



Clinical Practice Guidelines for the Management of Diabetes Mellitus in Adults 18 -75 years of age

Periodic assessment (at least annually and more frequently as needed):

- Blood Pressure (goal < 130/80mm/Hg) at each visit
- Weight, Body Mass Index (BMI) = weight (kg)/height squared (M²) or (pounds x 703)/inches²)
- Psychosocial assessment for depressed mood, anxiety, and eating disorder, cognitive impairment, substance abuse or dependence
- Cardiovascular Risks: (smoking, hypertension, dyslipidemia, sedentary lifestyle, stress)
- Comprehensive foot exam (including monofilament testing)
- Obtain history of recent, acute blood glucose level changes (hyper and hypoglycemic episodes)
- Dilated eye examination by an optometrist or ophthalmologist (screen for retinopathy)
- Neuropathy screening

Laboratory Tests (A1C 2-4 times annually based on individual therapeutic goal; other tests at least annually):

Tests should include:

- Hemoglobin A1c (HbA1c): Goal < 7%
- Fasting Lipid Profile: Goal LDL<100 mg/dl, HDL>40 mg/dl (men), HDL>50 mg/dl (women)
- Urinalysis for microalbuminuria (screening for nephropathy)
- Screen for thyroid peroxidase and thyroglobulin antibodies (hypothyroidism)
- Serum TSH test (hypothyroidism)

Education, Counseling and Risk Factor Modification (at diagnosis and as needed):

Each patient should receive written management plans that are reviewed and revised annually with the assistance of a diabetic team consisting of the physician, certified diabetic educator, and registered dietician. The management plan should incorporate the following facets of care:

- Blood glucose management and frequency of self-monitoring of blood glucose (SMBG) determined by severity of diabetes
- Nutrition counseling, including role of weight in insulin resistance and importance of progress toward ideal body weight, as recommended by registered dietician.
- Blood Pressure management
- Regular exercise program
- Training in self-management skills and problem solving, if appropriate, refer to diabetic education classes and WellCare's Diabetes Disease Management Program
- Self-care of feet
- Cardiovascular risk reduction
- Smoking cessation program and avoiding secondhand smoke

Medical Recommendations (at each visit until therapeutic goals are achieved):

- ACE Inhibitor as indicated for any degree of albuminuria and to delay the progression of nephropathy, regardless of the presence or absence of hypertension. (For those patients with hypertension who are intolerant to ACE Inhibitors, consider ARB therapy).
- Statin therapy for primary prevention against macrovascular complications in patients with diabetes who are ≥ age 40 or who have an LDL-C > 100 mg/dl
- An anti-platelet agent for primary prevention of CVS disease unless contraindicated
- Pneumococcal and influenza vaccinations, as appropriate
- Consider the use of antidepressants as clinically appropriate
- Treatment of hypertension using up to 3-4 anti-hypertensive medications to achieve adult target of <130 systolic and <80 diastolic

References: American Diabetes Association, Standards of Medical Care in Diabetes. 2008.

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