

Type 2 Diabetes Care Guide

August 2021



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

SUMMARY

GOALS

- ✓ A1C Goal: < 7% - personalize based on patient factors (See pg 4 & Attachment 1)
- ✓ Blood Sugar: Fix the fasting first (goal glucose 80-130 mg/dl)
Then fix pre-prandial (goal glucose 80-130 mg/dl)
Then fix post-prandial (goal glucose ≤ 180 mg/dl)
- ✓ Blood Pressure (BP) < 140/90 *Lower target for some patients* (See page 6)
- ✓ Statin treatment goal based on age and presence of known Atherosclerotic Cardiovascular Disease (ASCVD). (See page 7)

ALERTS

- Blood sugar < 70 mg/dl
- Blood sugar > 400 mg/dl
- Altered level of consciousness
- Consider Latent Autoimmune Diabetes in adults (LADA) in patients with notable drop in response to oral medications

SCREENING

Screening Indications if asymptomatic (repeat minimally Q 3 years if normal):

BMI ≥ 25 kg/m² or ≥ 23 kg/m² in Asian Americans with risk factors ^ and all persons beginning at age 45, & in human immunodeficiency virus (HIV) on antiretroviral treatment, and women with a history of Gestational Diabetes Mellitus (GDM). Annual screening also recommended for Pre-diabetes and > 1 year post-solid organ transplant (more frequently in first year post-transplant). The US Preventative Services Task Force 3.2021 update recommends screening all adults age 35-70 with overweight or obesity and consider lower age/BMI if risk factors and urges interventions for pre-diabetes. American Society of Endocrinology recommends screening when ≥ 65 years if will act on results with shared decision making.

Risk Factors Include – Diabetes Mellitus (DM) first degree relative, African/Native/Asian American, Latino or Pacific Islander, hypertension (HTN), CVD, dyslipidemia, polycystic ovary, physically inactive, severe obesity, acanthosis nigricans, on steroids, thiazides and atypical antipsychotics, obese planning pregnancy, when starting or switching antiretroviral therapy and 3-6 months after start or switch. (Annually thereafter if normal).

DIAGNOSTIC CRITERIA

Test	Pre-Diabetes	Diabetes (DM)	Gestational Diabetes
A1C	5.7 - 6.4%	≥ 6.5%	-
Fasting Plasma Glucose*	100 - 125 mg/dl	≥ 126 mg/dl	≥ 92 mg/dl 1 hr ≥ 180 mg/dl 2 hr ≥ 153 mg/dl
Random Plasma Glucose	-	≥ 200 mg/dl	-

INITIAL EVALUATION

History	<ul style="list-style-type: none">• Complete clinical history including Cardiovascular (CV) Risk• Factors and 10 year CV risk calculation (See page 9)• End organ sequelae: Retinopathy, nephropathy, neuropathy, Coronary Artery disease (CAD), Peripheral Vascular Disease (PVD),• Cerebrovascular Disease, Chronic Kidney Disease (CKD)• Patient self-management capacity• Four critical times for self-care evaluations: at diagnosis, when not meeting targets, development of complications, and life transitions.	<ul style="list-style-type: none">• Fingerstick blood sugar (FSBS) logs• Symptoms/signs of hypoglycemia• Medications• Patient concerns/compliance with meds• Patient well-being/need for depression screen• Check status of screenings
Physical Exam	<ul style="list-style-type: none">• Vitals, BP, Body Mass Index (BMI), fundoscopic (every 1-2 years until retinopathy), CV exam, PVD exam: pulses, Foot Exam (quick check for wound risk, comprehensive monofilament test annually (See Attachment 3)	
Laboratory	<ul style="list-style-type: none">• A1C, Fasting lipid panel, Spot urine Albumin to Creatinine ratio, Creatinine (Cr), Thyroid Stimulating Hormone (TSH), Antibody studies if needed	

TREATMENT OPTIONS

Therapeutic Lifestyle Changes: All patients (See page 4)

Aggressive control of CVD risk factors

Diabetes Medications: See Algorithms pages 2-3

Step 1: Metformin

Step 2: Sulfonylurea, Pioglitazone, Glucagon-like peptide receptor agonist (GLP-1) for ASCVD/Sodium glucose Cotransporter Inhibitor (SGLT-2) for ASCVD, CKD and Heart Failure with reduced Ejection Fraction (HFrEF) or Basal Insulin (GLP-1 preferred before insulin)

Step 3: GLP-1 then Basal Insulin, if not already on, then add:

- i. 1 dose regular insulin with largest meal, or other (See page 3)
- ii. 2 doses of regular insulin with meals
- iii. Adjust insulin based on post-prandial blood sugars

Step 4: GLP-1, SGLT2, dipeptidyl peptidase-4 Inhibitor (DPP-4) if not already on for special indication and all non-formulary requirements are met. Or Basal Insulin.

MONITORING

- PCP/Care Team visits as clinically appropriate
- A1C at goal: at least every 180 days, or as clinically appropriate
- A1C NOT at goal: at least every 90 days – more frequently if actively titrating meds (See page 8). Consult the dietitian. Set goals, actively titrate until at goal
- Continuous glucose monitoring (CGM) patients (See Attachment 2)