



AACE Publishes New Diabetes Clinical Practice Guidelines

The American Association of Clinical Endocrinologists (AACE) today announced the release of its medical guidelines for the diagnosis and management of diabetes mellitus.

The new publication represents the most up-to-date and comprehensive diabetes management guidelines available. The Guidelines consider the clinical management of blood glucose, blood pressure, and abnormalities of lipid metabolism, and also address the prevention of diabetes and the prevention and treatment of diabetic complications.

Dr. Richard Hellman, MD, FACP, FACE, President of AACE, said it is important to point out that the guidelines are among the first clinical guidelines that focus on the issue of patient safety. The guidelines include evidence-based models for improving patient outcomes in the clinical setting. "These guidelines are the first that specifically point to how best to protect the patient with diabetes against mistakes and misjudgments by all those who directly or indirectly impact their diabetes care, including themselves," said Dr. Hellman. "The emphasis on patient safety is a first in diabetes guidelines and we expect it will become a necessary part of all future diabetes guidelines. Patient safety is not a given. A system must be properly designed to reach the goal of acceptable levels of patient safety."

The Guidelines address both type 1 and type 2 diabetes, diabetes during pregnancy, and other situations. The Guidelines are intended for all physicians and health care providers who manage patients with diabetes, including primary care physicians, cardiologists, endocrinologists, and other medical specialties. The Guidelines run 66 pages and have more than 500 citations to the medical and scientific literature, and carefully evaluate the quality of the data in those references to ensure that the recommendations are "evidence-based" and not simply qualitative or based on the opinions of a few experts.

Today, more than 18 million Americans are living with type 2 diabetes. In an April 2007 report, AACE showed that three out of five are living with one or more serious complications. The Centers for Disease Control (CDC) estimates the annual cost of treating diabetes in America is \$132 billion. Another \$23 billion is spent annually treating the complications associated with diabetes.

"There is an urgent need for all physicians to raise their index of suspicion and implement better screening of at-risk populations and individuals," said Helena Rodbard, MD, FACP, MACE, Task Force Chair and Past President of AACE. "By the time they are diagnosed for the first time, patients have already had the condition for an average of 10 years, and 50% of newly-diagnosed patients with type 2 diabetes already have one or more complications, not infrequently something as severe as a heart attack. All physicians need to do a better job of identifying the patients with the pre-diabetic state, and intervening with intensive lifestyle modifications as early as possible."

Dr. Rodbard explained: "In recent years, the number of types of therapy for diabetes has increased dramatically, with several new classes of medications and several new types of insulin analogs. These medications are commonly used - and needed - in combination. Accordingly, the task for the physician has become considerably more challenging because of the huge number of combinations and options for therapy. These Guidelines will help physicians provide more effective care with improved safety, customized to the individual patient rather than following an oversimplified 'cookbook approach' or algorithm."

"The legacy of these Guidelines will not be just the overall excellence of the information, but what is new about them," said Dr. Hellman. "The focus on reducing medical errors, whether they are from the provider or patient, is new. So is the emphasis on focusing on patient safety issues and the understanding that changing the system of care, creating a 'culture of safety,' and emphasizing coordination of care is an essential part of modern diabetes care. I am confident that these guidelines will prove to be a model for plans of care in the future that will center on improved patient safety, as a goal that must be planned for and worked on, so we can be sure when we measure outcomes that our patients with diabetes receive the most effective and safest care possible."

The Guidelines are published in a special supplement to the May/June 2007 issue of *Endocrine Practice*, a peer-reviewed journal of AACE and is also available on the AACE Web site, at: <http://www.aace.com/pub/pdf/guidelines/DMGuidelines2007.pdf>.

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