

Review of 2017 Diabetes Standards of Care



Kate Crawford, RN, MSN, ANP-C, BC-ADM

KEYWORDS

• Type 1 diabetes • Type 2 diabetes • Prediabetes • Gestational diabetes

KEY POINTS

- Diabetes is one of the most prevalent chronic disorders encountered by health care providers across all specialties and practice settings.
- Diabetes is a complex medical condition that is most effectively treated by knowledgeable providers delivering evidence-based care.
- Multidisciplinary teams using a patient-centered approach that respects patients' preferences and beliefs optimize outcomes.
- Clinical guidelines can assist providers in delivering comprehensive, evidence-based care to promote health and minimize complications.

INTRODUCTION

Diabetes mellitus is a group of complex metabolic disorders characterized by deficient insulin secretion, impaired insulin action, or a combination of both resulting in hyperglycemia. It is a chronic medical condition that requires comprehensive risk-reduction strategies and evidence-based care. This article discusses the current diabetes treatment recommendations for patients with type 1 diabetes (T1DM), type 2 diabetes (T2DM), gestational diabetes (GDM), and prediabetes.

It has been reported that the number of persons with diabetes and prediabetes in the United States is reaching epidemic proportions. In 2014, the Centers for Disease Control and Prevention (CDC) reported diabetes mellitus (DM) affected 29.1 million Americans, or 9.3% of the population.¹ In 2012, approximately 37% of persons older than 20 years were classified as having prediabetes.¹ Outpatient physician visits for diabetes increased 20% from 2005 to 2010.² In the acute care setting, 11.5% of all hospitalized patients in 2010 had a diagnosis of diabetes, and diabetes was the second most frequently noted condition on hospital discharge.³

Diabetes is a significant source of morbidity and mortality. Compared with adults who do not have diabetes, persons with diabetes are at greater risk for complications and are¹

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North Texas Endocrine Center, 9301 North Central Expressway, Tower II, Suite 570, Dallas, TX 75231, USA

E-mail address: Kate.crawford@aya.yale.edu

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- 1.7 times more likely to die of cardiovascular disease
- 1.8 times as likely to have a myocardial infarction
- 1.5 times as likely to have a cerebrovascular accident (CVA)

In 2012, the CDC estimated the total cost of diabetes in the United States to be \$245 billion and noted that average medical expenditures for individuals with diabetes to be 2.3 times higher than of persons without the disease.¹

It is clear given the high prevalence of diabetes and frequency with which patients with diabetes access medical care, that diabetes is a disorder that health care providers will encounter regardless of specialty or area of practice. It is therefore imperative that health care providers are familiar with current guidelines for best practices to promote health and minimize complications.

SUMMARY OF GUIDELINES

Organizations such as the American Diabetes Association (ADA) and the American Association of Clinical Endocrinologists (AACE) issue clinical guidelines that provide recommendations for screening, diagnostic criteria, therapeutic interventions, lifestyle interventions, pharmacology, glycemic goals, A1C targets, and microvascular/macrovascular risk management for persons with diabetes. This article summarizes these recommendations.

PROMOTING HEALTH AND REDUCING DISPARITIES

In 2016, the ADA published a new position statement highlighting the importance of psychosocial needs in the treatment of people with diabetes.⁴ They describe tools for assessing patients' environmental, social, behavioral, and emotional influences. The current 2017 guidelines were updated to incorporate the psychosocial needs of the patient across all aspects of care.

In keeping with the new emphasis on the importance of psychosocial needs, the ADA devoted a section of the guidelines to promoting health and reducing disparities in populations. They recommend using the Chronic Care Model (CCM) as a means to remedy some barriers to care that stem from suboptimal delivery systems. Fundamental to the CCM is the concept of a patient empowered to make his or her own self-management decisions and a redefining of the roles of the health care provider from a solitary provider to one practicing in a collaborative, multidisciplinary team.⁵

The CCM is composed of 6 core elements and can be used to address the needs of patients with chronic disease (**Box 1**).

CLASSIFICATION OF DIABETES MELLITUS

Diabetes is not one disease, but rather can be classified into several general categories:

Type 1 Diabetes (T1DM):

- Autoimmune beta cell destruction and absolute insulin deficiency. Presence of autoantibodies

Type 2 diabetes (T2DM):

- Progressive loss of beta cell function and insulin resistance

Gestational diabetes (GDM):

- New-onset diabetes occurring in the second or third trimester

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