

# Diabetes

## Numbers At-a-Glance†

(For Non-pregnant Adults)

### Criteria for Diagnosis of Pre-diabetes

Impaired fasting glucose (IFG)	100 - 125 mg/dl (Fasting plasma glucose) <b>and/or</b>
Impaired glucose tolerance (IGT)	140 - 199 mg/dl (2-hr post 75g glucose challenge)

### Criteria for Diagnosis of Diabetes

Random plasma glucose $\geq 200$ mg/dl* with symptoms (polyuria, polydypsia, and unexplained weight loss) <b>and/or</b>
Fasting plasma glucose $\geq 126$ mg/dl* <b>and/or</b>
2-hr plasma glucose $\geq 200$ mg/dl* post 75g glucose challenge

\*Repeat to confirm on subsequent day

### Treatment Goals for the ABCs of Diabetes

#### A1C $< 7\%$

Preprandial plasma glucose 90 - 130 mg/dl  
Peak postprandial plasma glucose  $< 180$  mg/dl  
(usually 1 to 2 hr after the start of a meal)

#### Blood pressure (mmHg)

Systolic      Diastolic  
 $< 130$  /  $< 80$

#### Cholesterol – Lipid Profile (mg/dl)

LDL Cholesterol  $< 100$   
HDL Cholesterol    Men  $> 40$     Women  $> 50$   
Triglycerides  $< 150$

#### Individualize treatment goals. For example, consider:

- A1C goal as close to normal ( $< 6\%$ ) as possible without significant hypoglycemia.
- Less stringent A1C goal for people with severe or frequent hypoglycemia or if other factors exist (e.g., limited life expectancy).
- Lower blood pressure goals for people with nephropathy.

See source materials for treatment recommendations.

† American Diabetes Association Standards of Medical Care, *Diabetes Care* 30 (Suppl.1): S4-S41, 2007.

# Diabetes Management Schedule

People with diabetes should receive medical care from a physician-coordinated team of health care professionals. Referrals to these team members should be made as appropriate.

## At each regular diabetes visit:

- Measure weight and blood pressure.
- Inspect feet.
- Review self-monitoring glucose record.
- Review/adjust medications to control glucose, lipids, and blood pressure — include regular use of aspirin for CVD prevention.
- Review self-management skills, dietary needs, and physical activity.
- Assess for depression or other mood disorder.
- Counsel on smoking cessation and alcohol use.

## Quarterly:

- Obtain A1C in patients whose therapy has changed or who are not meeting glycemic goals (twice a year if at goal with stable glycemia).

## Annually:

- Obtain fasting lipid profile (every 2 years if at goal).
- Obtain serum creatinine and estimate glomerular filtration rate.
- Perform urine test for albumin-to-creatinine ratio in patients with type 1 diabetes  $\geq 5$  years and in all patients with type 2 diabetes.
- Refer for dilated eye exam (if normal, an eye care specialist may advise an exam every 2–3 years).
- Perform comprehensive foot exam.
- Refer for dental/oral exam at least once a year.
- Administer influenza vaccination.
- Review need for other preventive care or treatment.

## Lifetime:

- Administer pneumococcal vaccination (repeat if over 64 or immunocompromised and last vaccination was more than 5 years ago).



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