

# Glucose Control Algorithm

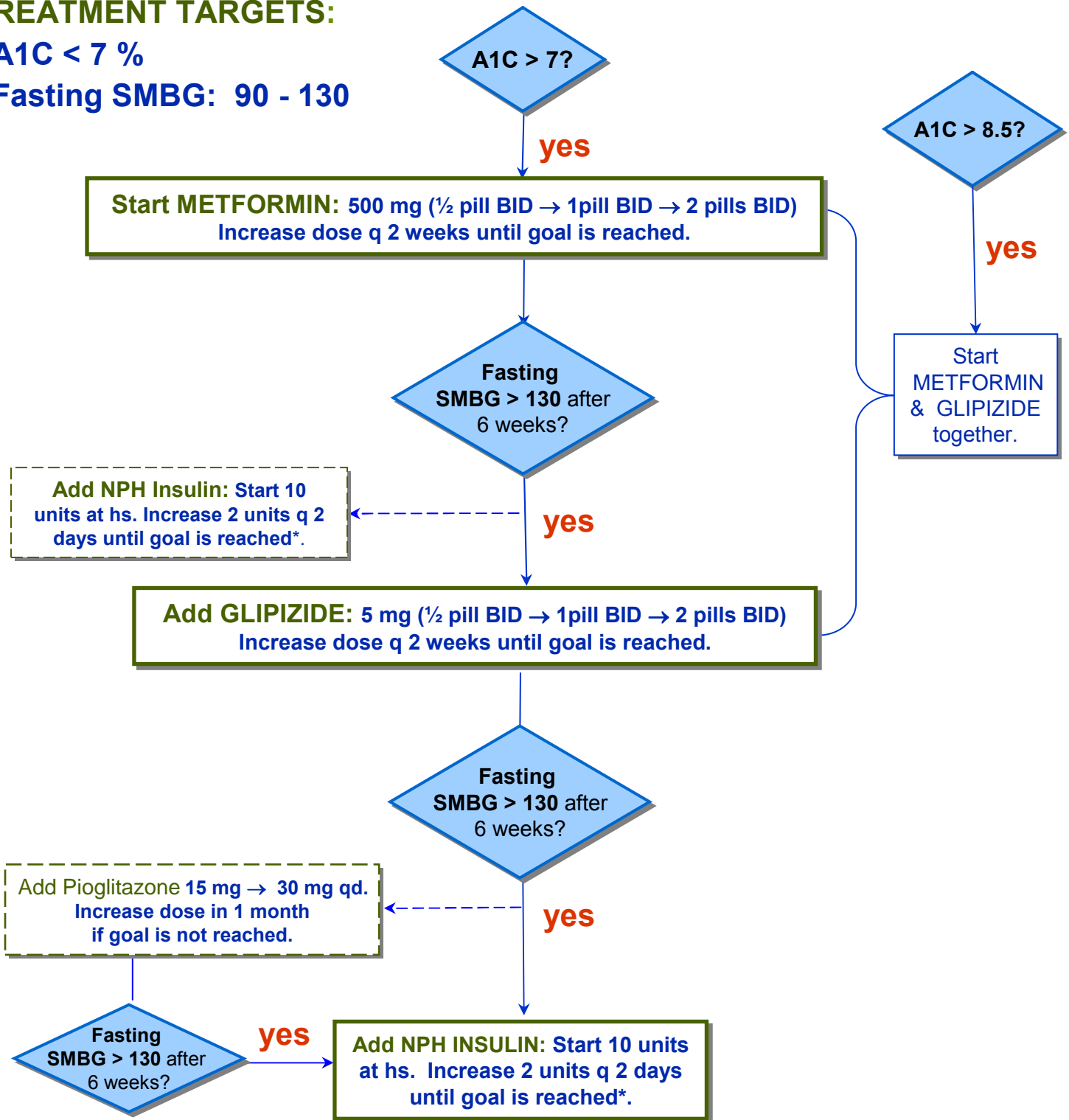
## TYPE 2 DIABETES



### TREATMENT TARGETS:

**A1C < 7 %**

**Fasting SMBG: 90 - 130**



\*If ≥ 40 units, consider splitting dose to bid.

# treatment tips FOR TYPE 2 DIABETES

<p><b>1</b></p>	<p><b>Test Twice</b></p> <ul style="list-style-type: none"> <li>✓ Measure A1C at least twice a year.</li> <li>✓ Encourage blood glucose testing twice daily.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>3 Months:</b> A1C measures glycemic control over the previous 3 months. Measure A1C at least every 6 months.</li> <li>• <b>2x / Day:</b> Encourage patients to self monitor their blood glucose (SMBG) twice a day – fasting and 2 hour post prandial.</li> </ul>	
<p><b>2</b></p>	<p><b>Treatment Targets</b></p> <ul style="list-style-type: none"> <li>✓ Excellent glycemic control is the ideal goal for all patients.</li> <li>✓ A1C &lt; 7 % is an ideal goal for patients.</li> <li>✓ Hypoglycemia risk significantly increases for those trying for tight control.</li> </ul>	<p>A1C ➔</p>	<p>&lt; 7 % is an <u>ideal</u> A1C goal with no <b>severe</b> hypoglycemic reactions &lt; 9 % is a <u>minimum</u> goal for all patients</p>
		<p>Fasting SMBG ➔</p>	<p>90 – 130</p>
		<p>2 hour post prandial SMBG ➔</p>	<p>100 - 180</p>
<p><b>3</b></p>	<p><b>Tiered Treatment</b></p> <ul style="list-style-type: none"> <li>✓ Diet, exercise, patient education and self glucose monitoring remain the foundation of diabetes management.</li> <li>✓ Most patients will require multiple medications, including insulin.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Add Meds:</b> When treatment targets are not met with lifestyle changes, add another medication every 6 weeks to reach targets.</li> <li>• <b>Add Insulin:</b> Insulin is an important tool of treatment. Nearly all patients will require insulin to achieve long-term glycemic control.</li> <li>• <b>2 or More:</b> Most patients will require 2 or more medications to achieve glycemic control targets.</li> </ul>	
<p><b>4</b></p>	<p><b>Titrate to Targets</b></p> <ul style="list-style-type: none"> <li>✓ Provide advice and recommendations allowing patients to advance medications.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>SMBG:</b> Use patient’s SMBG results to adjust doses.</li> <li>• <b>Education:</b> Educate and encourage patients to advance their medication dosages, including insulin, based on their SMBG results while avoiding severe hypoglycemia.</li> </ul>	
<p><b>5</b></p>	<p><b>Treatment Today &amp; Tomorrow</b></p> <ul style="list-style-type: none"> <li>✓ Sustained glycemic control is recommended for all patients.</li> <li>✓ Poor glycemic control is a macro-vascular disease risk factor.</li> <li>✓ Remember PHASE.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Advance over 6-8 Weeks:</b> Advance and maximize oral medication doses over 6 weeks to achieve targets.</li> <li>• <b>Add Medication:</b> Add a medication if targets are not met within 6 wks after starting and maximizing an oral medication.</li> <li>• <b>Insulin:</b> A single bedtime dose of NPH insulin will help most patients attain an A1C &lt; 7%. Patients with hypoglycemic reactions may need to switch to Insulin glargine. Some patients may require NPH or Insulin glargine combined with Regular or Insulin aspart achieve targets.</li> <li>• <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> macro-vascular disease prevention.</li> </ul>	