AACE Releases New Clinical Practice Guidelines for Developing a Diabetes Mellitus Comprehensive Care Plan

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The new guidelines recognize the need for individual treatment plans and define personalized goals based on duration of diabetes, comorbidities, life expectancy, and the ability to provide treatment safely. The guidelines, developed by 23 of the country’s leading diabetes experts, are written as responses to a series of questions enabling health care professionals to easily find relevant information. Many of the important topics are covered including care for patients with type 1 and type 2 diabetes, prediabetes, children and adolescents, pregnant women, and inpatient care. Use of newer technologies like insulin pumps and Continuous Glucose Monitoring (CGM) is also covered as well as less familiar topics such as sleep and breathing disturbances and depression.

“Our goals for these guidelines are to provide the health care professional with tools to develop a comprehensive care plan for the prevention, diagnosis and management of diabetes and its complications, addressing not just hyperglycemia, but other associated cardiovascular risk factors,” Yehuda Handelsman, MD, FACP, FACE, FNLA, AACE President-Elect, and Co-Chair of the AACE Diabetes Guidelines Writing Committee said. “These state-of-the-art guidelines provide the most up to date evidence-based answers to real life questions to enable the health care provider to deliver the most relevant, individualized treatment plan for patients with diabetes.”

Every patient diagnosed with diabetes requires a comprehensive treatment program that takes into account their unique medical history, risk factors, behaviors, and environment. Patients should receive comprehensive diabetes self-management education at the time of diagnosis and subsequently as appropriate. Therapeutic lifestyle management must be discussed with all patients with diabetes and prediabetes at the time of diagnosis and throughout their lifetime. This includes medical nutrition therapy, appropriately prescribed physical activity, avoidance of tobacco products, and adequate quantity and quality of sleep.

Blood glucose targets should be individualized and take into account life expectancy, duration of disease, presence or absence of other complications, cardiovascular risk factors, comorbid conditions and risk for development of and consequences from severe hypoglycemia. Blood glucose targets should also be formulated in the context of the patient’s psychological, social, and economic status. In general, therapy should target a HbA1c level of 6.5% or less for most non-pregnant adults, if it can be achieved safely.

Nearly 26 million Americans have diabetes and 79 million have prediabetes, according the CDC report of January 26, 2011. If current trends continue, 1 in 3 Americans will develop diabetes in their lifetime. People who have been diagnosed with diabetes have medical cost expenditures that are about 2.3 times higher than expenditures for people without diabetes. Complications, disability and premature death are not inevitable consequences of diabetes. By working with their support network and health care professionals, people with diabetes can prevent premature death and disability by controlling their blood glucose, blood pressure, and blood lipids and by receiving other preventive care in a timely manner.

Dr. Daniel Einhorn, MD, FACP, FACE, President of AACE and a member of the writing committee sums it up as follows: “The ultimate goal for these guidelines is to give clinicians the full array of tools that they need for the different types of patients that they encounter. AACE is committed to annual updates and improvements that will enhance care provided by primary care clinicians, endocrinologists, diabetes educators and all other diabetes healthcare professionals.”

To view the complete AACE guidelines, please Click Here.

About the American Association of Clinical Endocrinologists (AACE)
AACE is a professional medical organization with more than 6,500 members in the United States and 91 other countries. AACE members are physicians who specialize in endocrinology, diabetes, and metabolism. For more information about AACE, visit our Web site at www.aace.com, become a fan on Facebook at www.facebook.com/theaace or follow us on Twitter at www.twitter.com/theaace.