Does this patient require vascular protective medications?

STEP 1: Does the patient have end organ damage?

☐ Macrovascular disease
- Cardiac ischemia (silent or overt)
- Peripheral arterial disease
- Cerebrovascular/Carotid disease

OR

☐ Microvascular disease
- Retinopathy
- Nephropathy (ACR ≥2.0)
- Neuropathy

YES → **STATIN* + ACEi or ARB# + ASA** (Clopidrogrel if ASA-intolerant)

NO

STEP 2: What is the patient's age?

☐ ≥55 years — YES → **STATIN* + ACEi or ARB#**

OR

☐ 40-54 years — YES → **STATIN* + ACEi or ARB#**

NO

STEP 3: Does the patient…

☐ Have diabetes >15 years AND age >30 years

☐ Warrant statin therapy based on the 2012 Canadian Cardiovascular Society Lipid Guidelines

YES → **STATIN***

See next panels for recommendations on vascular protection, women of childbearing age, and the frail elderly.

* Dose adjustments or additional lipid therapy warranted if lipid target (LDL-C ≤2.0 mmol/L) not being met.

ACE-inhibitor or ARB (angiotensin receptor blocker) should be given at doses that have demonstrated vascular protection [eg. perindopril 8 mg once daily (EUROPA trial), ramipril 10 mg once daily (HOPE trial), telmisartan 80 mg once daily (ONTARGET trial)].

ASA should not be used for the primary prevention of cardiovascular disease in people with diabetes. ASA may be used for secondary prevention.

Panel 7

In women of childbearing age (type 1 or type 2 diabetes)…

- Discuss pregnancy plans at **every visit**
- Pregnancies **should be planned**
- **Prior to conception**
  - **A1C ≤7.0%**
  - **Start…**
    - **Folic acid** 5 mg per day x 3 months preconception
  - **Stop…**
    - **Non-insulin antihyperglycemic agents** (except metformin in women with polycystic ovarian syndrome)
    - **Statins**
    - **ACEi or ARB** either prior to or upon detection of pregnancy
  - **Screen for complications** (eye appointment, urine ACR)

In the frail elderly or those with limited life expectancy…

- Potential benefits of treatment must be balanced against the potential risks of harm (eg. hypoglycemia, hypotension, falls)
- Target A1C ≤8.5%

Panel 8

PROMOTE SELF-MANAGEMENT

Self-Management Education (SME) should be discussed at every diabetes-focused visit and individualized according to type of diabetes, patient ability, and motivation for learning and change

Set S.M.A.R.T. Goals

Specific **M**easurable **A**chievable **R**ealistic **T**imely

Self-Management Areas of Focus	Collaborate with your patient to create an action plan on their identified area of focus
Diabetes Education	Enable timely, culturally and literacy appropriate diabetes education and resources
Nutrition	Encourage to follow *Eating Well with Canada's Food Guide* and refer for dietary counseling
Physical Activity	Minimum 150 minutes aerobic activity per week and resistance exercise 2-3 times per week
Weight loss (5 - 10% of initial weight)	Can substantially improve glycemic control and cardiovascular disease risk factors in overweight patients
Medication	Counsel about adherence (dose, timing, frequency), anticipated effects, and mechanism of action
Hypoglycemia	Counsel about the prevention, recognition, and treatment of drug-induced hypoglycemia
Self-Monitoring Blood Glucose (SMBG)	**Not on insulin:** Individualized to type of antihyperglycemic agents, level of control, and risk of hypoglycemia
	On insulin only once a day: SMBG ≥ once a day at variable times
	On insulin > once a day: SMBG ≥ 3 times per day including pre- and post-prandial values
Foot Care	Educate on proper foot care including daily foot inspection
Mental Health & Mood Disorders	Screen for depressive and anxious symptoms by interview or a standardized questionnaire (eg. PHQ-9) www.phqscreeners.com
Smoking Cessation	Include formal smoking prevention and cessation counseling

Panel 9

PATIENT SME ACTION PLAN

- **Date:**
- **The change I want to make happen is:**
- **My goal for the next month is:**
- **Action Plan:** The specific steps I will take to reach my goal (what, when, where, how often):
- **Things that could make it difficult to achieve my goal:**
- **My plan for overcoming these challenges are:**
- **Support and resources I will need:**
- **How <u>important</u> is it to me that I achieve my goal?** (scale of 0 to 10, with 0 being not important at all and 10 being extremely important):
- **How <u>confident</u> am I that I can achieve my goal?** (scale of 0 to 10, with 0 being not confident at all and 10 being extremely confident):
- **Review date:**

Panel 10

TEAM CARE & ORGANIZATION OF CARE

The Five 'Rs'

Recognize:
Consider diabetes risk factors for all of your patients and screen appropriately for diabetes.

Register:
Develop a registry or a method of tracking all your patients with diabetes.

Resource:
Support self-management through the use of interprofessional teams which could include the primary care provider, diabetes educator nurse, pharmacist, dietitian, and other specialists.

Relay:
Facilitate information sharing between the person with diabetes and team members for coordinated care and timely management change.

Recall:
Develop a system to remind your patients and caregivers of timely review and reassessment of targets and risk of complications.

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Back Panel

2013 Clinical Practice Guidelines

Quick Reference Guide

(Updated November 2016)

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Canadian Diabetes Association

guidelines.diabetes.ca

diabetes.ca | 1-800-BANTING (226-8464)

Cover Panel

SCREENING & DIAGNOSIS

Who to screen and what do you screen with?

Screen every 3 years in individuals ≥40 years of age or in individuals at high risk using a risk calculator.

Screen earlier and/or more frequently in people with additional risk factors for diabetes or for those at very high risk using a risk calculator.

DIAGNOSIS OF PREDIABETES & DIABETES

Test	Result	Dysglycemia category
FPG (mmol/L) No caloric intake for at least 8 hours	6.1 – 6.9	IFG
	≥7.0	Diabetes
2hPG in a 75 g OGTT (mmol/L)	7.8 – 11.0	IGT
	≥11.1	Diabetes
A1C (%) Standardized, validated assay, in the absence of factors that affect the accuracy of A1C and not for suspected type 1 diabetes	6.0 – 6.4	Prediabetes
	≥6.5	Diabetes
Random PG (mmol/L)	≥11.1	Diabetes

If asymptomatic, a repeat confirmatory test (FPG, A1C, or a 2hrPG in a 75 g OGTT) must be done. If symptomatic, diagnosis made, and begin treatment.

Panel 1

WHAT A1C SHOULD I TARGET?

Panel 2

BLOOD GLUCOSE-LOWERING THERAPIES (TYPE 2 DIABETES)

Panel 3

Panel 4

Panel 5

RECOMMENDATIONS FOR VASCULAR PROTECTION

For all patients with diabetes:

The ABCDEs

A **A1C** – optimal glycemic control (usually ≤7%)

B **BP** – optimal blood pressure control (<130/80 mmHg)

C **Cholesterol** – LDL-C ≤2.0 mmol/L if decision made to treat

D **Drugs** to protect the heart (see algorithm)
- **A** – ACEi or ARB
- **S** – Statin
- **A** – ASA if indicated

E **Exercise/Eating** – regular physical activity, healthy diet, achievement and maintenance of healthy body weight

S **Smoking** cessation

See next panel for algorithm.

Panel 6