

DIABETES 2016 UPDATE

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The American Diabetes Association (ADA) recently published their updated guidelines for the care of patients with diabetes.

The standards address the importance of an individualized, patient-centered approach. It also stressed a team-based approach towards helping patients with diabetes. In addition, it provides a guide for treating different patients. It also helps create strategies for helping diabetic patients who struggle with knowledge problems, mental illness, food insecurity, and HIV.

Medical Care & Treatment Options:

If you have questions about the updated ADA standards for diabetes management, please contact your Osteopathic Family Physician. Your physician can diagnose diabetes with a thorough history and physical exam along with appropriate tests. Management includes the right treatment plan and regular visits with your doctor. Your family doctor will help you choose which current recommended treatment(s) will work best for you. In case of any emergency, you should call your doctor or 911 right away.

Updated ADA Standards for Diabetes Management Include:

- Adults without symptoms of any age, who are overweight or obese (Body Mass Index: BMI ≥ 25 or ≥ 23 in Asian Americans) and have one or more additional risk factors for type 2 diabetes should be checked for diabetes. For all patients, testing for diabetes should begin at age 45 years.
- All people with diabetes should participate in a Diabetes Self-Management Education and Support program. This program should have information that patients need to prevent the onset of diabetes and complications.
- Your doctor should encourage you to eat a healthy diet with whole grains, beans, fresh vegetables, and fruit (instead of simple sugars and carbs). If your doctor has no concerns about you doing exercise, you should perform at least 150 min/week of physical activity (such as brisk walking) over at least 3 days/week to achieve the appropriate weight loss.
- Weight loss medications may be helpful in addition to diet, physical activity, and behavioral counseling for selected patients with type 2 diabetes and a BMI ≥ 27 . Bariatric surgery may be considered for adults with a BMI > 35 and type 2 diabetes, particularly if the diabetes or associated comorbidities are difficult to control with lifestyle and medication therapy.
- Do not smoke cigarettes, use other tobacco products, or e-cigarettes.
- Your physician should treat your blood pressure to a goal of $< 140/90$ mmHg.
- Aspirin therapy should be considered as a primary prevention strategy in most men and women with diabetes who are ≥ 50 years of age and have at least one additional major risk factor (family history of premature heart disease, high blood pressure, high cholesterol, protein in the urine, smokers) and not at risk for bleeding.
- An eye doctor should do a dilated & complete eye exam yearly for all diabetics. If you have type 1 diabetes, the first exam should be within 5 years of the onset of diabetes. Patients with type 2 diabetes should have the same eye exam performed at the time of diabetes diagnosis. Your doctor may consider exams every 2 years if you have no symptoms and previous exams were normal.
- Your physician should assess you for diabetic nerve damage at each visit. This exam should start at the time of type 2 diabetes diagnosis & about 5 years after diagnosis with type 1 diabetes and at least annually thereafter. This includes a complete foot exam.
- If you are a woman with diabetes who is of childbearing age, your physician should counsel you about the importance of near normal blood sugar control before planning pregnancy.

SOURCE(S): American Diabetes Association, Diabetes. Gov, and Up-To-Date.

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