Executive Summary: Standards of Medical Care in Diabetes—2010

Current criteria for the diagnosis of diabetes

- A1C ≥6.5%: The test should be performed in a laboratory using a method that is National Glycohemoglobin Standardization Program (NGSP) certified and standardized to the Diabetes Control and Complications Trial (DCCT) assay.
- FPG ≥ 126 mg/dl (7.0 mmol/l): Fasting is defined as no caloric intake for at least 8 h.
- 2-h plasma glucose ≥200 mg/dl (11.1 mmol/l) during an oral glucose tolerance test (OGTT): The test should be performed as described by the World Health Organization using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis: a random plasma glucose ≥200 mg/dl (11.1 mmol/0.

Testing for diabetes in asymptomatic patients

- Testing to detect type 2 diabetes and assess risk for future diabetes in asymptomatic people should be considered in adults of any age who are overweight or obese (BMI ≥25 kg/m²) and who have one or more additional risk factors for diabetes (see Table 4 of Standards of Medical Care in Diabetes—2010). In those without these risk factors, testing should begin at age 45 years. (B)
- If tests are normal, repeat testing should be carried out at least at 3-year intervals.
 (E)
- To test for diabetes or to assess risk of future diabetes, A1C, FPG, or 2-h 75-g OGTT are appropriate. (B)
- In those identified with increased risk for future diabetes, identify and, if appropriate, treat other cardiovascular disease (CVD) risk factors. (B)

Detection and diagnosis of gestational diabetes mellitus

- Screen for gestational diabetes mellitus (GDM) using risk-factor analysis and, if appropriate, the OGTT. (C)
- Women with GDM should be screened for diabetes 6–12 weeks postpartum and should be followed up with subsequent screening for the development of diabetes or pre-diabetes. (E)

Prevention of type 2 diabetes

- Patients with BGT (A), IFG (E), or an A1C of 5.7–6.4% (E) should be referred to an effective ongoing support program for weight loss of 5–10% of body weight and increase in physical activity to at least 150 min/week of moderate activity such as walking.
- Follow-up counseling appears to be important for success. (B)
- Based on potential cost savings of diabetes prevention, such counseling should be covered by third-party payors. (E)
- In addition to lifestyle counseling, metformin may be considered in those who are at very high risk for developing diabetes (combined IFG and IGT plus other risk factors such as AIC >6%, hypertension, low HDL cholesterol, elevated triglycerides, or family history of diabetes in a first-degree relative) and who are obese and under 60 years of age. (E)
- Monitoring for the development of diabetes in those with pre-diabetes should be performed every year. (E)

Glucose monitoring

- Self-monitoring of blood glucose (SMBG) should be carried out three or more times daily for patients using multiple insulin injections or insulin pump therapy. (A)
- For patients using less frequent insulin injections, noninsulin therapies, or

- medical nutrition therapy (MNT) alone, SMBG may be useful as a guide to the success of therapy. (E)
- To achieve postprandial glucose targets, postprandial SMBG may be appropriate. (E)
- When prescribing SMBG, ensure that patients receive initial instruction in, and routine follow-up evaluation of, sMBG technique and their ability to use data to adjust therapy. (E)
- Continuous glucose monitoring (CGM) in conjunction with intensive insulin regimens can be a useful tool to lower A1C in selected adults (age >25 years) with type 1 diabetes. (A)
- Although the evidence for A1C-lowering is less strong in children, teens, and younger adults, CGM may be helpful in these groups. Success correlates with adherence to ongoing use of the device. (C)
- CGM may be a supplemental tool to SMBG in those with hypoglycemia unawareness and/or frequent hypoglycemic episodes. (E)

ALC

- Perform the A1C test at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control). (E)
- Perform the ATC test quarterly in patients whose therapy has changed or who are not meeting glycemic goals. (E)
- Use of point-of-care testing for A1C allows for timely decisions on therapy changes, when needed. (E)

Glycemic goals in adults

- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. Therefore, for microvascular disease prevention, the A1C goal for nonpregnant adults in general is <7%. (A)
- In type 1 and type 2 diabetes, randomized controlled trials of intensive versus standard glycemic control have not shown a significant reduction in CVD outcomes during the randomized portion of the trials. Long-term follow-up of the DCCT and UK Prospective Dia-

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Ada 2guidelines Executive Summary

Christina Biesemeier, Jennifer Garland

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Bates' Pocket Guide to Physical Examination and History Taking Lynn S. Bickley, Peter G. Szilagyi, Richard M. Hoffman, Rainier P. Soriano, 2020-09-10 This updated ninth edition of the leading medical physical examination pocket guide available today provides concise authoritative guidance on how to perform the patient interview physical examination and other core assessments This trusted pocket sized reference includes fully illustrated step by step techniques retaining the easy to follow two column format that correlates examination techniques on the left and abnormalities clearly indicated in red with differential diagnoses on the right Now featuring an enhanced design new content and new student friendly learning aids Bates Pocket Guide to Physical Examination and History Taking Ninth Edition is the ideal quick reference resource for today's medical PA pharmacy and nursing students The Pharmacist's Pocket Guide for Diabetes and Obesity Iennifer Clements, 2025-06-27 The prevalence of diabetes and obesity has increased over the past decade and is expected to continue to rise until at least 2030 There is a clear association between diabetes and obesity due to insulin resistance chronic inflammatory state and endothelial dysfunction Since diabetes and obesity are commonly encountered chronic conditions pharmacists and associated trainees are in a unique position to collect and assess information about these issues within the communities they serve With the help of the expert advice in The Pharmacist's Pocket Guide for Diabetes and Obesity pharmacists trainees and other health care professionals can develop and implement a person centered plan with appropriate monitoring and follow up to omtimize outcomes for patients with diabetes and obesity The Pharmacist's Pocket Guide for Diabetes and Obesity has separate sections on diabetes and obesity which include the clinical assessment pharmacological and non pharmacological interventions management of complications and information on special populations for each condition The text wraps up with a section on the pharmacist's role in clinical scenarios and another on the future of research and practice in pharmacy This book fills a gap in the existing literature by providing a conveniently sized quick reference guide full of practical strategies tips and considerations for patients with diabetes and obesity for a broad audience of pharmacists trainees in pharmacy and other health care professionals **ADA Pocket Guide to Bariatric Surgery** Christina Biesemeier, Jennifer Garland, 2009 This user friendly pocket guide provides evidence based data on the pre and post operative nutrition care issues surrounding this increasingly popular weight management tool Topics include Weight loss surgery overview The Nutrition Care Process Co morbidity issues Long term care post surgery Sample PES statements throughout Physical Activity and Health Guidelines Riva Rahl, 2010-06-02 Sifting through the numerous guidelines on physical activity and health published by government agencies professional organizations and associations can be a daunting task Information exists in all types of formats and locations including government documents press releases and Web sites so simply finding those guidelines can be an ordeal Physical Activity and Health Guidelines puts the current information in one place at your fingertips Physical Activity and Health Guidelines compiles the latest recommendations from various leading

sources and organizations into a single text This one of kind resource provides quick reference to physical activity and health recommendations for healthy people and for those with chronic conditions across all age groups All readers physicians physical therapists fitness professionals and general fitness enthusiasts will be able to locate individualized recommendations regarding appropriate levels and types of physical activity Specific activity recommendations for people with diabetes asthma osteoarthritis and cerebral palsy are detailed in this text Other quidelines for the prevention of common chronic diseases such as cancer coronary artery disease osteoporosis and metabolic syndrome are also shared This text also includes the following information The components of exercise program design which will assist readers in preparing to implement individual and group exercise programs How physical activity recommendations can help people meet weight management quidelines Information on purchasing and using exercise equipment such as treadmills heart rate monitors weight training machines and exercise videos Guidelines for cardiac testing and other exercise testing to assist in the implementation and evaluation of physical activity programs as well as the assessment of the safety of these programs for people with chronic conditions For ease of use Physical Activity and Health Guidelines presents information in a consistent format for each entry including the date issued or most recently updated the issuing organization appropriate population and location of the guidelines with Web sites when available Recommendations are given for aerobic resistance and flexibility training further specifications regarding the frequency intensity duration and type of activity are included An appendix lists additional resources divided by topic and includes Web addresses of key organizations statements and other physical activity and health related tools Physical Activity and Health Guidelines is the first text to gather the wealth of information regarding physical activity exercise and health needs and recommendations into a single source Convenient and easy to use this unique text will help readers understand the requirements for safe and effective physical activity for all people regardless of health conditions and it offers the basic knowledge and tools for designing and implementing appropriate physical activity programs

Federal Register ,2013-09 Infection Control in the Dental Office in the Era of COVID-19 Louis G.

DePaola,Robert Windsor,Nisha Ganesh,2024-10-14 This book discusses the treatment of dental patients in the post COVID pandemic years and the required compliance with recommended infection control practices to ensure the safe delivery of oral health care The COVID 19 pandemic has had the most dramatic impact on healthcare inclusive of dentistry in history SARS CoV 2 the virus that causes COVID 19 is a very dynamic virus and each new variant appears to be more transmissible than previous variants More effective infection control strategies had to be developed to prevent transmission of COVID 19 in the dental office Readers will find guidance on the reduction of aerosol in the dental office information on vaccines vaccinations and the re emergence of vaccine preventable diseases Infection control during implant placement oral surgical procedures N2O administration and IV sedation is explained In addition to SARS CoV 2 the book provides information on other emerging respiratory diseases such as Influenza Respiratory Syncytial Virus RSV and the emergence of Vaccine

Preventable Diseases Measles Mumps Rubella Polio HPV that present significant risk of transmission if proper infection control practices are not followed The indirect effects of the COVID 19 pandemic are discussed including a significant increase of STDs syphilis gonorrhea chlamydia herpes HPV new blood borne infections such as HIV HBV and HCV infections as well as a significant increase of healthcare acquired infections and superbugs Recommendations for Accessibility Guidelines Architectural and Transportation Barriers Compliance Board, 1994 Clinical Lipid Management Jennifer G. Robinson, MD,2023-10-11 Presents the newest thinking and data needed for clinicians to reduce atherosclerotic cardiovascular disease ASCVD risk This book provides detailed evidence based guidance for treating cholesterol to reduce ASCVD with a focus on recent ACC AHA guidelines an overview of evidence based treatment of other risk factors the management of genetic and acquired lipid disorders and complete efficacy and safety information on all available lipid lowering agents including clinical trial data and FDA approved labeling ACSM's Guidelines for Exercise Testing and Prescription Gary Liquori, American College of Sports Medicine (ACSM), 2020-12-03 The flagship title from the prestigious American College of Sports Medicine this critical handbook delivers scientifically based evidence informed standards to prepare you for success Providing succinct summaries of recommended procedures for exercise testing and exercise prescription in healthy and diseased patients this trusted manual is an essential resource for all exercise professionals as well as other health professionals who may counsel patients on exercise including physicians nurses physician s assistants physical and occupational therapists dieticians and health care administrators. The extensively updated eleventh edition has been reorganized for greater clarity and integrates the latest Physical Activity Guidelines for Americans <u>Pharmacology for the Primary Care Provider - E-Book</u> Constance G Visovsky, Cheryl H. Zambroski, Rebecca M. Lutz, 2022-04-26 Approx 860 pages Approx 860 pages NEW Thoroughly updated content reflects the latest drug information and current thinking on pharmacologic management NEW macro and chapter level organization is based on body systems rather than drug classes for better coverage of the medications prescribed for the health problems affecting specific body systems NEW and UNIQUE Chapter format begins with an overview of anatomy physiology and disease processes as opposed to drug classes or drug types and then follows the World Health Organization's Process for Rational Prescribing using a six step approach to drug selection and discussing first second and third line treatments for each specific problem NEW Practical learning aids include Black Box Warning boxes that draw attention to critical drug safety precautions Clinical Guidelines Bookmark This features that identify websites where updated clinical guidelines can be found Medication Dosages tables that include dose ranges maintenance doses and where appropriate plans for dose escalation and de escalation e g corticosteroids Practice Pearls boxes that highlight good prescribing practices safety measures follow up recommendations serum blood level monitoring referrals to specialty providers and other key prescriber tips NEW Prescribing Considerations unit addresses issues of medication adherence prescription writing cost and quality assurance NEW Updated coverage of

pain management reflects the current realities of substance use and the opioid crisis **Cardiovascular Outcomes Research** Kevin C. Maki, Don P. Wilson, 2024-05-23 This book provides clinicians with the information needed to effectively interpret the literature from observational and interventional cardiovascular outcomes studies. The book begins by providing a historical context of cardiovascular epidemiology followed by chapters addressing key concepts in the study of cardiovascular disease such as the types of cardiovascular outcomes studies basic and evolving design and statistical considerations current guidelines for reducing atherosclerotic cardiovascular disease risk surrogate markers of cardiovascular disease challenges in developing evidence based recommendations for non pharmacological interventions an overview of the pharmaceutical development process and a detailed discussion of the clinical evidence supporting several factors and their relationships with atherosclerotic cardiovascular disease lipids inflammation hemostasis heart rhythm blood pressure diabetes obesity and chronic kidney disease Cardiovascular Outcomes Research is a must have resource for physicians and other clinicians residents fellows and medical students in cardiology endocrinology primary care and health Scientific and Technical Aerospace Reports ,1991 Lists citations with abstracts for promotion and disease prevention aerospace related reports obtained from world wide sources and announces documents that have recently been entered into Advanced Health Assessment & Clinical Diagnosis in the NASA Scientific and Technical Information Database Primary Care - E-Book Joyce E. Dains, Linda Ciofu Baumann, Pamela Scheibel, 2022-11-23 Selected for Doody's Core Titles 2024 in Diagnosis Assessment Take the next step in health assessment by building your skills in diagnostic and clinical reasoning Advanced Health Assessment and Clinical Diagnosis in Primary Care 7th Edition goes beyond the basic physical examination to help you learn to accurately evaluate common conditions Organized by patient symptoms or complaints the book follows a systematic approach beginning with a chief concern rather than a specific diagnosis or disease entity then guides you step by step through a diagnostic reasoning process to lead to a clinical diagnosis This edition includes new chapters on veterans health and on contemporary approaches in primary care settings as well as updated content on issues such as race ethnicity and gender identity Written by a team of advanced practitioners led by Joyce E Dains this AJN award winning text helps you learn to think like an expert clinician Priorities in Critical Care Nursing - E-Book Linda D. Urden, Kathleen M. Stacy, Mary E. Lough, 2022-10-27 American Journal of Nursing AJN Book of the Year Awards 2nd Place in Critical Care Emergency Nursing 2023 Selected for Doody's Core Titles 2024 in Critical Care Focus on the most important concepts in progressive and critical care nursing with Priorities in Critical Care Nursing 9th Edition Ideal for students practicing nurses undergoing in service training for progressive and critical care and progressive or critical care nurses reviewing for PCCN or CCRN certification this trusted evidence based textbook uses the latest most authoritative research to help you identify patient priorities in order to safely and expertly manage patient care Succinct coverage of all core progressive and critical care nursing topics includes medications patient safety patient education problem identification and

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unique new book bridges the gap between theory and practice by providing detailed information on the real world development and creation of a Lifestyle Medicine Center whether independently or as part of an established medical program or department Part one sets the stage by establishing the rationale for creating a Lifestyle Medicine Center as well as the medical and economic burden it seeks to alleviate The construction of the physical facility and all of the myriad details of the program and its key players are covered in part two from the structural to the aesthetic including informatics developing patient resources and education tools current technologies and applications the role of the dietitian and exercise physiologist inpatient consultation the importance of community engagement and more Part three is comprised of case studies of existing successful Lifestyle Medicine Centers across the country with detailed descriptions of their history development programs and challenges Chapters are supported with plentiful figures tables and useful links The burden of chronic disease in the U S and globally is growing with pervasive direct and indirect multi scale adverse effects on health and well being economics and quality of life Notwithstanding the remarkable progress in biomedical technology the role of lifestyle medicine in managing chronic disease in a preventive care model is paramount however the relevant and effective education in lifestyle medicine is lacking Translating the theory into action steps instantiated by case studies with critical interpretations and problem solving tools Creating a Lifestyle Medicine Center is the go to resource for family and primary care physicians internal medicine physicians and all clinical specialties interested in planning and developing a lifestyle Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations medicine program for 2002 United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies, 2001 **Endocrinology, An Issue of Physician Assistant Clinics** Ji Hyun Chun, 2016-11-28 This issue of Physician Assistant Clinics guest edited by CJ Chun PA C is devoted to Endocrinology Articles in this issue include Diagnosing Diabetes Mellitus Standards of Care and Treatments in Diabetes Antihyperglycemic Medications Overwhelmed with Too Many Options Special Considerations in Choosing Diabetes Therapy Technology in Diabetes Are You Tech Savvy Unresolved Questions in Hypothyroidism Thyrotoxicosis Thyroid Nodules Obesity Can the Battle Be Won Pituitary The Master Gland Adrenal Disorders Beyond The Flight or Fight Response Calcium Parathyroid Disorder and Male Hypogonadism Research Product - U.S. Army Research Institute for the Behavioral and Social Sciences, 1989

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