

GLYCEMIC TARGETS FOR TYPE 2 DIABETES MELLITUS MANAGEMENT IN ADULTS: A1C GOALS

This guideline recommends A1C goals for different categories of patients with diabetes.

- Targets may change over time with advancing age and co-existent illness, as well as life circumstances, and should be addressed at routine intervals, at a minimum annually.
- Provider discretion to select goals not consistent with these specifications should be based on assessment of a variety of factors, provided rationale, as well as the A1C, is documented for the A1C target chosen.
- Poor glycemic control is often due to a variety of reasons, including non-compliance, under- or over-treatment or too little insulin secretion for non-insulin medication to be effective.
- Consider patients' cultural beliefs and individual attitudes in formulating treatment plan. Provider awareness and empathy increases patient trust, motivation and adherence to therapy.
- **If there is difficulty in maintaining glycemic control, consider eConsult to discuss medication options.**

Global Characteristics	Specifics	A1C goal
Young patients with uncomplicated diabetes	<ul style="list-style-type: none"> • Age <50 years • No or occasional mild and explained hypoglycemia • No significant co-morbidities 	<6.5%
Most patients with diabetes		<7%
Patients who can get close to target on maximized non-insulin regimens or BIDO	<ul style="list-style-type: none"> • Needs insulin initiation or intensification <i>and</i> • Patient prefers not to advance therapy (i.e., declines insulin) 	7-7.4%
Patients where tight glycemic control is causing unintended effects	<ul style="list-style-type: none"> • On appropriate medication regimen but measures to prevent hypoglycemia were unsuccessful • Experiencing wide swings in blood glucose monitoring which could lead to recurring hypoglycemia events 	7.5-8%
Patients who have other reasons for looser A1C control including those where attempts at tighter control result in hypoglycemia	<ul style="list-style-type: none"> ❖ Patient safety <ul style="list-style-type: none"> • Advanced age • Cognitive dysfunction • Frailty • Co-morbidities, especially existing cardiovascular disease, or advanced renal dysfunction • Social and educational issues (should be addressed through psychosocial intervention, if available) • Psychiatric issues (should be addressed through psychosocial intervention, if available) ❖ Futility - Shortened life expectancy ❖ Diabetes-related issues <ul style="list-style-type: none"> • Advanced diabetes complications • Hypoglycemia unawareness and on medication that can cause hypoglycemia ❖ Long duration diabetes that is difficult to control <ul style="list-style-type: none"> • Goal of ~8% should be reevaluated every 3-6 months; if reasons for difficulty with control are resolved, goal is to further reduce A1C • Utilize eConsult if unable to resolve 	~8%

If A1C is:	6%	6.5%	7%	7.5%	8%	8.5%	9%	10%	11%	12%
Average SMBG is (mg/dL):	~120	~135	~150	~165	~180	~195	~210	~240	~270	~300

