

Diabetes Mellitus: The Rule of Three's

A Model to Facilitate Comprehensive Care for Patients with Type 2 Diabetes Mellitus

<u>Micro-Vascular Complications</u>	<u>Blood Sugar Control</u>	<u>Macro-Vascular Complications</u>
<p>1. EYES (Retinopathy) Annual visit with Ophthalmologist</p> <p>2. KIDNEYS (Nephropathy) Annual screen for Microalbuminuria ACE Inhibitor or ARB for patient with diabetes, plus HTN, or Microalbuminuria, or GFR < 60 Follow Renal Function (Creatinine)</p> <p>3. FEET (Neuropathy) Patient Education: Foot Care Inspect Patient's Feet Podiatry as needed</p>	<p>1. HEMOGLOBIN A1C Check every 3-6 months Goal is less than 8 Avoid being over-aggressive w/hypoglycemic agents</p> <p>2. LIFESTYLE Nutrition Activity</p> <p>3. MEDICATIONS Metformin First-Line A variety of oral & injectable agents Insulin</p>	<p>1. HYPERTENSION BP < 140/90 Lower threshold if increased CV risk</p> <p>2. LIPIDS Follow 2013 AHA/ACC Guidelines: Emphasize level of risk instead of LDL Engage in shared decision-making w/the patient</p> <p>3. CAD/CVA PREVENTION Smoking Cessation, Nutrition, Activity Stress ↓: Yoga, Meditation, Therapy Consider aspirin if increased CV risk</p>