

## DIABETES RISK FACTORS & RECOMMENDED INTERVENTIONS

The following are common risk factors for diabetes-related complications. These factors are addressed with the member through a comprehensive telephonic assessment and reinforced in our written educational materials. Also included are recommended interventions based on national standards. The care management nurse reviews and emphasizes the provider's recommendations for diabetes treatment, and utilizes the member's assessment responses to suggest additional topics of discussion with the provider, if clarification may be needed.

### **The following are some of the common risk factors associated with Diabetes-related complications:**

- Blood pressure  $\geq 130/80$
- A1C reported as  $\geq 7\%$ : High risk for complications (ADA target  $< 7\%$ )
- Hypercholesterolemia; hyperlipidemia (LDL  $\geq 100$ )
- BMI  $> 30 \text{ kg/m}^2$
- History of foot ulcers/amputations
- History of kidney disease (GFR  $\leq 89$ )
- History of cardiovascular disease
- Frequent episodes of severe hypoglycemia (member unable to correct without help)
- Hypoglycemia unawareness
- One or more episodes of DKA in the last 12 months
- Current smoker
- Self reported non-adherence or poor adherence to medications
- Self reported non-adherence or poor adherence with blood glucose self-monitoring
- Self reported non-adherence or poor adherence with meal plan
- No meal plan or diabetic diet
- Excessive alcohol consumption
- Has not attended diabetes education classes
- Self-reported symptoms of depression.

### **RECOMMENDED INTERVENTIONS\***

- **The recommended intervention is:** Glycemic control - A1C is the primary target for glycemic control. The A1C target for people with diabetes in general is  $< 7\%$ . A1C tests should be done every six months if target is met, every three months if results are  $\geq 7\%$ .
- **The recommended intervention is:** ASA therapy as a primary prevention in people with Type 1 or 2 diabetes, over 50 years of age for men or 60 years of age for women, with at least one additional risk factor (family history of CVD, hypertension, smoking, dyslipidemia, or albuminuria). Aspirin therapy is recommended as a secondary prevention for adults (age  $\geq 30$  years) diagnosed with diabetes who also have a history of cardiovascular disease.
- **The recommended intervention is:** Lipid management (Target LDL  $< 100\text{mg/dl}$ ) for people with diabetes to achieve LDL  $< 100$ . Test for lipid disorders annually or more often if needed to achieve goal. Initiate statin therapy at the same time that lifestyle intervention is started for diabetic patients with overt CVD or those without CVD who are over the age of 40 and have  $\geq$  one other CVD risk factor. If lifestyle changes and drug therapy are unsuccessful in attaining an LDL  $< 100$ , target a reduction in LDL of 30 – 40% from baseline.

- **The recommended intervention is:** Either an ACE-inhibitor or ARB medication for all members with diabetes and hypertension (BP  $\geq$  140/90). If one class of drug is not tolerated, the other should be substituted. If needed to achieve blood pressure targets, a thiazide diuretic should be added. Goal BP for people with diabetes is < 130/80. For pressures 130 – 139/80 – 89, institute lifestyle changes for 3 months before adding medications.
- **The recommended intervention is:** Smoking cessation: Medication and/or behavior modification programs should be strongly considered if the member is a smoker. Reinforce the need to quit smoking and offer cessation aids at every visit.
- **The recommended intervention is:** A retinal eye exam by an ophthalmologist or optometrist, which may include fundus photography, is recommended to be completed annually by the ADA.
- **The recommended intervention is:** An annual comprehensive foot exam. A complete foot exam and provision of foot self-care education is recommended annually for people with diabetes to identify risk factors predictive of ulcers and amputations. The foot examination can be accomplished in a primary care setting and should include the use of a monofilament, tuning fork, palpation, and a visual examination.
- **The recommended intervention is:** Weight management with a target BMI goal of < 25 kg/m<sup>2</sup>. When the BMI is = or > 25 kg/m<sup>2</sup>, goal for waist circumference is = or < 40 inches in men, and = or < 35 inches in women. Consider referral for bariatric surgery evaluation for those with Type 2 diabetes, a BMI > 35 kg/m<sup>2</sup> and uncontrolled diabetes after lifestyle changes and optimal pharmacologic therapy.
- **The recommended intervention is:** DSME. According to national standards, Diabetes Self-Management Education (DSME) is recommended to all those diagnosed with diabetes as soon as they are diagnosed and as necessary thereafter.
- **The recommended intervention is:** Nephropathy testing. An annual test for microalbuminuria in all people with Type 2 diabetes and people who have had Type 1 diabetes for > or = 5 years is recommended. Serum creatinine should be measured at least annually for the estimation of GFR in all adults with diabetes regardless of the degree of urine albumin excretion.

*\*The above recommendations were adapted from the American Diabetes Association 2010 Clinical Practice Guidelines.*

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