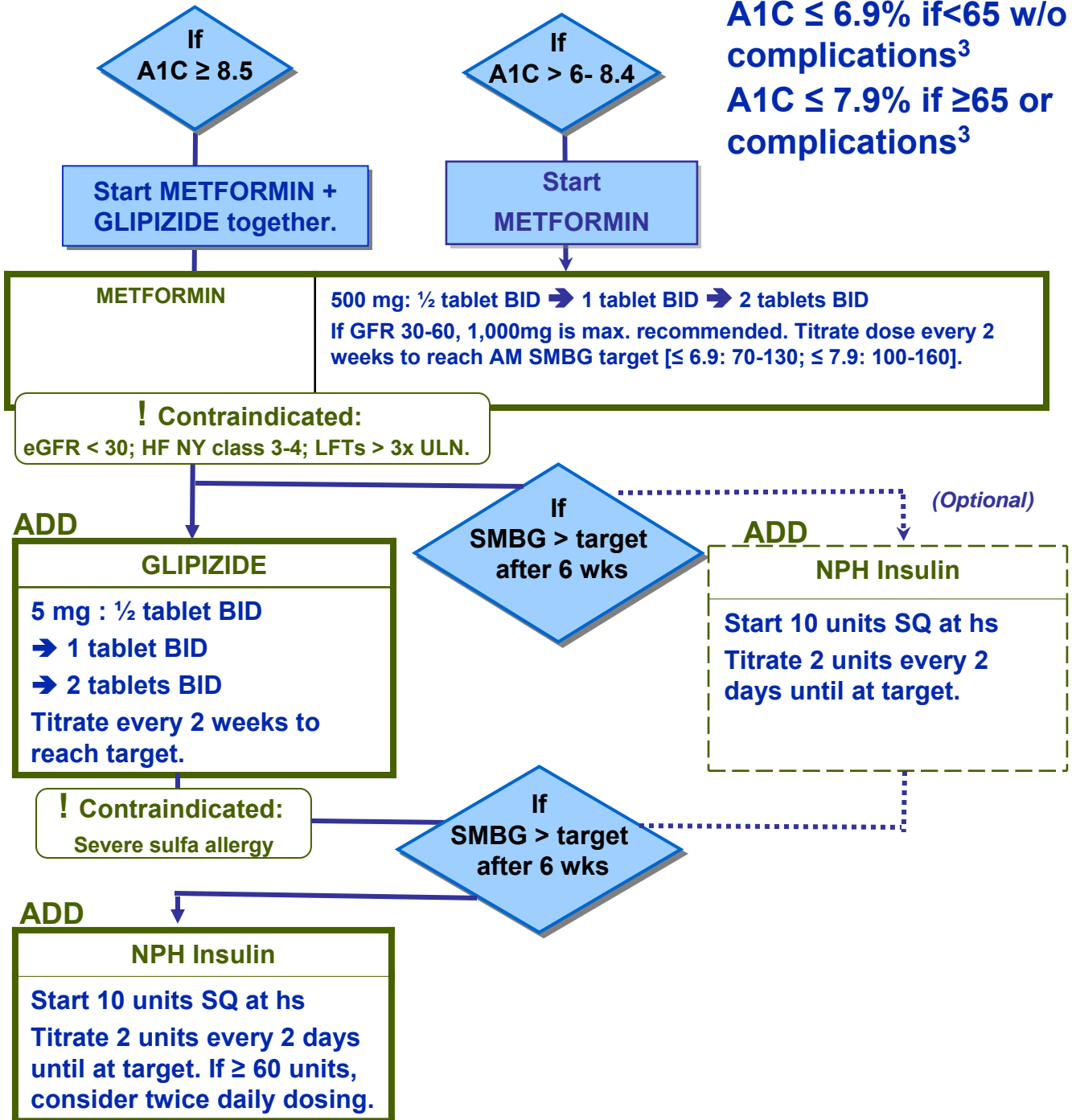


# Glucose Control Algorithm

## TYPE 2 DIABETES



**TREATMENT TARGETS:**  
**A1C  $\leq$  6.9% if  $<65$  w/o complications<sup>3</sup>**  
**A1C  $\leq$  7.9% if  $\geq 65$  or complications<sup>3</sup>**



**! Caution:** Avoid hypoglycemia, especially age  $> 65$

— Preferred  
 - - - - Optional

<sup>3</sup>Complications: CAD, CVA, TIA, PAD, CHF, CKD/ESRD, Dementia, Blindness, or Amputation

# treatment tips FOR TYPE 2 DIABETES

<p><b>1</b></p>	<p><b>Testing is a Priority</b>                  ✓ Measure A1C at least twice a year.                  ✓ Encourage regular blood glucose testing.</p>	<p>• <b>3 Months:</b> A1C measures glycemic control over the previous 2-3 months. Measure A1C at least every 6 months.                  • <b>SMBG:</b> Encourage patients to self monitor their blood glucose (SMBG) regularly - but advise check more often if above goal, during medication titrations, or during times of illness or stress.</p>	
<p><b>2</b></p>	<p><b>Treatment Targets</b>                  ✓ A1C ≤ 6.9 % is the goal for most patients.                  ✓ A1C ≤ 7.9 % is the goal for all patients.                  ✓ Use Estimated Average Glucose (eAG) to help patients relate SMBG results to A1C goals.                  ✓ Hypoglycemia risk increases when trying for tight control – avoid lows!</p>	<p>A1C/eAG ➔</p>	<p>≤ 6.9 % / ≤150 is an <u>ideal</u> A1C/eAG goal for most patients                  ≤ 7.9 % / ≤180 is the A1C/eAG goal for all patients and for pts ≥ 65 yrs. and for pts &lt; 65 yrs. with complications*.                  *CAD, CVA, TIA, PAD, CHF, MI, CKD/ESRD, dementia, blindness, amputation.</p>
		<p>SMBG ➔</p>	<p>Fasting = ≤ 6.9: 70–130; ≤ 7.9: 100–160                  Post-prandial = 100–180</p>
<p><b>3</b></p>	<p><b>Tiered Treatment</b>                  ✓ Diet, exercise, patient education and self glucose monitoring remain the foundation of diabetes management.                  ✓ Most patients will require multiple medications, including insulin.</p>	<p>• <b>Add Meds:</b> When treatment targets are not met with lifestyle changes, add another medication every 6 weeks to reach target.                  • <b>Add Insulin:</b> Insulin is an important tool of treatment. Nearly all patients will require insulin to achieve long-term glycemic control.                  • <b>2 or More:</b> Most patients will require 2 or more medications to achieve glycemic control targets.</p>	
<p><b>4</b></p>	<p><b>Titrate to Targets</b>                  ✓ Provide advice and recommendations allowing patients to advance medications.</p>	<p>• <b>SMBG:</b> Patients should use their SMBG results to titrate doses until they reach their goal or need to add a new medication.                  • <b>Education:</b> Educate and encourage patients to self titrate their medications as directed, including insulin. Patients should know the symptoms of hypoglycemia and have an action plan for lows.</p>	
<p><b>5</b></p>	<p><b>Treatment Today &amp; Tomorrow</b>                  ✓ Sustained glycemic control is recommended for all patients.                  ✓ Good glycemic control helps prevent microvascular complications                  ✓ Remember PHASE.                  ✓ Avoid Hypoglycemia.</p>	<p>• <b>Advance over 6-8 Weeks:</b> Advance and maximize oral medication doses over 6 weeks to achieve targets.                  • <b>Add Medication:</b> Add a medication if targets are not met within 6 wks after starting and maximizing an oral medication.                  • <b>Insulin:</b> A single bedtime dose of NPH insulin will allow most pts to achieve their goals. Some patients may require multiple injections or the addition of short acting insulin.                  • <b>Prevent Heart Attacks and Strokes Everyday (PHASE):</b> Smoking cessation, Aspirin, Statin and ACE Inhibitor use, plus blood pressure, glycemic and LDL control, provides the <u>most effective</u> macrovascular and microvascular disease prevention.                  • <b>Hypoglycemia should be avoided</b> - especially in older patients.</p>	