MOLINA HEALTHCARE Of TEXAS
Clinical Practice Guidelines

Management of Diabetes Mellitus

The following guideline applies to patients with type 1 and type 2 diabetes mellitus and recommends specific interventions for periodic medical assessment, laboratory tests and education to guide effective patient self-management.

Eligible Population	Key Components	Recommendation and Level of Evidence	Frequency
Patients 18-75 years of age with type 1 or type 2 diabetes mellitus	Periodic assessment	Assessment should include: • Blood pressure [A] (adult target of < 130/80) • Assess cardiovascular risks: - modifiable risks – smoking, hypertension, hyperlipidemia, sedentary lifestyle, obesity, stress - fixed risks – family history, age > 40 years, gender • weight • diabetic foot exam [A]	At least twice annually
	Laboratory tests and other studies	Tests should include: • hemoglobin A_1C [D] • UA; urine microalbumin measurement (unnecessary if UA has > 1+ protein) [D] • Lipid profile, preferably fasting (target LDL < 100 mg/dL) [B] • Dilated eye exam by ophthalmologist or optometrist [B], or digiscope [B]	Hemoglobin A_1C 1-4 times annually based on individual therapeutic goal[1] Other studies at least annually
	Education, counseling and risk factor modification	Guided self-management/education for: • cardiovascular risk reduction • smoking cessation intervention [B] /secondhand smoke avoidance [C] • nutrition (i.e., fruits, vegetables, monounsaturated fats and fish) • regular physical activity • foot care • glycemic control • preconception counseling	At least annually
	Medical recommendations	Care should focus on smoking, hypertension, and lipids • treatment of hypertension up to 3-4 anti-hypertensive medications to achieve target of < 130//80 • prescription of ACE inhibitor or Angiotensin Receptor Blocker (ARB) in patients with hypertension or albuminuria [A][2] • Statins should be used for primary prevention against macrovascular complications in patients with type 2 diabetes who have any additional cardiovascular risk factors [A] • management of cardiovascular risk factors • assurance of appropriate immunization status (Td, influenza, pneumococcal vaccine) [C] • Low dose aspirin therapy (75-162 mg) daily for primary prevention in those at increased cardiovascular risk with type 1 [C] and type 2 [A] diabetes, unless contraindicated[3]	At each visit until therapeutic goals are achieved

[1] Develop or adjust the management plan to achieve normal or near-normal glycemic with an A1C goal of < 7%. Less stringent treatment goals may be appropriate for patients with a history of severe hypoglycemia, patients with limited life expectancies, very young children or older adults and individuals with comorbid conditions.

[2] Consider referral of patients with serum creatinine value >2.0 mg/dL (adult value) or persistent albuminuria to nephrologists for evaluation.

[3] Aspirin therapy is not recommended for patients under the age of 21 years because of the increased risk of Reye's Syndrome.

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. Individual patient considerations and advances in medical science may supersede or modify these recommendations.