



**NEW FOR 2010!**

# New Mexico Adult Diabetes Practice Guideline

<b>Every visit</b>	
Take interval history	<ul style="list-style-type: none"> <li>Review glucose testing log, hypoglycemic episodes, and tobacco use. Advise all not to smoke. Offer tobacco cessation</li> </ul>
Measure blood pressure	<ul style="list-style-type: none"> <li>BP goal is &lt;130/80 mmHg</li> </ul>
Obtain weight	<ul style="list-style-type: none"> <li>Weigh. Calculate BMI. Consider measuring waist circumference. If BMI &gt;25, offer options to achieve healthy weight</li> </ul>
Perform complete foot assessment	<ul style="list-style-type: none"> <li>Inspect, check pulses, conduct monofilament exam. Refer patients who smoke, have loss of protective sensation/structural abnormalities, or hx of leg/foot complications to foot care specialists.</li> </ul>
Consult with client and review, adjust and/or administer drug therapy	<ul style="list-style-type: none"> <li>Glucose lowering agents</li> <li>HTN therapy with ACEI/ARB; tailor diuretic to GFR*</li> <li>ACEI/ARB for nephropathy</li> <li>Lipid lowering drugs as needed</li> <li>Vaccines: Flu &amp; pneumococcal</li> <li>Antiplatelet agents as primary prevention if 10 yr cardiovascular risk &gt;10%; as secondary prevention if established CVD</li> </ul>
<b>Quarterly to semi-annually</b>	
Test A1C	<ul style="list-style-type: none"> <li>Measure A1C every 3 months or twice yearly if in good control</li> <li>Goal: A1C &lt;7% appropriate in general. Lower A1C may be appropriate for selected patients, as long as significant hypoglycemia is avoided. Setting an A1C goal &gt;7% may be preferable for patients with advanced diabetes complications, CVD, co-morbidities, reduced life span, or significant hypoglycemia*</li> </ul>
<b>At least once each year</b>	
Review patient knowledge of nutrition and self-management	<ul style="list-style-type: none"> <li>Provide or refer: training in self-management, nutrition, physical activity</li> <li>Counsel on importance of scheduling regular dental exams</li> </ul>
<b>Annually</b>	
Perform complete foot assessment	<ul style="list-style-type: none"> <li>Inspect, check pulses, conduct monofilament exam</li> </ul>
Perform nephropathy screening	<ul style="list-style-type: none"> <li>For patients without known nephropathy, screen for albuminuria. Normal: &lt; 30 mg of albumin per gram of creatinine</li> <li>Measure serum creatinine to estimate GFR</li> <li>If nephropathy present, treat and monitor, or refer to nephrologist</li> </ul>
Obtain lipid profile	<ul style="list-style-type: none"> <li>Primary goal: LDL &lt; 100 mg/dl. LDL &lt; 70 mg/dl if CVD or high risk</li> <li>Desirable: HDL &gt; 40 mg/dl* Triglycerides &lt; 150 mg/dl</li> </ul>
Arrange retinal eye exam	<ul style="list-style-type: none"> <li>Dilated retinal exam by eye care professional*</li> </ul>

This guideline is based on the recommendations of the American Diabetes Association and summarizes core care elements appropriate to most adults with diabetes. This guideline should not be construed as representing standards of care nor a substitute for individualized evaluation and treatment based on clinical circumstances. This guideline was developed by *New Mexico Health Care Takes On Diabetes*, a non-profit corporation comprising a broad coalition of New Mexico diabetes care professionals, New Mexico Health Plans, the New Mexico Department of Health and the New Mexico Medical Review Association.

\*Detailed recommendations on this complex topic are available at [www.diabetes.org](http://www.diabetes.org).

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