Primary Prevention
http://www.healthquality.va.gov

Provide pneumonia vaccine, if indicated

 › Consider aspirin therapy to reduce cardiovascular risk

 › Reduce and control blood pressure to improve quality of life, and prevent complications

 › Consider appropriate therapy to reduce the risk of cardiovascular events

 › Consider smoking cessation

 › Encourage routine physical activity, especially among adults

 › Provide diabetes education and self-management training

 › Allow for regular dental evaluations

 › Ensure vision care

 › Review all medications

 › Review all laboratory tests

 › Counsel about the risks of progression to diabetes and the rationale for glycemic control

 › Implement individualized HbA1c not at target

 › Consider gemfibrozil if HDL-C < 40 mg/dL

 › Consider an eye examination, including evi- dence of cardiovascular disease risk factors

 › Microalbuminuria defined as albumin-to-creatine ratio ≥30, confirmed on 2 different days.

 › It is important to consider other causes of increased albumin excretion, such as hematuria, proteinuria, and nephrotic syndrome.

 › A 24-hour urine collection for protein and creatinine is not needed for determining proteinuria.

 › For high TG, use direct LDL-C measurement or consider a combination of statins and another LDL-lowering agent.

 › Elevated cholesterol or lipids? Lipid Control VA/DoD Lipid Guideline

 › If the patient is using tobacco, refer to the VA/DoD Clinical Practice Guideline on Tobacco Use cessation.

 › Lifestyle modification, diet, and exercise guidelines

 › Management of Patients with Diabetes Module: Core Modules

 › A1c for Diagnosis of DM

 › Review All the Following and Set Priorities

 › Management of Patients with Diabetes Module: Core Modules

 › Set an individualized goal to achieve and sustain weight loss of ≥5 percent of body weight, at least 26 pounds over the next year.

 › Avoid all caloric intake for at least 8 hours. (b) FPG is the preferred test for diagnosis, but either casual or OGTT can be used to confirm a diagnosis of diabetes.

 › Fasting blood glucose and oral glucose tolerance test (OGTT) are the preferred tests for diagnosis of diabetes.

 › Laboratory results should be interpreted in the context of the individual patient and family history.

 › Normal FPG ≤ 110 mg/dL; 2-hour OGTT ≤ 140 mg/dL for diagnosis of diabetes.

 › OGTT is preferred for diagnosis of diabetes.

 › The A1c range is used to guide diabetes management and treatment decisions.

 › A1c is higher for a given level of glycemic control in older individuals and most diabetic hemoglobinopathies that may affect HbA1c test results depending on the specific method used.

 › A1c values from any clinical laboratory (not a Point of Care) methodology standardized to the National Glycohemoglobin Standardization Program (NGSP) (d) Casual means any time of day without regard to time since the last meal.

 › Hemoglobinopathies that may affect HbA1c test results depending on the specific method used.

 › For A1c values <7%, fasting blood glucose measurements should be used to confirm a diagnosis of diabetes.

 › FPG is the preferred test for diagnosis, but either casual or OGTT can be used to confirm a diagnosis of diabetes.
**Module G: Nonpharmacologic Therapy**

**Recommended Combination Therapy**

- **• Biguanide**
- **• GLP-1 agonists**
- **• Alpha-glucosidase inhibitors**
- **• Diet**
- **• Thiazolidinediones**
- **• Glinides**
- **• Insulin**

**Glycemic goals not achieved**

- **• Establish A1C goals**
- **• Frequency of testing based on type of treatment, hypoglycemia, goals of treatment**

**Combinations for Glycemic Control**

- **• Antihypertensive agents for type 2 diabetes**
- **• Rapid-acting analog**
- **• Basal insulin= NPH or Detemir (Lantus®) 60 N/A 20-24 hr Do Not Mix Clear**
- **• Premixed Products (prandial + basal)**
- **• Long-Acting (basal)**
- **• Intermediate-Acting (basal)**
- **• Regular**

**Error = 3%**