

Update on Diabetes Guidelines (2014 vs 2015)

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SCREENING & DIAGNOSIS			
	Old (2014)	New (2015)	Notes
Screening for Type 2 in asymptomatic adults	BMI \geq 25 + \geq 1 additional risk factor	BMI (Asian Americans): \geq23 BMI (all other ethnicities): \geq 25 + \geq 1 additional risk factor	Asian Americans at increased risk at lower BMI levels
	OR \geq 45 yo		(No Change)
	If testing is normal, re-test in 3 years		(No Change)
	Risk Factors: Refer to Guidelines for List		(No Changes)
Pre-Diabetes (=Increased risk for future development of diabetes)	A1C 5.7-6.4% OR FPG 100-125 mg/dL (=IFG) OR 2-h PG during OGTT 140-199 mg/dL (=IGT)		(No Changes)
	Screening should be done yearly in these patients		
Diabetes Diagnosis	A1C \geq 6.5% OR FPG \geq 126 mg/dL OR 2-h PG during OGTT \geq 200 mg/dL OR Random PG \geq 200 mg/dL & classic symptoms of hyperglycemia or hyperglycemic crisis		(No Changes)
		Medications known to incr risk of DM should be considered when ascertaining a diagnosis: <ul style="list-style-type: none"> • Glucocorticoids • Thiazide Diuretics • Atypical antipsychotics 	New Addition to 2015

TREATMENT GOALS			
	Old (2014) Goals	New (2015) Goals	Notes
A1c	<7% for most patients <i>More or less stringent goals (<6.5 or <8%, respectively) may be appropriate for certain patients. Goals should be individualized.</i>		2015 Guidelines: A1c <7.5% across all pediatric age groups (change from 2014)
Pre-Prandial Plasma Glucose	70-130 mg/dL	80 -130 mg/dL	New data found that higher actual average blood glucose levels correlated to A1c targets
Peak Post-prandial (1-2h after the start of a meal)	<180 mg/dL		(No Change)
Blood Pressure	<140/80	<140/ 90	Change reflects JNC-8 Guidelines for BP
	<150/90 for older adults (\geq 65) in poor health		(No Change)
Lipids	LDL <100 mg/dL w/o overt CVD LDL <70 mg/dL w/ overt CVD HDL >40 (men), >50 (women) TG <150 mg/dL	None	Change reflects 2013 ACC/AHA guidelines for blood cholesterol

References

1. American Diabetes Association. Standards of Medical Care in Diabetes. *Diabetes Care*. 2015;38(Suppl 1).
2. Stone NJ, Robinson JG, Lichtenstein AH, et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: A report of the American College of Cardiology / American Heart Association Task Force on Practice Guidelines. *Circulation*. 2014;129(Suppl 2):S1-45.
3. James PA, Oparil S, Carter BL, et al. 2014 Evidence-based guideline for the management of high blood pressure in adults: Report from the panel members appointed to the Eighth Joint National Committee (JNC 8). *JAMA*. 2014; 311(5):507-520.
4. Garber AJ, Abrahamson MJ, Barzilay JL, et al. American Association of Clinical Endocrinologists' comprehensive diabetes management algorithm 2013 consensus statement. *Endocr Pract*. 2013;19(Suppl 2).

TREATMENT ALGORITHM

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	Old (2014)	New (2015)	Notes
Pre-Diabetes	Lifestyle Modification Consider Metformin, especially when BMI>35, >60yo, and women with h/o GDM		(No Change)
Diabetes Type 1	Insulin	Insulin Pramlintide (adults only)	Pramlintide not specifically mentioned in 2014 guidelines
Diabetes Type 2	(See Algorithm in Guidelines) 2015 guidelines: <ul style="list-style-type: none"> • Figure 7.1 (S43) • SGLT-2 Inhibitors added to algorithm • GLP-1 Receptor Agonists can be used as an alternative to mealtime insulin when pt is already on metformin and basal insulin • New table of all glucose-lowering agents (Table 7.1, S44-45) • New figure for initiating and adjusting insulin in Type 2 DM (Table 7.2, S46) 		
Anti-hypertensives	ACEIs / ARBs still first-line therapy		(No change)
Lipid Lowering Agents	Statins still first line agents		(No change)
	Treatment initiation driven by LDL level (>100), Clinical CVD, and Risk Factors for CVD	Treatment initiation driven primarily by risk status (age, overt CVD, and CVD risk factors) See Table 8.1 (S52)	Change reflects 2013 ACC/AHA guidelines for blood cholesterol
Antiplatelet Agents for CVD protection	Aspirin 75-162 mg/day when: <ul style="list-style-type: none"> • Increased CVD risk (10-year risk >10%) • H/o CVD Use Clopidogrel (75mg/day) if ASA allergy		(No change)

LIFESTYLE

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	Old (2014)	New (2015)	Notes
Physical Activity	At least 150 min/week		(No Change)
		Break up extended amounts of time (>90 min) spent sitting	New Addition to 2015
Smoking Cessation	Advise all patients not to smoke or use tobacco products; include smoking cessation counseling/treatment		(No Change)
		E-cigarettes are not a healthier alternative to smoking; should not be used to facilitate smoking cessation	New Addition to 2015
Immunizations	Influenza: Annually		(No Change)
	Hep B: age 19-59		(No Change)
	PPSV23: <ul style="list-style-type: none"> • ≥ 2 yo • >65 yo & immunized >5 years ago= one time revaccination 	PCV13 & PPSV23: <ul style="list-style-type: none"> • PPSV23: ≥ 2 yo • ≥ 65 yo and not previously vaccinated= give PCV13 first, then PPSV23 6–12 mo later • If ≥ 65 yo and previously vaccinated with PPSV23= give PCV13 ≥12 mo later 	New PCV13 recommendation

References

1. American Diabetes Association. Standards of Medical Care in Diabetes. *Diabetes Care*. 2015;38(Suppl 1).
2. Stone NJ, Robinson JG, Lichtenstein AH, et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: A report of the American College of Cardiology / American Heart Association Task Force on Practice Guidelines. *Circulation*. 2014;129(Suppl 2):S1-45.
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MONITORING

	Old (2014)	New (2015)	Notes
Foot Care	Annual comprehensive foot examination with foot self-care education		(No Change)
		If insensate feet, foot deformities, or a h/o foot ulcers: examine every visit	Note added precaution to examine feet at every visit for those at high risk
Eye Care	Annual exam		(No change)
Kidney	Annual exam (urinary albumin and GFR)		(No change)

References

1. American Diabetes Association. Standards of Medical Care in Diabetes. *Diabetes Care*. 2015;38(Suppl 1).
2. Stone NJ, Robinson JG, Lichtenstein AH, et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: A report of the American College of Cardiology / American Heart Association Task Force on Practice Guidelines. *Circulation*. 2014;129(Suppl 2):S1-45.
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