

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) or
Impaired glucose tolerance (IGT)	140 – 199 mg/dl (2-hr post 75g glucose challenge)

Criteria for Diagnosis of Diabetes

Random plasma glucose ≥ 200 mg/dl* with symptoms (polyuria, polydipsia, and unexplained weight loss) or
Fasting plasma glucose ≥ 126 mg/dl* or
2-hr plasma glucose ≥ 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.
- Lower blood pressure goals for people with nephropathy.

See source materials for treatment recommendations.

[†] American Diabetes Association Standards of Medical Care, *Diabetes Care* 29 (Suppl.1): S4-S42, 2006.

The NDEP promotes control of the ABCs of diabetes and use of the term A1C for Hemoglobin A_{1c}.

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 ≥ 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 or treatment services.

Lifetime:

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



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