



P.O. Box 3548
 Albuquerque, NM 87190
 (866) 796-9121
 (505) 796-9121

Diabetes Resources

Practical Information for New Mexico Health Care Professionals



A quarterly publication for clinicians caring for people with diabetes - Vol. 6 No. 1, 2006

A1C: An Update on Clinical Relevance

In each issue of *Diabetes Resources* we have provided specific information about management for diabetes, including important tests and resources to help reduce complications associated with the disease. Information is included about the ABCs of diabetes: **A1C testing 2-4 times per year, Blood pressure screening at every visit, and annual Cholesterol testing. Additional clinical information is also provided. A dilated eye exam, sensory foot exam and screening for kidney disease each recommended annually. Attention to these risk factors reduces the chance for cardiac, renal, eye and vascular disease secondary to diabetes.**

In support of the **New Mexico Diabetes Practice Guideline 2006**, please see the reverse side of *Diabetes Resources* for recommendations for care including resources and tools that can help in your efforts to provide education and support among your patients with diabetes.

Check www.nmtod.com for organizations that have graciously provided funding for *Diabetes Resources*.

New Mexico Health Care Takes On Diabetes is a broad coalition of New Mexico's diabetes care professionals, New Mexico Health Plans, the New Mexico Department of Health, and the New Mexico Medical Review Association, with technical and administrative support from the American Diabetes Association.

The Issue:

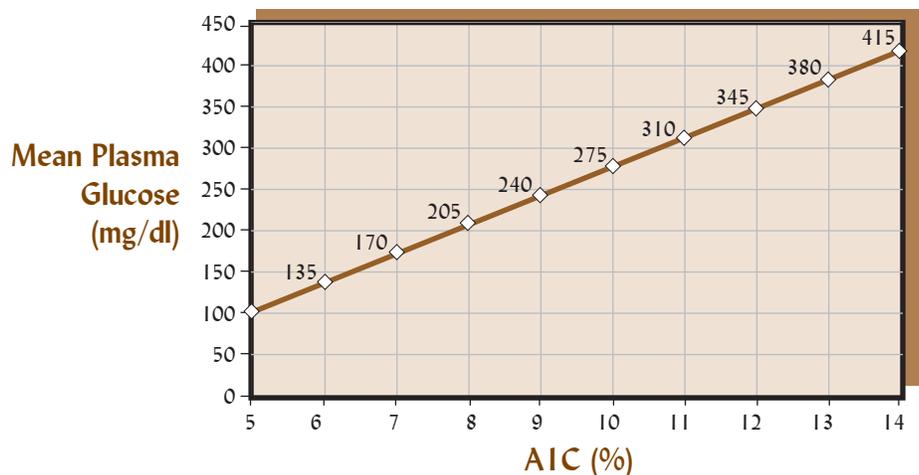
- ❖ The A1C remains the best way for clinicians to monitor the long-term blood glucose control of their patients with diabetes. It corresponds to the average glucose over a 3-month period.
- ❖ For patients with Type 2, every 1-point fall in A1C is associated with a reduction in relative risk for microvascular complications by 35%, diabetes-related deaths by 25%, and MI by 14%.
- ❖ For patients with Type 1, every 1-point fall in A1c is associated with a reduction in relative risk for retinopathy by 38%, nephropathy by 25%, and neuropathy by 14%.
- ❖ Reduction in risk for macrovascular complications is not as clearly correlated with A1C.
- ❖ Many people with DM don't understand A1C. Some providers don't use the term "A1C." Referring to it as "the test that gives your average sugar over the past three months" may be more helpful. According to a recent study only 25% of people with diabetes know their A1C.

The Current Clinical Recommendation:

The New Mexico Health Care Takes On Diabetes 2006 Guideline recommends that all people with diabetes have an A1C test 2- 4 times per year. The goal for patients in general is A1C<7%. The following are important considerations:

- ❖ The A1C goal for a typical patient is as close to normal (A1C<6%) as possible without significant hypoglycemia.
- ❖ Less stringent treatment goals may be appropriate for patients with history of severe hypoglycemia, patients with limited life expectancies, very young children or older adults, and individuals with comorbid conditions.

Table 1. How to Interpret the A1C



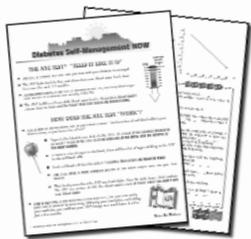
Resources for Clinicians

The following resources are FREE and can be downloaded from the New Mexico Health Care Takes On Diabetes website at www.nmtod.com. For further information contact Charm Lindblad, Executive Director, at 505.796.9121 or toll-free 1.866.796.9121.

How to Interpret the A1C—A1C is the most important indicator of glucose control in diabetes, but it can be difficult to interpret the clinical relevance of an A1C value. The goal is an A1C <6.0%, but do you know why? Did you know an A1C level of 9.0% equates to an average glucose level of 240 mg/dl? Do you know how to interpret the A1C when patients have repeated episodes of hypoglycemia or when they are anemic? “How to Interpret the A1C” will help answer those questions and will show you how A1C levels relate to average blood glucose levels and clinical complications. This chart may help clinicians explain the importance of A1C to their patients by relating A1C to “average sugar level.” This invaluable “memory jogger” can be downloaded free from the New Mexico Health Care Takes On Diabetes website.



A1C Tool for Patients—The New Mexico Department of Health Diabetes Prevention and Control Program has produced an excellent patient education brochure that explains A1C in simple terms. Written at a fifth grade reading level, it incorporates graphics to enhance patient understanding. A section called “Steps to Take” assists the patient and provider in documenting diabetes self-management goals related to improving the patient's A1C. A color version can be laminated or put in a plastic sleeve for repeated use in one-on-one training with patients. A black-and-white version can be easily copied and given to patients to take home. Spanish translations are also available. There are no copyright restrictions. This form can be found on the New Mexico Health Care Takes On Diabetes website.



A1C Analyzers for Office or Home Use—It is possible to perform A1C testing in your office. The advantage in having an A1C Analyzer in the office is that it allows healthcare professionals to make immediate diabetes management adjustments during the patient visit. In-home A1C testing is also available, although its role in improving diabetes outcomes is unknown. The American Diabetes Association takes no position on in-home testing. If your patients use in-home testing, it may be valuable to encourage them to discuss the results with you.

- ❖ To review different manufactures of A1C analyzers for office or home use there is a website that compares A1C Analyzers. Go to: Hemoglobin A1C Analyzers - Diagnostics Product Matrix - Medcompare to review current products on the market for office use.
- ❖ Per the Medcompare website only Bayer Diagnostic offers a combination analyzer that gives both A1C and microalbumin/creatinine test results.

NMHCTOD does not endorse any particular manufacturer. Check with individual health plans for information on insurance coverage.

Websites—The editorial committee has identified websites that you may find informative:

- ❖ National Diabetes Education Program: www.ndep.nih.gov
- ❖ American Diabetes Association: www.diabetes.org
- ❖ National Institutes of Health: www.diabetes.niddk.nih.gov
- ❖ American Heart Association, Heart of Diabetes Program: www.americanheart.org/diabetes
- ❖ NM Department of Health, Diabetes Prevention and Control Program: www.diabetesnm.org

These websites may be accessed directly or through the New Mexico Health Care Takes On Diabetes website* www.nmtod.com

**Please note that these websites do not necessarily represent the views of NMHCTOD. They are listed for your reference and convenience. NMHCTOD does not evaluate websites for content accuracy or application to any clinical situation.*

Editorial Committee:

Patty Anello, RN, BSN
Art Bachechi, RN
Jeanine Ertel, MPH
Diane Fields, LISW, CCM
Mary Fluckey, MS, CHES, CPHQ
JoEllen Habas, MD
M. L. Johnston, MS, RD, CDE
Charm Lindblad, MHA
Bruce A. Mann, MD, FACP
Erin McDonald Bicknell
Laura Parker, RN, CDE
Leslie Shainline, RN, MS

*Graphic Layout: Anna Dykeman, MA
New Mexico Medical Review Association*

Advisory Board:

Nathaniel G. Clark, MD, MS, RD
*National VP, Clinical Affairs
American Diabetes Association*

Donna Tomky, MSN, RN, C-ANP, CDE
*Nurse Practitioner, Dept. of Endocrinology
& Diabetes, Lovelace Sandia Medical Center*

Judith Gabriele, MPH
*Program Manager, Diabetes Prevention
and Control Program, New Mexico
Department of Health*

Jeremy Gleeson, MD, FACP, CDE
*Medical Director, Dept. of Endocrinology &
Diabetes, Lovelace Sandia Medical Center*

JoEllen Habas, MD
*Endocrinology, Diabetes and Metabolism
Presbyterian Medical Group*

Copyright 2006 by New Mexico Health Care Takes On Diabetes. May be reproduced without restriction in New Mexico and for educational purposes. Permission for other use outside New Mexico may be obtained at 505.796.9121. These materials were developed under a contract with the State of New Mexico, Department of Public Health, Public Health Division.