
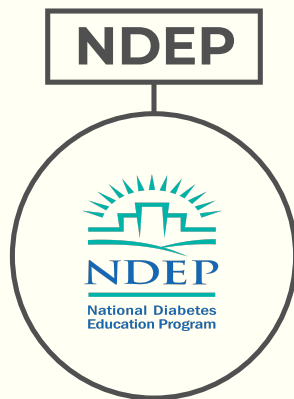


# GUIDING PRINCIPLES FOR DIABETES



## A Quick-Start Guide for Understanding Guideline Similarities & Differences

	 <h3>Diabetes &amp; Older Adults</h3> <p>Diabetes is a serious condition affecting millions of older adults. Clinical practice guidelines (tools health professionals use for finding best practices) have helped standardize approaches, but the availability of several different resources from several groups can leave some people with questions. In this infographic, we review where 3 guidelines stand on some core priorities for managing diabetes among older adults.</p>	
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### CLINICAL PRACTICE GUIDELINE OVERVIEW

- Released in 2013
- Available at [GeriatricsCareOnline.org](http://GeriatricsCareOnline.org)

- Released in 2018
- Available at [NIDDK.NIH.gov](http://NIDDK.NIH.gov)

- Released in 2019
- Available at [Professional.Diabetes.org](http://Professional.Diabetes.org)

### ALL THESE GUIDELINES EMPHASIZE...



Reducing cardiovascular disease (CVD) risk



Managing complications that impact our small blood vessels



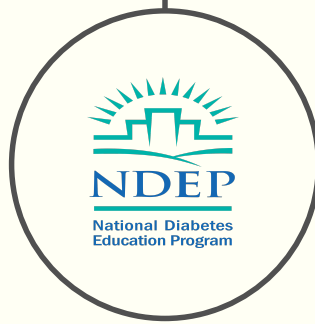
Promoting education, nutrition, and physical activity

Diabetes care needs to be individualized and needs to take into consideration patient preferences, comorbidity, functional status, and life expectancy

**AGS**



**NDEP**



**ADA**



**HbA1c Goals (A % describing the average level of sugar in your blood)**

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|---|---|--|
| <ul style="list-style-type: none"> <li>• 7-7.5% may be appropriate if it can be achieved safely</li> <li>• 7.5-8% is best for healthy older people</li> <li>• 8-9% is best when the risks of lower A1C outweigh the benefits</li> </ul> | <ul style="list-style-type: none"> <li>• &lt;7.5% for healthy older people</li> <li>• &lt;8.0% for those with intermediate health status</li> <li>• &lt;8.5% for those with very complex or poor health status</li> </ul> | <ul style="list-style-type: none"> <li>• &lt; 7.5% for healthy older people</li> <li>• &lt;8-8.5% for those with multiple comorbidities, cognitive impairment, or functional dependence</li> </ul> |
|---|---|--|

**Blood Pressure Goals (2 numbers describing pressure in your blood vessels)**

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• &lt;140/90 if tolerated</li> <li>• Potential harm in lowering systolic blood pressure (the first number) below 120</li> </ul> | <ul style="list-style-type: none"> <li>• &lt;140/90 if you are generally healthy</li> <li>• Target &lt;150/90 if you have very complex/poor health</li> </ul> | <ul style="list-style-type: none"> <li>• &lt;140/90 if you are generally healthy</li> <li>• Target &lt;150/90 if you have very complex/poor health</li> </ul> |
|--|---|---|

**Lipid Management (Efforts to control your cholesterol levels)**

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Statins are recommended in addition to better nutrition therapy and increased physical activity (unless they aren't advisable given your health)</li> </ul> | <ul style="list-style-type: none"> <li>• Prescribe statins for people who are generally healthy (even if there care is slightly complex)</li> <li>• For those with very complex/poor health, prescribe a statin only if it is considered beneficial</li> </ul> | <ul style="list-style-type: none"> <li>• Individualize treatment, paying particular attention to data on potential life expectancy</li> </ul> |
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**Aspirin Use (Sometimes prescribed for people with heart health concerns)**

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• There isn't enough evidence to recommend aspirin for primary cardiovascular disease (CVD) prevention for older adults with type 2 diabetes</li> <li>• For adults 80+, aspirin should be used with caution</li> </ul> | <ul style="list-style-type: none"> <li>• There isn't enough evidence to support the use of aspirin for primary prevention of CVD among older adults with type 2 diabetes</li> </ul> | <ul style="list-style-type: none"> <li>• Individualize treatment, paying particular attention to data on potential life expectancy</li> </ul> |
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