

ADA standards of care suggest changes to BP, glucose monitoring

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The American Diabetes Association has released its annual “Standards of Medical Care in Diabetes”, with an emphasis on **changes** to BP goals in patients with diabetes and defining **how frequently patients with type 1 diabetes should test their blood glucose levels**. The full clinical practice recommendations are published in the January issue of *Diabetes Care*.

Among the **revised recommendations**, the ADA suggests that BP be measured during every routine visit and to elevate the treatment goal for hypertension from <130 mm Hg to <140 mm Hg, based on evidence-based literature. Treating lower systolic targets such as <130 mm Hg may be suitable for some patients if done without treatment burden, the researchers wrote.

“Raising the recommended blood pressure target goal, however, is not meant to downplay the importance of treating high blood pressure in people with diabetes,” Richard Grant, MD, MPH, incoming chair of the ADA Professional Practice Committee and research scientist at Kaiser Permanente Division of Research, said in a press release. “Untreated hypertension can be very dangerous. Nor should this be taken to mean that lower target rates are inappropriate. They may be appropriate for some patients, particularly those who are younger and have a longer life expectancy, or for those who have a higher risk of stroke, if the lower goal can be achieved without excessive amounts of treatment and without a heavy burden of side effects from medication.”

Besides suggested changes to hypertension control, the ADA also highlights a need for clarification regarding glucose monitoring among patients taking multiple-dose insulin or insulin pump therapy.

Self-monitoring blood glucose should be done before meals and snacks; occasionally postprandial; at bedtime; before exercise; when patients suspect low blood glucose; after treating low blood glucose until patients are normoglycemic; and before critical tasks such as driving, the researchers wrote.

In **previous** recommendations, the language suggested SMBG only **“three or more”** times per day, according to a press release.

“What we are now saying is that how often and when to test blood glucose levels should be dictated by the needs and treatment goals of the patient,” Carol Wysham, MD, outgoing chair of the ADA’s Professional Practice Committee and section head for the Rockwood Center for Diabetes and Endocrinology, said in a press release. **“Many patients will need to test six to eight times per day, but some will need to test more,** depending upon their activity level, how often they eat and what other types of activities their day may include. It is not reasonable or practical to set a specific number for all people with diabetes who are on intensive insulin regimens, as no two people’s lives are the same. Even for the same individual, no 2 days are exactly alike. **A person may need to test six times one day and 10 the next.** Our new Standards of Care reflect that necessary flexibility.”

The full clinical practice recommendations also include revisions for: prevention and delay of **type 2 diabetes**; screening for type 1 diabetes; pharmacological and overall approaches to treatment; self-management education and support; retinopathy screening; and more.