Type 2 diabetes: Goals for optimum management

The following table lists goals for optimum management for all people with type 2 diabetes. For guidance on specific assessment intervals, advice and arrangements, refer to the relevant sections of this handbook.

Individual goals	
Encourage all people with type 2 diabetes to approach/reach these goals.	
Diet	Advise eating according to the *Australian dietary guidelines*, with attention to quantity and type of food Advise individual dietary review for people with difficulty managing weight, difficulty maintaining glucose levels in target range, CVD risk, or if otherwise concerned
BMI	Advise a goal of 5–10% weight loss for people who are overweight or obese with type 2 diabetes For people with BMI >35 kg/m^2 and comorbidities, or BMI >40 kg/m^2, consider facilitating greater weight-loss measures
Physical activity	Children and adolescents: at least 60 min/day of moderate-to-vigorous physical activity, plus muscle- and bone-strengthening activities at least three days/week Adults: 150 minutes of aerobic activity, **plus** 2–3 sessions of resistance exercise (to a total ≥60 minutes) per week
Cigarette consumption	Zero per day
Alcohol consumption	Advise ≤2 standard drinks (20 g of alcohol) per day for men and women
Blood glucose monitoring	Advise 4–7 mmol/L fasting and 5–10 mmol/L postprandial SMBG is recommended for patients with type 2 diabetes who are using insulin. Education should be provided regarding frequency and timing of insulin dose For people not on insulin, the need for and frequency of SMBG should be individualised, depending on type of glucose-lowering medications, level of glycaemic control and risk of hypoglycaemia, as an aid to self-management SMBG is recommended in pregnancy complicated by diabetes or gestational diabetes SMBG is also recommended for people with hyperglycaemia arising from intercurrent illness. It may be helpful in haemoglobinopathies or other conditions where HbA1c measurements may be unreliable

Clinical management goals	
Treatment targets for people with type 2 diabetes include the following. For a comprehensive list of assessments and screening intervals, refer to the section 'Assessment of the patient with type 2 diabetes'.	
HbA1c	Target needs individualisation according to patient circumstances Generally ≤7% (53 mmol/mol)
Lipids	Initiation of pharmacotherapy is dependent on the assessment of absolute CVD risk (refer to the Australian absolute cardiovascular disease risk calculator). This uses multiple risk factors, which is considered more accurate than the use of individual parameters Once therapy is initiated, the specified targets apply; however, these targets should be used as a guide to treatment and not as a mandatory target
Total cholesterol	<4.0 mmol/L
HDL-C	≥1.0 mmol/L
LDL-C	<2.0 mmol/L; <1.8 mmol/L if established CVD is present
Non–HDL-C	<2.5 mmol/L
Triglycerides	<2.0 mmol/L
Blood pressure	≤140/90 mmHg Lower blood pressure targets may be considered for younger people and for secondary prevention in those at high risk of stroke The target for people with diabetes and albuminuria/proteinuria remains <130/80 mmHg. As always, treatment targets should be individualised and monitored for side effects from medications used to lower blood pressure
Urine albumin excretion	UACR: • women: <3.5 mg/mmol • men: <2.5 mg/mmol Timed overnight collection: <20 µg/min; spot collection: <20 mg/L
Vaccination	Recommended immunisations: influenza, pneumococcus, diphtheria-tetanus-acellular pertussis (dTpa). Consider: hepatitis B (if travelling), herpes zoster

BMI, body mass index; CVD, cardiovascular disease; GPs, general practitioners; HbA1c, glycated haemoglobin; HDL-C, high-density lipoprotein cholesterol; LDL-C, low-density lipoprotein cholesterol; SMBG, self-monitoring of blood glucose; UACR, urine albumin-to-creatinine ratio.