


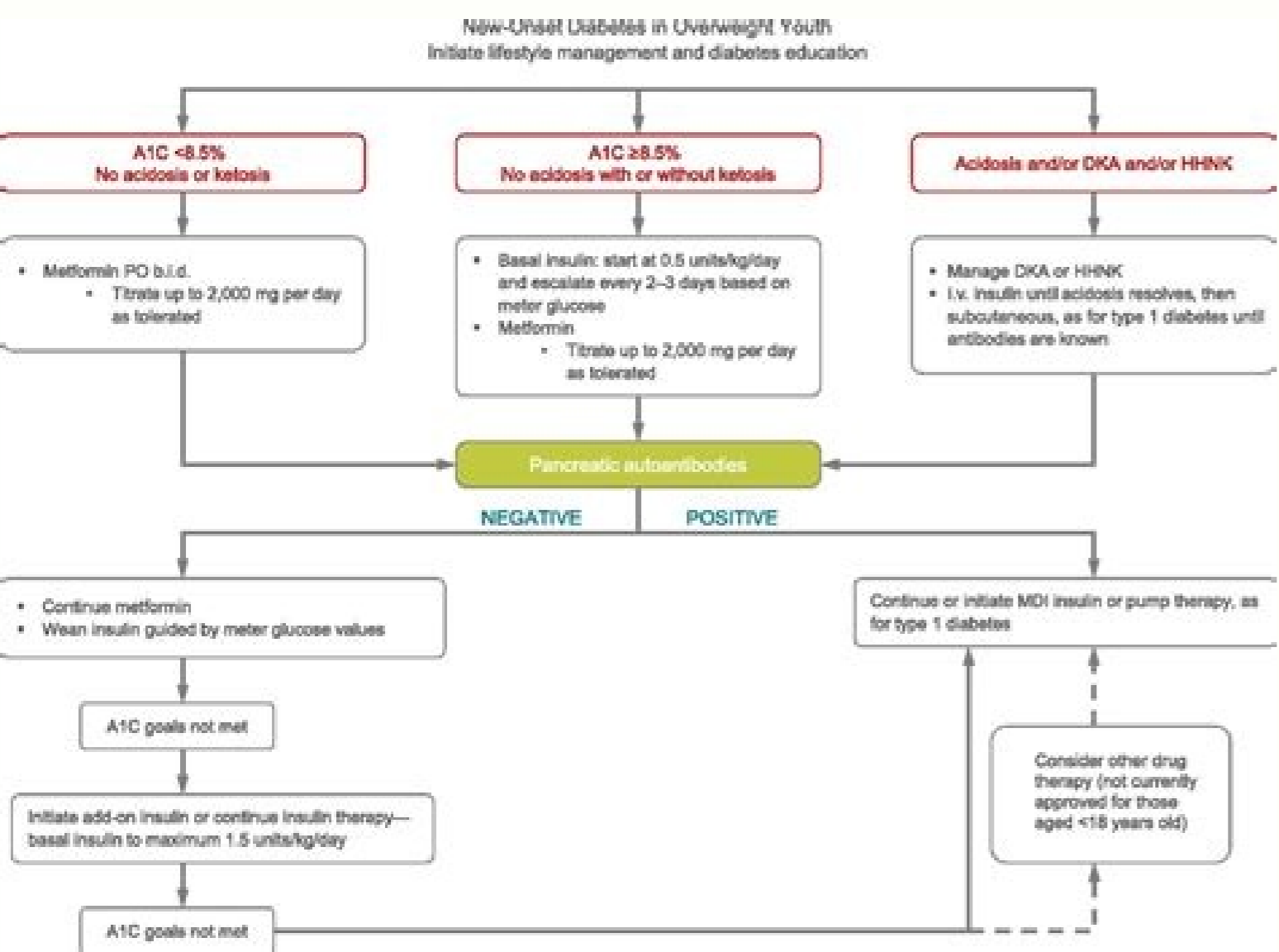
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Table 2 – American Diabetes Association diagnostic criteria for diabetes<sup>18</sup>

Test*	Threshold	Qualifier
Hemoglobin A <sub>1c</sub> or	≥ 6.5%	Lab NGSP-certified, standardized DCCT assay
Fasting glucose or	≥ 126 mg/dL (7.0 mmol/L)	No caloric intake for at least 8 hours
2-hour glucose or	≥ 200 mg/dL (11.1 mmol/L)	After 75 g of anhydrous glucose
Random glucose	≥ 200 mg/dL (11.1 mmol/L)	Plus classic hyperglycemia symptoms or crisis

NGSP, National Glycohemoglobin Standardization Program; DCCT, Diabetes Control and Complications Trial.  
\* Results must be confirmed by repeated testing.



Medication classes

Table 2  
Status for combination therapy for which patient?

Age	Insulin	Noninsulin oral medication
< 18 years	Basal	Basal
	Basal and rapid-acting	Insulin or high-dose insulin
	Basal and rapid-acting	High-dose insulin
18–64 years	Basal	Insulin
	Basal and rapid-acting	High-dose insulin
	Basal and rapid-acting	High-dose insulin
	Basal and rapid-acting	High-dose insulin or insulin pump
≥ 65 years	Basal	Insulin
	Basal and rapid-acting	High-dose insulin
	Basal and rapid-acting	High-dose insulin
	Basal and rapid-acting	High-dose insulin or insulin pump

The ADA goal is to help you understand the current evidence, based on studies such as the ADVANCE trial, that includes participants with diabetes.

These recommendations reflect a combination of clinical practice guidelines (e.g., ADA, AACE, and others) and expert opinion, which should also include clinical judgment, including meeting individual and patient preferences or needs.

**Microvascular complications**  
**Diabetic kidney disease**  
How should I approach management?  
The ADA changed the recommended starting point for treatment of diabetic kidney disease (DKD) from an eGFR of 30 to 45 mL/min/1.73 m<sup>2</sup> to an eGFR of 30 to 45 mL/min/1.73 m<sup>2</sup>. The goal is to slow the progression of DKD and to reduce the risk of cardiovascular complications.

**Diabetic retinopathy**  
How should I approach management?  
The ADA changed the recommended starting point for treatment of diabetic retinopathy (DR) from an eGFR of 30 to 45 mL/min/1.73 m<sup>2</sup> to an eGFR of 30 to 45 mL/min/1.73 m<sup>2</sup>. The goal is to slow the progression of DR and to reduce the risk of cardiovascular complications.

**Diabetic neuropathy**  
How should I approach management?  
The ADA changed the recommended starting point for treatment of diabetic neuropathy (DN) from an eGFR of 30 to 45 mL/min/1.73 m<sup>2</sup> to an eGFR of 30 to 45 mL/min/1.73 m<sup>2</sup>. The goal is to slow the progression of DN and to reduce the risk of cardiovascular complications.

# Resumen de las recomendaciones de la American Diabetes Association (ADA) 2014 para la práctica clínica en el manejo de la diabetes mellitus

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## INTRODUCCIÓN

Cada año, en el mes de enero, se publica un suplemento monográfico en la revista *Diabetes Care*<sup>1</sup> con los *Standards of Medical Care in Diabetes* que regularmente difunde la American Diabetes Association (ADA). Estos tratan las últimas evidencias que han surgido en el campo de la diabetes mellitus (DM), que son recogidas por un equipo multidisciplinar y aprobadas por el comité ejecutivo de la ADA.

Las recomendaciones se distribuyen en varios capítulos (diagnóstico, cribado, prevención, tratamiento, situaciones específicas, etc.) y se utiliza un sistema de niveles de evidencia científica A, B, C o E (tabla 1), que se señala entre paréntesis a lo largo del texto.

En este número, recogemos un resumen de las recomendaciones para el 2014, así como breves comentarios de algunas de ellas, por tratarse de temas más controvertidos o de

actualidad. Según consta en el documento original: «Se debe resaltar que la evidencia clínica y las recomendaciones de expertos por sí solas no pueden mejorar la vida de los pacientes, sino que deben ser incorporadas a la práctica clínica».

## 1. CLASIFICACIÓN Y DIAGNÓSTICO

### A. Clasificación de la diabetes mellitus

La DM puede clasificarse en cuatro categorías clínicas:

- DM tipo 1 (DM1): debida a la destrucción de la célula beta y, en general, con déficit absoluto de insulina.
- DM tipo 2 (DM2): debida a un déficit progresivo de secreción de insulina sobre la base de una insulino-resistencia.
- Otros tipos específicos de DM: debidos a otras causas, como defectos genéticos en la función de las células beta o en la acción de la insulina, enfermedades del páncreas exocrino (como la fibrosis quística) o inducida farmacológica o químicamente (como ocurre en el tratamiento del VIH/sida o tras trasplante de órganos).
- Diabetes gestacional (DG): DM diagnosticada durante el embarazo; no es una DM claramente manifiesta.

Algunos pacientes no pueden clasificarse claramente como tipo 1 o tipo 2 porque la presentación clínica es muy variable, pero el diagnóstico se hace más claro con el paso del tiempo.

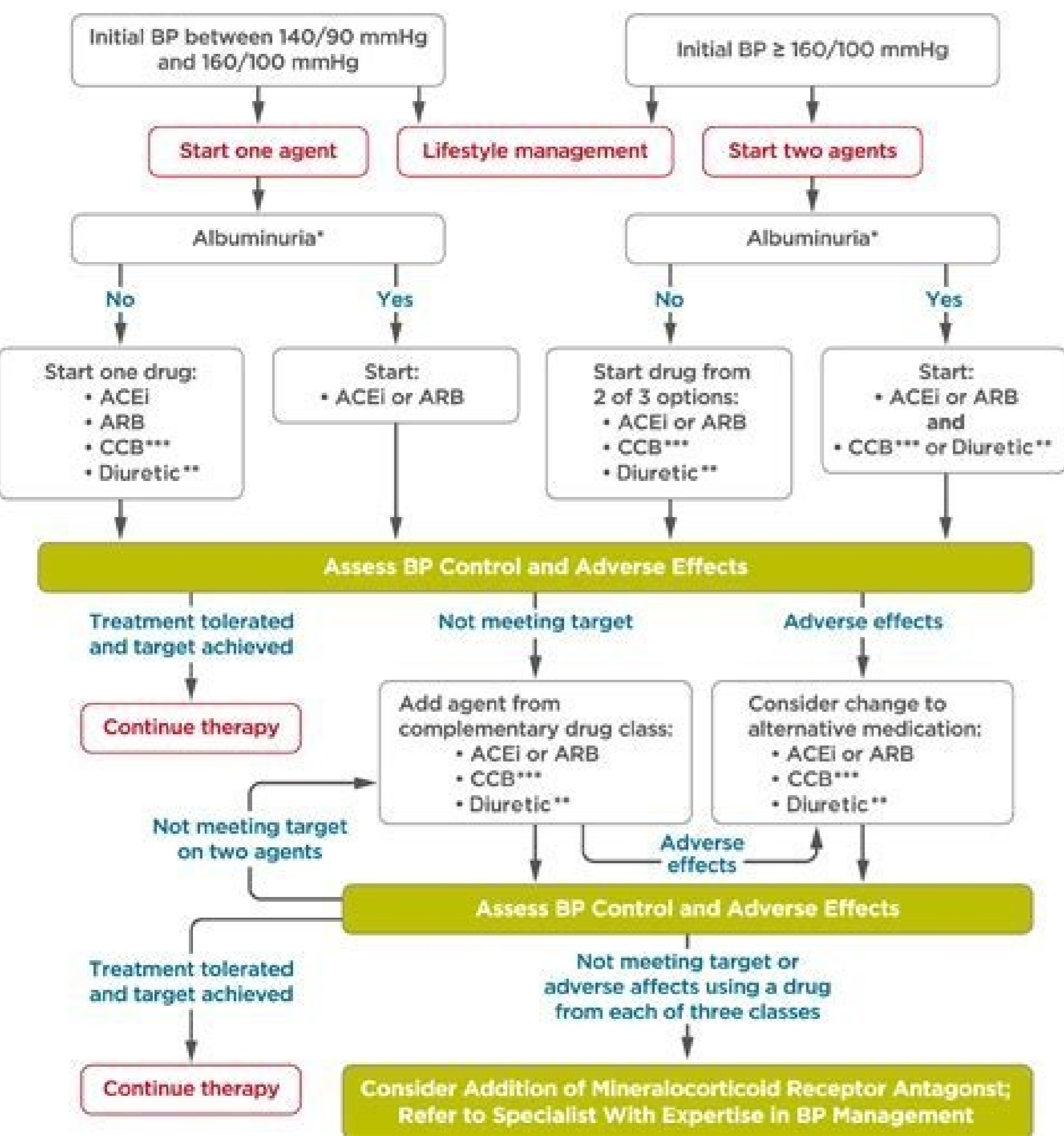
### B. Diagnóstico

Los criterios para el diagnóstico de DM se recogen en la tabla 2.

Tabla 1. Niveles de evidencia de la American Diabetes Association (ADA) para las recomendaciones en la práctica clínica

Niveles de evidencia	Descripción
A	Datos claros procedentes de estudios controlados y aleatorizados, realizados correctamente, con suficiente potencia y generalizables, como ensayos multicéntricos y metaanálisis que incorporan índices de calidad en el análisis
B	Datos apoyados por estudios de cohortes, metaanálisis, estudios de casos y controles correctamente realizados
C	Datos apoyados por estudios observacionales con alta probabilidad de sesgo y datos de series de casos o informes de casos
E	Consenso de expertos o experiencia clínica

## Recommendations for the Treatment of Confirmed Hypertension in People With Diabetes



Ada type 1 diabetes guidelines. Ada pediatric diabetes guidelines 2021. Ada gestational diabetes guidelines 2020. Ada pediatric diabetes guidelines 2020. Ada gestational diabetes guidelines 2021. Ada type 2 diabetes guidelines. Ada inpatient diabetes guidelines 2021. Ada inpatient diabetes guidelines.

Both children and adults should limit the quantity of refined or worked carbohydrates that eat that include added sugars, fats and salt and concentrates instead of focusing carbohydrates from vegetables, legumes, fruit, dairy products (milk and yogurt) and integral cereals. Á e á ~ "let's see more than people know, better they do." With this in mind, here is a guide to help you understand the changes to the standards of care so you can become your best lawyer. Click on the links below to switch to each section which diabetic drugs should I use for type 2 diabetes and when? This marks a key transition to a more complete approach to diabetes management. For more details on this approach, see Chapter 10 of the Guidelines for Diabetes Ada 2022. SGLT-2 inhibitors are now recommended to treat heart failure and can be started at the time of Diagnosis SGLT-2 inhibitors It was previously recommended only to treat a type of heart failure (heart failure with a reduced expulsion fraction, or HFrEF), but the ADA now encourages this category of drugs for the treatment and prevention of other types of heart failure, based on Exciting results of clinical experimentation since the last year. Rich & Paul W. The American Diabetes Association (Ada) has recently published its 2022 medical assistance standards in diabetes. These updates are published in Chapter 10 of the Guidelines for Diabetes Ada 2022. Overweight or Obesight Therapy Recommendations now include Wegovy, emphasizes the importance of food quality for quantity the new guidelines now also recommend Wegovy (Semaglutide 2.4mg) as an effective therapy for weight management for people with type 2 diabetes this change comes after the task force of the US ESTIMATES (USPSTF) has lowered its recommended screening aged from 45 to 35 years in August, 2021. MADER WENDY K. Maintaining blood sugar levels within acceptable levels is fundamental, so when it comes to grab a snack it is necessary pay attention. There are Types of diabetes, type one and type two. Bergental, Reinhard W. Bergental, John B. Here's why we now recommend screening within this time period (to identify the pre-existing diabetes) In addition to typical projections in the third quarter. Á ~ These updates are published in Chapter 2 of the Guidelines for Diabetes Ada 2022. Health service providers are encouraged to identify diabetes care, while standards focus on general protocols for the treatment of all people with Diabetes, stress the importance of individualized assistance based on the unique needs of people. Á, put the person, rather than their diabetes, at the center of health care can help improve people's supplier relationships as well as physical and mental health results, and can reduce the stigma with experience with diabetes in vaccines Sanitary ware. Recommended for all adults and some children last year's guidelines were released before Covid-19 vaccines were available. Eckstein, Peter Adolffson, RÅ © Sa Rabasa-Lhoret, Louisa Van den Boom, Pieter Gillard, Kirsten NAJA, rgaard, Nick S. Sue Kirkman, Tomasz Klupa, Barbara Ludwig, Kirsten Nã Á, rgaard, Jeremy Pettus, Eric Renard, Jay s. Davies G. Peters Silvio E. Hans Devries, Amy Hess-Fischl, IRL B. In the past, ADA recommended that after progressing to phase 4 kidney disease, people should stop using SGLT-2S, such as the risk of renal damage Additional actually increased in advanced phases. The drug still can be an effective method to get a weight loss, but people should be educated on signs, symptoms and hypoglycemia risk before starting this drug. Covid-19 has improperly influenced people with diabetes that are at risk more high for serious health complications related to Covid. The They are based on a large revision of the clinical literature of diabetes, integrated with input from the ADA staff and the medical community in general. Here's what the new new ones are Average, including options for front line glucose lowering therapies, when you should be shielded for diabetes, expanded use of diabetes care technology and more. McCelvaive, William T. G. McCarthy, John J. enjoying the dessert as a diabetic dessert for a diabetic can be a difficult path. Now that the Pfizer, Modern and Janssen (Johnson & Johnson) vaccines have been approved by the FDA, the 2022 guidelines invite all adults, including those with diabetes, to be completely vaccinated. Here we look at some of the foods that can satisfy someone who lives with diabetes so you can enjoy a healthy breakfast, be able to take a quick snack or enjoy a tasty dessert. Low fat milk can be a big healthy drink and even black tea is fine. Petrie, Reinhard W. Kowalski, Lalantha Leelarathna, Chantal Mathieu, Christoph Stettler, Martin Tauschmann, Hood Thabit, Emma G. Hattersley, Marie-France Hivert, Christine G. 14 Days CGM Evaluation of time in the range (TIR) á 6

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