

Summary of DAROC Clinical Practice Guidelines for Diabetes Care-2018

2018 糖尿病臨床照護指引摘要

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Based on the findings of various reports, it is estimated that there were 1.73-2.20 million people with treated diabetes in Taiwan in 2014-2015. There is no change in the diagnostic criteria for diabetes, which can be made by fasting plasma glucose, 2-hour plasma glucose during a 75g oral glucose tolerance test and hemoglobin A1c. Physicians can differentiate type 1 and type 2 diabetes by clinical presentation, plasma C-peptide concentration, the presence of auto-antibodies and treatment response. There are three different screening methods suggested by the guideline. One is based on the service by the National Health Insurance in Taiwan, one is based on Taiwan Diabetes Risk Scores, and the other one is based on risk factors of diabetes. For these high-risk groups, results from fasting plasma glucose and hemoglobin A1c can be used to determine the need of an oral glucose tolerance test.

Generally, the treatment goals for adults with diabetes are fasting plasma glucose 80-130 mg/dL, post-prandial plasma glucose 80-160 mg/dL and hemoglobin A1c <7%. However, these goals should be individualized. For the older adults, less stringent treatment goals can be set according to their health status. For children and adolescents with type 1 diabetes, the general treatment goals are fasting plasma glucose 90-130 mg/dL, plasma glucose before sleep 90-150 mg/dL and hemoglobin A1c <7.5%, with individualized considerations.

The guideline recommends a treatment algorithm for people with type 2 diabetes. Physicians should consider patient's current glycemic control, risk of hypoglycemia, body weight, risk of cardiovascular diseases and adverse effect, in order to determine the appropriate pharmacological therapy for the patient. Besides, regular monitoring is recommended, which includes plasma glucose, hemoglobin A1c, lipid profile, renal function, the presence of diabetic complications including retinopathy, nephropathy, neuropathy and diabetic foot diseases, oral examinations, and screening for cancers. For diabetic inpatients, the general glycemic control is plasma glucose 140-180 mg/dL.

Individual consideration is needed for a more or less stringent goal.