American Diabetes Association 2021 Standards of Medical Care in Diabetes

CLINICAL PRACTICE GUIDELINES ARE KEY TO IMPROVING POPULATION HEALTH

Glycemic recommendations for many nonpregnant adults with diabetes^a

A1C <7.0%	eAG 154 mg/dL (123-185) ^b corresponds to A1C=7%	Assess glycemic status (A1C or other glycemic measure) at least every 3 months if change in therapy and/or not at goal, or at least every 6 months if meeting	
FPG 80-130 mg/dL	TIR >70% (70-180 mg/dL) with TBR <4% (<70 mg/dL) ^c		
PPG ^d <180 mg/dL		treatment goals	

ASCVD risk management

Assess CV risk factors at least annually in all patients with diabetes (dyslipidemia, hypertension, overweight/obesity, chronic kidney disease, smoking, albuminuria, and a family history of premature coronary disease)

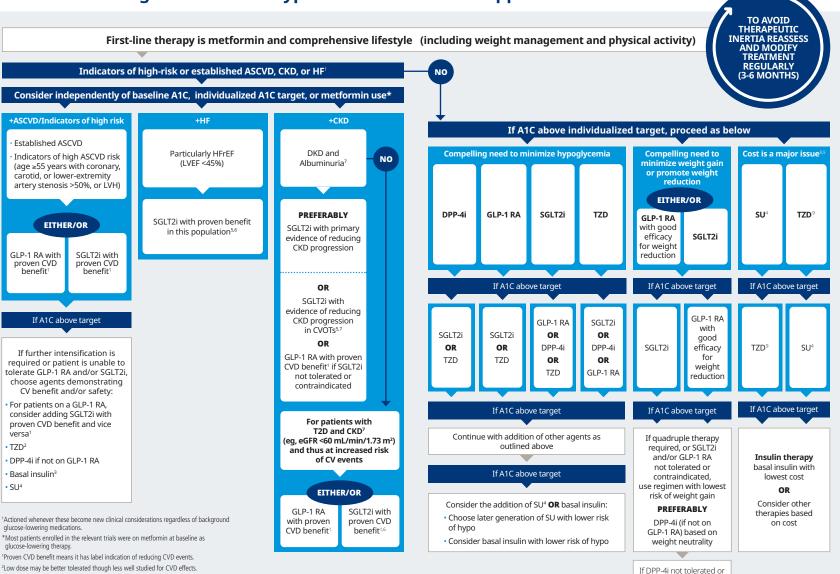
Dyslipidemia:	Statins should be initiated for lipid management with varying intensity depending on ASCVD risk factors, 10-year ASCVD risk percent, and age in addition to lifestyle therapy				
Hypertension:	Goal of <140/90 mm Hg for patients with low CVD risk ^e				
Overweight and Obesity in T2D:	Treatment may be indicated for select motivated patients	BMI ca ≥25 ^f	≥27 ^g	(kg/m²) ≥30 ^h	
	Diet, physical activity, and behavioral therapy	\checkmark	\checkmark	~	
	Pharmacotherapy		\checkmark	\checkmark	
	Metabolic surgery			\checkmark	
Chronic Kidney Disease (CKD):	Annually assess ⁱ eGFR and urinary albumin when <30 mg/g Cr, or twice annually when >300 mg/g Cr and/or eGFR 30-60 mL/min/1.73 $\rm m^2$				
Smoking:	Advise all patients not to use cigarettes and other tobacco products or e-cigarettes; provide smoking cessation counseling and other forms of treatment as needed				

Microvascular risk management

Diabetic	Comprehensive dilated eye exam at diagnosis of T2D ^j , at least annually if retinopathy is present, more frequently if progressing or sight-
Retinopathy:	threatening, and every 1-2 years if there is no evidence of retinopathy and glycemia is well controlled
Peripheral Neuropathy:	All patients should be assessed for diabetic peripheral neuropathy starting at diagnosis of T2D ⁱ and at least annually thereafter

ASCVD=atherosclerotic cardiovascular disease; BMI=body mass index; Cr=creatinine; CVD=cardiovascular disease; eAG=estimated average glucose; eGFR=estimated glomerular filtration rate; IPG=preprandial capillary plasma glucose (fasting plasma glucose); LDI=low-density lipoprotein; PPG=Peak postprandial capillary plasma glucose; IDI=low-density lipoprotein; PPG=Peak postprandial capillary plasma glucose; Casting plasma glucose; LDI=low-density lipoprotein; PPG=Peak postprandial capillary plasma glucose; VDI=cardiovascular disease; and the start set of the start s

Glucose-lowering medication in type 2 diabetes: Overall approach



³Some basal insulins have demonstrated CVD safety.

⁴Choose later generation SU to lower risk of hypoglycemia.

⁵Be aware that SGLT2i labelling varies by country and individual agent with regard to indicated level of eGFR for initiation and continued use. ⁶Proven benefit means it has a label indication of reducing HF in this population.

⁷Refer to full ADA Standards of Care Section 11: Microvascular Complications and Foot Care for more information.

^{aff} no specific comorbidities (ie, no established CVD, low risk of hypo, and lower priority to avoid weight gain or no weight-related comorbidities). ⁹Consider country- and region-specific cost of drugs. In some countries, TZDs are relatively more expensive and DPP-4i are relatively cheaper.

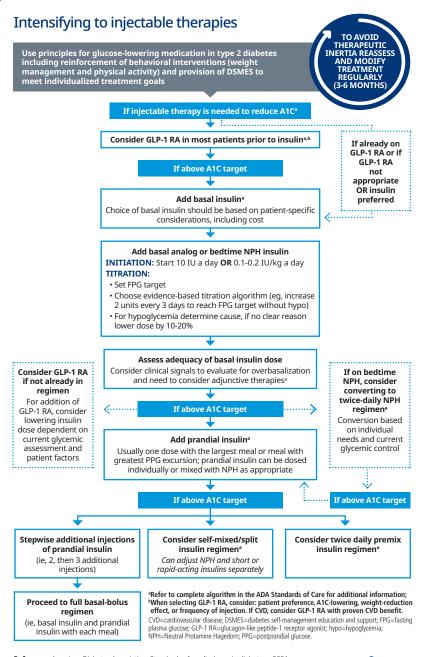
Adapted with permission from the American Diabetes Association. Please see full algorithm for more information.

ASCVD=atherosclerotic cardiovascular disease; CKD=chronic kidney disease; CV=cardiovascular; CVD=cardiovascular disease; CVOT=cardiovascular outcomes trial; AbC=diabetic kidney disease; DPP-4i=dipeptidyl peptidase 4 inhibitor; eGFR=estimated glomerular filtration rate; GLP-1 RA=glucagon-like peptide-1 receptor agonis; Hf=heart failure; HFFE=heart failure reduced ejection fraction; hypo=hypoglycemia; LVEF=left ventricular ejection fraction; SGLT2I=sodium-glucose cotransporter 2 inhibitor; SU=sulfonylurea; T2D=type 2 diabetes; T2D=thiazolidimedione. contraindicated or patient

already on GLP-1 RA,

cautious addition of:

·SU4 ·TZD2 ·Basal insulin



Reference: American Diabetes Association. Standards of medical care in diabetes—2021. *Diabetes Care.* 2021;44(suppl 1):S1-S232.

