I N G O O D H E A L T H

A Publication Compiled by the Clinical Pharmacy Team of Health Solutions
PHARMACY BENEFITS MANAGEMENT

ADA CLINICAL PRACTICE RECOMMENDATIONS 2008

The American Diabetes Association (ADA) updates their Clinical Practice Guidelines on a regular basis. These updates are based on a thorough review of relevant literature by highly trained clinicians. The recommendations of the clinicians are drafted, reviewed, and submitted for approval to the ADA Executive Committee. Upon approval, the revisions are published in **Diabetes Care**.

The following are some of the new additions and revisions to the ADA Clinical Practice Recommendation. The full text versions of the Standards are available at *http://care.diabetesjournals.org/content/vol31/suppl_1/*

Testing: Approximately 1/3 of people with diabetes may go undiagnosed; therefore, the ADA recommends that physicians consider testing adults of any age who are overweight or obese and have additional risk factors for diabetes. You can take the Diabetes Risk Test at *http://www.diabetes.org/risk-test.jsp.*

Glycemic Goal: An A1C test shows a persons average blood glucose control for the past 2-3 months. These results give your physician a good overview of how well your diabetes therapy is working. Lowering A1C to an average of approximately 7% has shown to decrease some long-term complications of diabetes.

- The A1C goal for non-pregnant adults in general is <7%.
- The A1C goal for selected individual patients is <6%; with caution in avoiding significant hypoglycemia.
- Less stringent A1C goals may be appropriate for patients with a history of severe hypoglycemia, limited life expectancies, children, individuals with comorbid conditions, and patients with longstanding diabetes and minimal or stable microvascular complications.

Medical Nutrition Therapy (MNT): People with pre-diabetes or diabetes should receive individualized education on nutrition, preferably by a registered dietician.

- Low carbohydrate or low-fat calorie-restricted diets may be effective in the short term (up to 1 year).
- If you are on a low carbohydrate diet, your physician should be monitoring the following: lipid profiles, renal function, protein intake (in those with neuropathy), and adjust hypoglycemic therapy as needed.

Prevention and management of diabetes complications:

- Blood pressure control: High blood pressure can raise the risk for heart attack, stroke, eye problems, and kidney disease. As many as 2 out of 3 adults with diabetes have high blood pressure. Taking steps to reach your blood pressure goal can prevent or delay diabetes complications. Greater emphasis has been placed on the use of angiotensin converting-enzyme (ACE) inhibitors and angiotensin receptor blockers (ARBs) for the control of blood pressure in patients with diabetes.

- Lipid management: Keeping cholesterol and other blood fats (lipids) under control may help prevent complications from diabetes such as heart attack and stroke. In most cases, treatment for high blood lipids includes lifestyle changes, such as diet and exercise, and medication therapy. The use of statins (lipid lowering agents) is now emphasized for most patients.
- Nephropathy: Diabetes can cause kidney disease (nephropathy). Treatments for kidney disease include tight control of both blood glucose and blood pressure. Recent studies suggest that ACE inhibitors and ARBs slow kidney disease in addition to lowering blood pressure. In fact, according to the ADA, these drugs are helpful even in people who do not have high blood pressure.