# Executive Summary: Standards of Medical Care in Diabetes—2013

#### Current criteria for the diagnosis of diabetes

- A1C ≥6.5%. The test should be performed in a laboratory using a method that is NGSP certified and standardized to the Diabetes Control and Complications Trial (DCCT) assay; or
- fasting plasma glucose (FPG) ≥126 mg/dL (7.0 mmol/L). Fasting is defined as no caloric intake for at least 8 h; or
- 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 comaining the equivalent of 73 g anhydrous glucose dissolved in water, or
- in a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥200 mg/dL (11.1 mmol/L);
- in the absence of unequivocal hyperglycemia, result should be confirmed by repeat testing.

#### Testing for diabetes in asymptomatic patients

- Testing to detect type 2 diabetes and prediabetes 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 the "Standards of Medical Care in Diabetes—2013"). In those without these risk factors, testing should begin at age 45 years. (B)
- If tests are normal, repeat testing at least at 3-year intervals is reasonable. (E)
- To test for diabetes or prediabetes, the A1C, FPG, or 75-g 2-h OGTT are appropriate. (B)
- In those identified with prediabetes, identify and, if appropriate, treat other cardiovascular disease (CVD) risk factors, (B)

#### Screening for type 2 diabetes in children

 Testing to detect type 2 diabetes and prediabetes should be considered in children and adolescents who are overweight and who have two or more additional risk factors for diabetes (see Table 5 of the "Standards of Medical Care in Diabetes—2013"). (E)

#### Screening for type 1 diabetes

 Consider referring relatives of those with type 1 diabetes for antibody testing for risk assessment in the setting of a clinical research study. (E)

#### Detection and diagnosis of gestational diabetes mellitus

- Screen for undiagnosed type 2 diabetes at the first prenatal visit in those with risk factors, using standard diagnostic criteria. (B)
- In pregnant women not previously known to have diabetes, screen for gestational diabetes mellitus (GDM) at 24–28 weeks of gestation, using a 75-g 2-h OGIT and the diagnostic cut points in Table 6 of the "Standards of Medical Care in Diabetes—2013." (B)
- Screen women with GDM for persistent diabetes at 6–12 weeks postpartum, using the OGTT and nonpregnancy diagnostic criteria. (E)
- Women with a history of GDM should have lifelong screening for the development of diabetes or prediabetes at least every 3 years. (B)
- Women with a history of GDM found to have prediabetes should receive lifestyle interventions or metformin to prevent diabetes. (A)

# Prevention/delay of type 2 diabetes

 Patients with impaired glucose tolerance (IGT) (A), impaired fasting glucose (IFG) (E), or an A1C 5.7-6.4% (E) should be referred to an effective ongoing support program targeting weight loss of 7% of body weight and increasing 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 the cost-effectiveness of diabetes prevention, such programs should be covered by third-party payers. (B)
- Metformin therapy for prevention of type 2 diabetes may be considered in those with IGT (A), IFG (E), or an A1C 5.7-6.4% (E), especially for those with BMI >35 kg/m², aged <60 years, and women with prior GDM. (A)
- At least annual monitoring for the development of diabetes in those with prediabetes is suggested. (E)
- Screening for and treatment of modifiable risk factors for CVD is suggested. (B)

#### Glucose monitoring

- Patients on multiple-dose insulin (MDI) or insulin pump therapy should do self-monitoring of blood glucose (SMBG) at least prior to meals and snacks, occasionally postprandially, at bedtime, prior to exercise, when they suspect low blood glucose, after treating low blood glucose until they are normoglycemic, and prior to critical tasks such as driving, (B)
- When prescribed as part of a broader educational context, SMBG results may be helpful to guide treatment decisions and/or patient self-management for patients using less frequent insulin injections or noninsulin therapies. (E)
- When prescribing SMBG, ensure that patients receive ongoing instruction and regular evaluation of SMBG technique and SMBG results, as well as their ability to use SMBG 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 (aged ≥25 years) with type 1 diabetes. (A)
- Although the evidence for A1C lowering is less strong in children, teens, and

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# **Ada Summary Guidelines 2013**

William C. Scarfe, Christos Angelopoulos

#### **Ada Summary Guidelines 2013:**

Clinical Cardiology: Current Practice Guidelines Demosthenes G. Katritsis, Bernard J. Gersh, A. John Camm, 2016-07-21 Clinical Cardiology Current Practice Guidelines Updated Edition is an essential tool for the busy clinician offering succinct yet detailed access to the most recent trial and guideline data supporting practice and patient management in cardiology ESC and ACC AHA guidelines are continually updated and often overlap in their advice making it difficult for the cardiologist to obtain a clear picture of the right way to diagnose and treat disease according to the latest evidence base Written by leading authorities in the field this book together with its regularly updated online version provides a unique solution The authors have scrutinized all available guidelines and research from both ACC AHA and ESC on every clinical issue The result is a rigorous examination of the implications of published guidance illustrated by more than 600 easy to follow tables and 200 full colour images which reinforce key points and clarify difficult concepts 87 comprehensive chapters explore the definition epidemiology pathophysiology diagnosis and management of cardiac disease Two new chapters examine the univentricular heart and venous thrombembolism Each chapter encompasses the latest published research followed by discussions of possible presentations and investigations offering detailed insights for clinicians into best practice for diagnosis and treatment Providing at a glance access to the best guidance in cardiology this book offers a diagnosis and management toolkit which no practising cardiologist can afford to be without Mandated Benefits 2020 Compliance Guide Brustowicz, Delano, Gabor, Salkin, Wagner and Watson, 2019-12-23 Mandated Benefits 2020 Compliance Guide is a comprehensive and practical reference manual that covers key federal regulatory issues which must be addressed by human resources managers benefits specialists and company executives in all industries This comprehensive and practical guide clearly and concisely describes the essential requirements and administrative processes necessary to comply with employment and benefits related regulations Mandated Benefits 2020 Compliance Guide includes in depth coverage of these and other major federal regulations and developments HIPAA Health Insurance Portability and Accountability Act Wellness Programs ADA and GINA regulations Mental Health Parity Act as amended by the 21st Century Cures Act Reporting Requirements with the Equal Employment Opportunity Commission AAPs final rules Pay Transparency Act Mandated Benefits 2020 Compliance Guide helps take the guesswork out of managing employee benefits and human resources by clearly and concisely describing the essential requirements and administrative processes necessary to comply with each regulation It offers suggestions for protecting employers against the most common litigation threats and recommendations for handling various types of employee problems Throughout the Guide are numerous exhibits useful checklists and forms and do s and don ts A list of HR audit questions at the beginning of each chapter serves as an aid in evaluating your company s level of regulatory compliance In addition Mandated Benefits 2020 Compliance Guide provides the latest information on Family and Medical Leave Substance Abuse in the Workplace Workplace Health and Safety Recordkeeping and Documentation Integrating ADA FMLA

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