



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Management of Diabetes Mellitus](#)

Released: June 2016

Updated recommendations:

Patients 18-75 years of age with type 1 or type 2 diabetes mellitus

Periodic assessment

Barriers to lifestyle and medication adherence
Psychosocial evaluation and screen for depression

Laboratory tests

HbA1c every 3-6 months based on individualized therapeutic goal
Urine microalbumin measurement, test annually
Serum creatinine and calculated GFR, test annually
Lipid profile for estimating initial risk and assessing adherence to therapy,
preferably fasting
Consider TSH testing in patients with type 1 diabetes mellitus and LFTs

Education, counseling and risk factor modification

Education should be individualized, based on the National Standards for DSME and include:

Description of diabetes disease process and treatment; safe and effective use of medications; prevention, detection and treatment of acute and chronic complications, including prevention, recognition, and treatment of hypoglycemia

Medical recommendations

Care should focus on tobacco cessation, hypertension, lipids and glycemic control:

Moderate intensity statin therapy for person ≥ 40 years without overt CVD or adults ≥ 50 with CVD risk factor(s), for primary prevention against macrovascular complications (e.g. simvastatin 20-40 mg, atorvastatin 10-20 mg)

High intensity statin (e.g. atorvastatin 40-80 mg) for patients with overt CVD