Type 2 diabetes: Goals for optimum management

Encourage all people with type 2 diabetes to approach/reach these goals	
Diet	Advise eating according to *Australian dietary guidelines*, with attention to quantity and type of food If concerns are held regarding cardiovascular disease (CVD) risk, advise individual dietary review
Body mass index (BMI)	Therapeutic goal is 5–10% weight loss for people who are overweight or obese with type 2 diabetes Those with BMI >35 kg/m^2 and comorbidities, or BMI >40 kg/m^2, greater weight loss measures should be considered Note that BMI is a difficult parameter to standardise between different population groups
Physical activity	At least 30 minutes of moderate physical activity on most if not all days of the week (total ≥150 minutes/week)
Cigarette consumption	0 per day
Alcohol consumption	Advise ≤2 standard drinks (20 g) per day for men and women
Blood glucose level (BGL)	Advise 6–8 mmol/L fasting and 8–10 mmol/L postprandial Ongoing self-monitoring of blood glucose is recommended for people with diabetes using insulin, people using sulphonylureas or other medicines that may cause hypoglycaemia, hyperglycaemia arising from illness, with haemoglobinopathies, pregnancy or other conditions where data on glycaemic patterns is required Routine self-monitoring of blood glucose in low-risk patients who are using oral glucose-lowering drugs (with the exception of sulphonylureas) is not recommended
Glycated haemoglobin (HbA1c)	Needs individualisation according to patient circumstances. Generally: • ≤53 mmol/mol (48–58 mmol/mol) • ≤7% (6.5–7.5%) Allowing for normal variation in test accuracy, HbA1c results that range between 6.5% and 7.5% (48 and 58 mmol/mol) would reflect this goal.
Total cholesterol <4.0 mmol/L	Initiation of pharmacotherapy is dependent on the assessment of absolute CVD risk (refer to the Australian absolute CVD risk calculator at www.cvdcheck.org.au). This requires using 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
High-density lipoprotein-cholesterol (HDL-C) ≥1.0 mmol/L	
Low-density lipoprotein-cholesterol (LDL-C) <2.0 mmol/L	
Non–HDL-C <2.5 mmol/L	
Triglycerides <2.0 mmol/L	
Blood pressure (BP) ≤140/90 mmHg	Lower BP targets may be considered for younger people and for secondary prevention in those at high risk of stroke, as long as treatment burden does not increase risk The target BP 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 BP
Urine albumin excretion	Urine albumin-to-creatinine ratio (UACR): • women: <3.5 mg/mmol • men: <2.5 mg/mmol Timed overnight collection: <20 mcg/min Spot collection: <20 mg/L
Vaccination	Consider immunisation against influenza and pneumococcal disease, and the diphtheria-tetanus-acellular pertussis (dTpa) vaccine