvascular or macrovascular complications, extensive comorbid conditions, and those with longstanding diabetes in whom the general goal is difficult to attain.
MEDICAL NUTRITION THERAPY (MNT)	<ul style="list-style-type: none"> • Individuals who have pre-diabetes or diabetes should receive individualized MNT. • Weight loss is recommended for all overweight or obese individuals who have or are at risk for diabetes. • Bariatric surgery should be considered for adults with BMI ≥ 35 kg/m² and type 2 diabetes, especially if the diabetes is difficult to control with lifestyle and pharmacologic therapy. 	
PHYSICAL ACTIVITY	<ul style="list-style-type: none"> • People with diabetes should be advised to perform at least 150 min/week of moderate-intensity aerobic physical activity (50–70% of maximum heart rate). • In the absence of contraindications, people with type 2 diabetes should be encouraged to perform resistance training three times per week. 	
IMMUNIZATION	<ul style="list-style-type: none"> • Annually provide an influenza vaccine to all diabetic patients ≥ 6 months of age. • Administer pneumococcal polysaccharide vaccine to all diabetic patients ≥ 2 years of age. A one-time revaccination is recommended for individuals >64 years of age previously immunized when they were <65 years of age if the vaccine was administered >5 years ago. Other indications for repeat vaccination include nephrotic syndrome, chronic renal disease, and other immunocompromised states. 	

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HYPERTENSION/BLOOD PRESSURE CONTROL	Blood pressure should be measured at every routine diabetes visit.	Patients with diabetes should be treated to a systolic blood pressure <130 mmHg and a diastolic blood pressure <80 mmHg.
DYSLIPIDEMIA/LIPID MANAGEMENT	Measure fasting lipid profile at least annually. In adults with low-risk lipid values (LDL cholesterol <100 mg/dl, HDL cholesterol >50 mg/dl, and triglycerides <150 mg/dl), lipid assessments may be repeated every 2 years.	<ul style="list-style-type: none"> • In individuals without overt CVD, the primary goal is an LDL cholesterol <100 mg/dl (2.6 mmol/l). • In individuals with overt CVD, a lower LDL cholesterol goal of <70 mg/dl (1.8 mmol/l), using a high dose of a statin, is an option.
ANTIPLATELET AGENTS	Use aspirin therapy (75–162 mg/day) as a secondary prevention strategy in those with diabetes with a history of CVD.	
SMOKING CESSATION	Advise all patients not to smoke and include smoking cessation counseling and other forms of treatment.	
NEPHROPATHY	<ul style="list-style-type: none"> • To reduce the risk or slow the progression of nephropathy, optimize glucose and blood pressure control. • Perform an annual test to assess urine albumin excretion in type 1 diabetic patients with diabetes duration of ≥5 years and in all type 2 diabetic patients. • Measure serum creatinine at least annually. 	
RETINOPATHY	<ul style="list-style-type: none"> • To reduce the risk or slow the progression of retinopathy, optimize glycemic and blood pressure control. • Adults and children aged 10 years or older with type 1 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist within 5 years after the onset of diabetes. • Patients with type 2 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist shortly after the diagnosis of diabetes. • Subsequent examinations for type 1 and type 2 diabetic patients should be repeated annually by an ophthalmologist or optometrist. 	
NEUROPATHY	Screen for distal symmetric polyneuropathy (DPN) at diagnosis and at least annually thereafter using simple clinical tests.	
FOOT CARE	<ul style="list-style-type: none"> • Perform an annual comprehensive foot examination. The foot examination should include inspection, assessment of foot pulses, and testing for loss of protective sensation. • Provide general foot self-care education. 	