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DiabetesCardiometabolic Disease and Diabetes Colleague InsightsVideo expert opinion Dec 16, 2017 Comprehensive recommendations feature notable new recommendations for people with cardiovascular disease and diabetes. New recommendations in the 2018 edition of the American Diabetes Association's (ADA's) Standards of Medical Care in Diabetes (Standards of Care) include advances in the management of cardiovascular disease, including hypertension; an updated care algorithm that is patient-focused; integration of new technology into diabetes management and routine screening for type 2 diabetes in high-risk adolescents (BMI  $\geq$ 85th percentile plus at least one additional risk factor). The Standards of Care provides the latest in comprehensive, evidence-based recommendations for diagnosing and treating children and adults with type 1, type 2 or gestational diabetes, strategies to improve the prevention or delay of type 2 diabetes and therapeutic approaches that reduce complications and positively affect health outcomes. The Standards of Care has been published ahead of a supplement to the January 2018 print issue of Diabetes Care. Standards of care are the primary resource for optimal management of diabetes, and include updated guidelines for diabetes diagnosis, and for evidence-based prevention of diabetes and diabetes-related complications. A summary of the important changes in the 2018 edition is: Cardiovascular Disease and Diabetes Based on the results of several cardiovascular outcomes (CVOT), there are new treatment forms for adults with type 2 diabetes, suggesting a pathway for people with heart disease who, after lifestyle management and metformin, should include a medicine validated to improve heart health. (point 8, page S76, Table 9.4 and Figure 8.1) Four large, randomized controlled trials that compared intensive versus standard hypertension treatment strategies are summarized and outlined in a new table that supports the ADA's recommendations that most adults with diabetes and hypertension should have a target blood pressure of  $\leq$ 140/90 mmHg and that risk-based individualization to lower targets, such as 130/80 mmHg, may be appropriate for some patients. (point 9, page S88, Table 9.1) A new algorithm illustrating the recommended antihypertensive treatment method for adults with diabetes and confirmed hypertension (blood pressure  $\geq$ 140/90 mmHg) has been added. (Section 9, page S90, Figure 9.1) Also new this year is the recommendation that all hypertensive patients with diabetes monitor their blood pressure at home to help identify potential discrepancies office vs. home blood pressure, and to improve medication-taking behavior. (Section 9, page S87) Screening adolescents for type 2 diabetes Updated recommendations stress that tests for prediabetes and type 2 diabetes should be considered in children and adolescents under 18 years of age, who are overweight or obese (BMI  $\geq$ 85th percentile for age and gender, weight for height  $\geq$ 85th percentile, or weight  $\geq$ 120% of ideal for height), and have one or more additional risk factors for diabetes such as (1) maternal history of diabetes or gestational diabetes during the child's pregnancy; 2) family diabetes of type 2 diabetes in first or second degree (3) race/ethnicity (Native American, African American, Latino, Asian American, Pacific Islander, and/or (4) signs of insulin resistance or conditions associated with insulin resistance (acanthose nigricans, hypertension, dyslipidemia, polycystic ovarian syndrome, or small-for-gestational-age birth weight). (section 2, page S19, Table 2.5) Health technology and diabetes management ADA recommends including technology-based methods, along with individual and group settings, for the delivery of effective diabetes self-management training and support. (Section 4, page S38) As continuous glucose monitoring (CGM) technology continues to evolve, the ADA adjusted its recommendations to adapt to the latest data showing that CGM helps improve glycemic control for adults with type 1 diabetes starting at age 18. (Section 6, page S55) Federal legislative changes prompted the ADA to include language describing CGM devices that do not require confirmation from finger sticks to make processing decisions, and a new type of flash CGM that has no alarms and only provides on-demand glucose readings. (Section 6, page S55) A1C test considerations Additional language and recommendations have been added to help ensure appropriate use of A1C tests to diagnose diabetes and to monitor glycemic control in people with diabetes. A1C can produce skewed results in people with certain genetic traits that alter the molecules in their red blood cells. The ADA stresses that healthcare professionals should be aware of these limitations, to use the correct type of A1C test, and to consider alternative diagnostic tests (fasting plasma glucose test or oral glucose tolerance test) if there is disagreement between A1C and blood glucose levels. (Section 2, page S14) Diabetes treatment in specific groups Three new recommendations were added to highlight the importance of individualizing pharmacological treatment for older adults with diabetes to reduce the risk of hypoglycaemia, avoid overtreatment and simplify complex regimens while maintaining personalized blood glucose targets. (Section 11, page S122) A new guideline recommends that all pregnant women with pre-existing type 1 or type 2 diabetes should consider daily low-dose aspirin starting at the end of the first trimester to reduce for præeklampsi. præeklampsi. 13, page S140) Patient-centered care and recognizes cost-of-care impact A new table summarizes drug-specific and patient factors that may affect diabetes care. The diagram contains the most relevant considerations, such as risk of hypoglycemia, weight effects, kidney effects and costs for all preferred diabetes medications, in one place to guide the choice of antihyperglycemic drugs as part of patient-provider shared decision-making. (point 8, page S77, Table 8.1) The guidelines recommend increased awareness and screening for social determinants of health such as economic ability to give medication; access to healthy food and food insecurity and Community support. (Section 1, page S9) Additional important updates Immunization needs for people with diabetes were clarified and updated. A new section describes new evidence that specific glucose-lowering medications delay the onset and progression of kidney disease. (Section 10, page S108) A table highlighting the components of a comprehensive medical evaluation has been redesigned and reorganized. (point 3, page S30, Table 3.1) The complete supplement is published online at ADA Releases 2018 Standards of Care for Diabetes2017-12-11 18:07:00Jennifer Barrett, Assistant EditorThe American Diabetes Association (ADA) has released their annual standards for medical care in diabetes for 2018, highlighting several updated recommendations for diabetes care and management. Based on current research results, the standards offer evidence-based recommendations for comprehensive practice. The updated guidelines address the use of medicines with potential cardiovascular benefits (CV). Other areas treated include diabetes screening, technology, and A1C testing. Some of the most notable changes are summarized below. Cardiovascular diseases and diabetes New guidelines incorporate the use of diabetes medications with known cardiovascular benefit. For adults with type 2 diabetes and heart disease, the ADA recommends that after lifestyle management and metformin, health care professionals should include a medication shown to improve heart health. In the clip below, Dhiren Patel, PharmD, discusses the importance of the new recommendations for diabetes treatment, including the use of diabetes medications with CV risk. All hypertensive patients with diabetes are encouraged to monitor their blood pressure at home to help identify potential differences between office vs. home blood pressure, and to improve medication-taking behavior, according to the guidelines. The new ADA standards also continue with the existing hypertension definition, unlike the American College of Cardiology's newly updated blood pressure guidelines. ADA guidelines say that most adults with diabetes and should have a target blood pressure of  $\leq$ 140/90 mmHg and that risk-based individualisation lowers targets, such as 130/80 mmHg, may be appropriate in some patients. In the clip below, Dhiren Patel, PharmD, discusses the importance of the new recommendations for diabetes treatment, including the use of diabetes medications with CV risk. Youth Diabetes Screening New recommendations note that tests for prediabetes and type 2 diabetes should be considered in children and adolescents under 18 years of age who are overweight or obese, and have 1 or more additional risk factors for diabetes. Technology and Diabetes = Management The lead authors recommend the use of technology-based methods, along with individual and group settings, for the delivery of effective diabetes self-management training and support. Continuous glucose monitoring technology (CGM) to improve glycemic control for adults with type 1 diabetes is recommended for use in patients starting at age 18 years. A1C Test Considerations ADA has updated language and recommendations for A1C testing to emphasize that healthcare professionals should be aware of potential limitations that may affect A1C outcomes, such as age, ethnicity, and pregnancy. Healthcare professionals are also encouraged to use the correct type of A1C test and to consider alternative diagnostic tests if there is a disagreement between A1C and blood glucose levels. Diabetes Management in specific groups Recommendations were updated to include the importance of individualizing pharmacotherapy for older adults with diabetes to reduce the risk of hypoglycaemia, avoid overtreatment, and simplify complex regimens while maintaining personalized blood glucose levels. New in the guidelines is the recommendation for all pregnant women with pre-existing type 1 or type 2 diabetes to consider daily low-dose aspirin starting at the end of the first trimester to reduce the risk of pre-eclampsia. Patient-centered care Guidelines also recommend increased awareness and screening for social determinants of health, such as financial ability to provide medication, access to healthy food and food insecurity, and community support. The ADA will update and revise its online version of the guidelines throughout 2018 with the latest information. References American Diabetes Association. Summary of Revisions: Standards for Medical Treatment in Diabetes - 2018. Diabetes Care. 41(Appendix 1): S4-S6. American Diabetes Association Releases 2018 Standards for Medical Treatment in Diabetes, with notable new recommendations for people with cardiovascular disease and diabetes [press release]. ADA's website. . Admission to December 11, 2017. ADA Releases 2018 Standards of Care for DiabetesThe American Diabetes Association (ADA) has released their annual Medical Standards for 2018, fremhæver flere opdaterede anbefalinger til diabetesbehandling og -forvaltning. /resource-centers/diabetes/ada-releases-2018-standards-of-care-for-diabetes/resource-centers/diabetes/ada-releases-2018-standards-of-care-for-diabetes

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