



## Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Management of Diabetes Mellitus](#)

Released: June 2016

### **Updated recommendations:**

Patients 18-75 years of age with type 1 or type 2 diabetes mellitus

#### Periodic assessment

Barriers to lifestyle and medication adherence

Psychosocial evaluation and screen for depression

#### Laboratory tests

HbA1c every 3-6 months based on individualized therapeutic goal

Urine microalbumin measurement, test annually

Serum creatinine and calculated GFR, test annually

Lipid profile for estimating initial risk and assessing adherence to therapy, preferably fasting

Consider TSH testing in patients with type 1 diabetes mellitus and LFTs

#### Education, counseling and risk factor modification

Education should be individualized, based on the National Standards for DSME and include:

Description of diabetes disease process and treatment; safe and effective use of medications; prevention, detection and treatment of acute and chronic complications, including prevention, recognition, and treatment of hypoglycemia

#### Medical recommendations

Care should focus on tobacco cessation, hypertension, lipids and glycemic control:

Moderate intensity statin therapy for person  $\geq 40$  years without overt CVD or adults  $\geq 50$  with CVD risk factor(s), for primary prevention against macrovascular complications (e.g. simvastatin 20-40 mg, atorvastatin 10-20 mg)

High intensity statin (e.g. atorvastatin 40-80 mg) for patients with overt CVD