

Type 2 diabetes: Goals for optimum management



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The following tables list goals for the 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 | |
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| Encourage all people with type 2 diabetes to approach/reach these goals | |
| Diet | <p>Advise individual dietary reviews</p> <p>Refer to 'Lifestyle interventions for the management of type 2 diabetes: Diet'</p> |
| BMI | <p>Advise a goal of 5–10% weight loss for people who are overweight or obese with type 2 diabetes</p> <p>Refer to 'Weight management interventions for type 2 diabetes'</p> |
| Physical activity | <p>Children and adolescents: Aim for at least 60 min/day of moderate to vigorous physical activity, plus muscle- and bone-strengthening activities at least three days per week</p> <p>Adults: Aim for 150 minutes of aerobic activity, plus two to three sessions of resistance exercise (to a total of ≥60 minutes), per week</p> <p>Refer to 'Lifestyle interventions for the management of type 2 diabetes: Physical activity'</p> |
| Cigarette consumption | <p>Zero per day</p> <p>Refer to 'Lifestyle interventions for the management of type 2 diabetes: Smoking cessation'</p> |
| Alcohol consumption | <p>No more than 10 standard drinks per week and four on any one day</p> <p>Refer to 'Lifestyle interventions for the management of type 2 diabetes: Alcohol consumption'</p> |
| Blood glucose monitoring | <p>Advise 4–7 mmol/L fasting and 5–10 mmol/L postprandial blood glucose levels</p> <p>SMBG is recommended for patients with type 2 diabetes who are using sulfonylureas and/or insulin. Education should be provided regarding the frequency and timing of insulin dose based on SMBG</p> <p>For people not on insulin, the need for and frequency of SMBG should be individualised, depending on the type of glucose-lowering medications, level of glycaemic management and risk of hypoglycaemia, as an aid to self-management</p> <p>SMBG is recommended in pregnancy complicated with diabetes or gestational diabetes</p> <p>SMBG is also recommended for people with hyperglycaemia arising from intercurrent illness (see ADEA clinical guidelines for sick days). It may be helpful in haemoglobinopathies or other conditions where HbA1c measurements may be unreliable</p> |

ADEA, Australian Diabetes Educators Association; BMI, body mass index; HbA1c, glycated haemoglobin; SMBG, self-monitoring of blood glucose.

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 'Assessment of the patient with type 2 diabetes'.

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|--------------------------------|---|
| HbA1c | Target needs individualisation according to patient circumstances Generally $\leq 7\%$ (53 mmol/mol) |
| Lipids | Initiation of pharmacotherapy in primary prevention is dependent on the assessment of absolute CVD risk (refer to the Australian CVD risk calculator , which assess multiple risk factors and summates risk rather than using individual parameters) Once therapy is initiated, Australian guideline-specified targets should be used as a guide to treatment. For secondary prevention, treatment to target an LDL cholesterol reduction of $\geq 50\%$ from baseline and an LDL cholesterol goal of < 1.4 mmol/L |
| Blood pressure | Treatment targets should be individualised and monitored for side effects from medications used to lower blood pressure 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 CKD remains $< 130/80$ mmHg. However, $140/90$ mmHg is still considered a general target (see the Heart Foundation's 2016 Guideline for the diagnosis and management of hypertension in adults) |
| Urine albumin excretion | uACR: <ul style="list-style-type: none"> • Women: < 3.5 mg/mmol • Men: < 2.5 mg/mmol Timed overnight collection: < 20 μ g/min; spot collection: < 20 mg/L |
| Vaccination | Recommended immunisations: influenza, pneumococcus, dTpa, COVID-19 Consult the Australian immunisation handbook for specific advice Consider: RSV (age > 60 years), hepatitis B (if travelling), herpes zoster |

CKD, chronic kidney disease; CVD, cardiovascular disease; dTpa, diphtheria-tetanus-acellular pertussis; HbA1c, glycated haemoglobin; LDL, low-density lipoprotein; RSV, respiratory syncytial virus; uACR, urine albumin-to-creatinine ratio.