WEST VIRGINIA GUIDELINES* FOR DIABETES CARE-SCREENING

WEST VIRGINIA QUALITY PROJECT
WEST VIRGINIA HEALTH CARE AUTHORITY

POPULATION	RECOMMENDATION	FREQUENCY	DESCRIPTION/COMMENTS
Patients 30 years of age or greater	Screen for diabetes	Every 3 years	Results are normal No risk factors present*
Patients greater than 18 years of age	Screen for diabetes	Annually	One or more risk factors present*
Children over age 10 or at onset of puberty (whichever comes first) AND less than 18 years of age	Screen for diabetes	Every 2 years	Obesity defined as $\geq$ 20% of IBW for height (50th percentile) or BMI > 85th percentile with two or more risk factors**

* Risk Factors Include
- Family history of diabetes
- First degree relative with diabetes mellitus
- Obesity (weight $\geq$ 20% of desirable weight or BMI $\geq$ 25 kg per meter squared)
- Marked sedentary lifestyle
- Member of a high-risk ethnic group (African-American, Hispanic, Native American, Asian, Pacific Islander)
- History of impaired fasting glucose (IFG) or impaired glucose tolerance test (IGT)
- Hypertension (140/90 mm Hg)
- Dyslipidemia (HDL $\leq$ 35 mg/dL *OR* triglyceride level $\geq$ 250mg/dL *OR* Total Cholesterol > 200mg/dL)
- History of gestational diabetes mellitus or delivery of a baby weighing greater than 9 pounds
- Polycystic ovary syndrome

** Risk Factors Include
- First or second degree relatives with diabetes
- Member of high-risk ethnic group (African-American, Hispanic, Native American, Asian, Pacific Islander)
- Signs of insulin resistance including acanthosis nigricans, hypertension, dyslipidemia, or polycystic ovary syndrome

Adapted from: 1) *Screening for Diabetes* (American Diabetic Association); 2) *Standards of Medical Care for Patients with Diabetes Mellitus* (American Diabetic Association); 3) *National Cholesterol Education Program* (National Heart, Lung, and Blood Institute, National Institutes of Health, 2001)

Disclaimer: These guidelines are designed to assist clinicians by providing a framework for screening and monitoring patients with Diabetes Mellitus in West Virginia. These guidelines do not reflect all the actions that should be provided by health professionals and are not intended to replace clinical judgment or preclude more extensive evaluation and management of the patient with diabetes.

WEST VIRGINIA GUIDELINES FOR DIABETES CARE - MONITORING

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WEST VIRGINIA HEALTH CARE AUTHORITY

ASPECT OF CARE	RECOMMENDATIONS	FREQUENCY	DEFINITIONS/SPECIFICATIONS
DIAGNOSIS (LABS)	Diagnosis requires: Abnormal results on 2 separate occasions for any combination of the following tests: 1) Fasting Plasma Glucose (FGP) 2) Oral Glucose Tolerance Test (OGIT) 3) Impaired Glucose Tolerance Test IGT) 4) Casual/Random Plasma Glucose		1) Value $\geq$ 126 mg/dL 2) Value = 2 hPG$\geq$ 200mg/dL 3) Value = 2 hPG $\geq$ 140 and < 200 mg/dL 4) Value $\geq$ 200mg/dL plus symptoms
HISTORY & PHYSICAL	Height Weight Blood Pressure	Annual Every regular diabetic visit Every visit	 Target: BP < 130/80
	Dilated eye exam	Annually	Referral to eye professional and documentation of referral in chart
	Foot exam	Annually and problem oriented	
	Oral exam	Annually	Referral for dental exam and documentation of referral /oral exam by primary care provider
	Tobacco status	Every regular visit	Encourage smoking cessation
MONITORING (LABS)	HbA1c	At least 2x/year if meeting treatment goals. Quarterly if treatment changed or not meeting treatment goals	Target: $\leq$ 7.0%
	Fasting/random blood glucose	Screening diagnosis and problem oriented	
	Fasting Lipid Profile	Annually Problem Oriented	Target[3] LDL Cholesterol <100mg/dL Total Cholesterol < 200mg/dL HDL Cholesterol $\geq$ 40mg/dL

ASPECT OF CARE	RECOMMENDATIONS	FREQUENCY	DEFINITIONS/SPECIFICATIONS
	Urine microalbumin/creatinine	1) Annually until pharmacological therapy initiated	type 1 diabetics with diabetes >5 years type 2 diabetics starting with diagnosis
	Serum creatinine	Initial; Annually	
	EKG	Baseline; Problem Oriented	If patient is > 40 years old or DM $\geq$ 10 years Clinically indicated
	Thyroid assessment	Initial; Problem oriented	
IMMUNIZATIONS	Flu Vaccine	Annually (Autumn)	
	Pneumovax	Once ever	Revaccination x1 if $\geq$ 64 and 1st vaccine > 5 years ago and patient age < 65 at time of first vaccine
SELF-MANAGEMENT	Review self-monitoring of serum glucose reading Review adherence to self-management training (treatment plan)	Every regular diabetes visit	
EDUCATION/ COUNSELING	Basic diabetes education including diet and exercise, self-management goals, & tobacco avoidance,	Initial and ongoing	
	Psychosocial adjustment	Initial and ongoing	