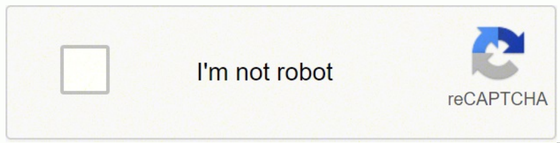

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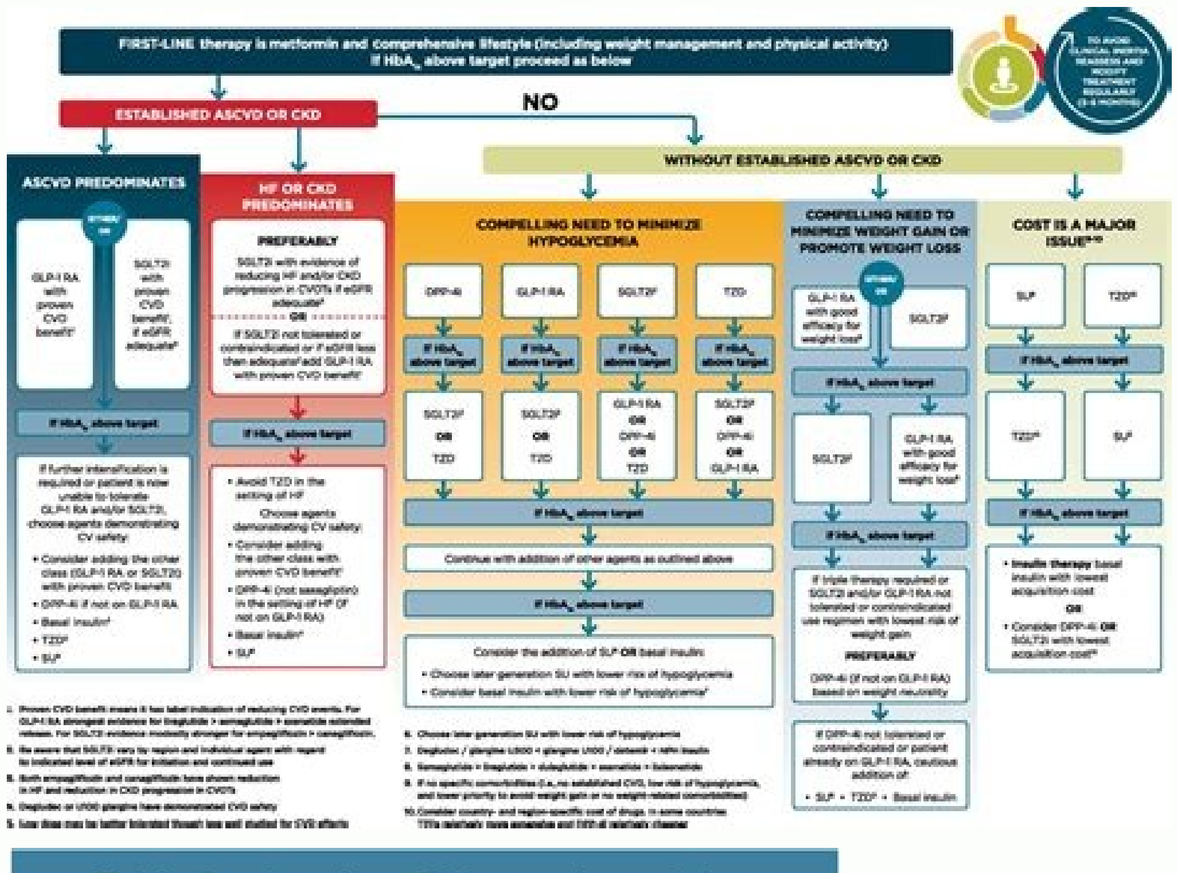


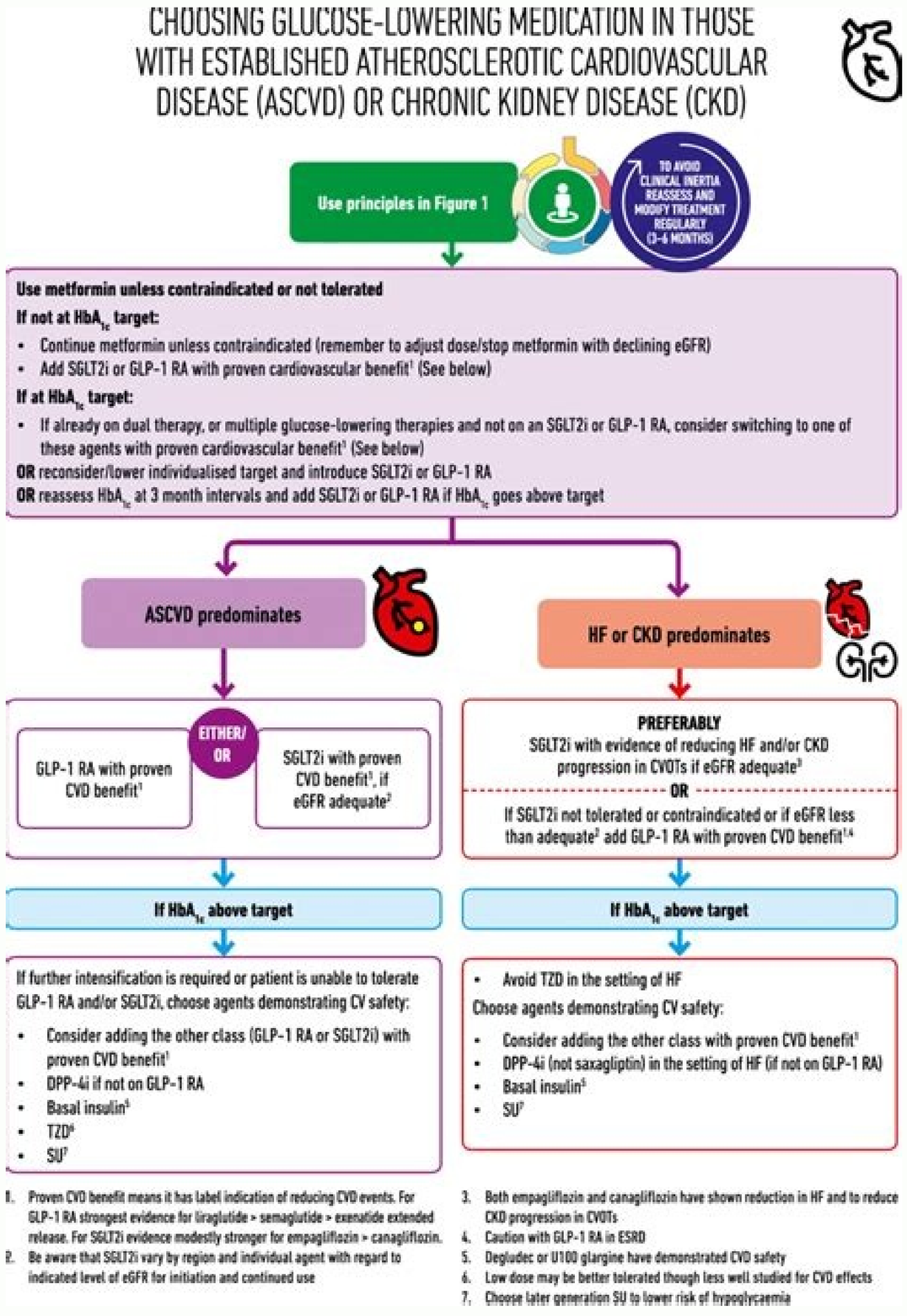
1. Proven CVD benefit means it has label indication of reducing CVD events. For GLP-1 RA strongest evidence for liraglutide > semaglutide > exenatide extended release. For SGLT2i evidence modestly stronger for empagliflozin > canagliflozin.
2. Be aware that SGLT2i vary by region and individual agent with regard to indicated level of eGFR for initiation and continued use
3. Both empagliflozin and canagliflozin have shown reduction in HF and to reduce CKD progression in CVOTs
4. Caution with GLP-1 RA in ESRD
5. Degludec or U100 glargine have demonstrated CVD safety
6. Low dose may be better tolerated though less well studied for CVD effects
7. Choose later generation SU to lower risk of hypoglycaemia
8. Choose later generation SU with lower risk of hypoglycemia
9. Degludec / glargine U300 • glargine U100 / tresiba • rapid insulin
10. Semaglutide • liraglutide • dulaglutide • exenatide • lixisenatide
11. If no specific comorbidities (i.e. no established CVD, low risk of hypoglycaemia, and lower priority to avoid weight gain or no weight-related comorbidities)
12. Consider country- and region-specific cost of drugs in some countries

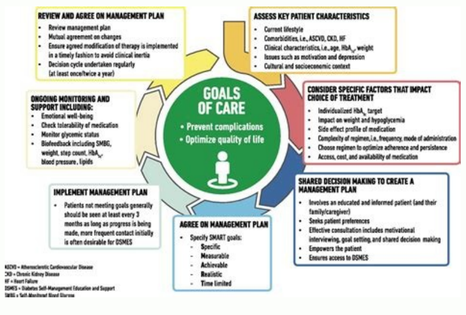
Table 2 – American Diabetes Association diagnostic criteria for diabetes[18]

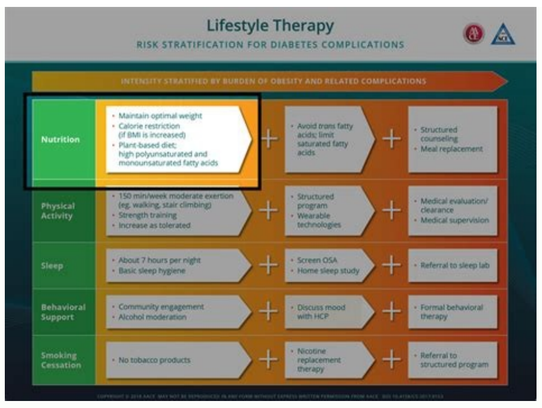
Test[a]	Threshold	Qualifier
Hemoglobin A_{1c} or	≥ 6.5%	Lab NGSP-certified, standardized DCCT assay
Fasting glucose or	≥ 126 mg/dL (7.0 mmol/L)	No caloric intake for at least 8 hours
2-hour glucose or	≥ 200 mg/dL (11.1 mmol/L)	After 75 g of anhydrous glucose
Random glucose	≥ 200 mg/dL (11.1 mmol/L)	Plus classic hyperglycemia symptoms or crisis

NGSP, National Glycohemoglobin Standardization Program; DCCT, Diabetes Control and Complications Trial.

[a] Results must be confirmed by repeated testing.







Gestational diabetes ada guidelines 2018. Ada 2018 diabetes guidelines. Easd ada diabetes guidelines 2018. What are the ada guidelines for diabetes. Ada inpatient diabetes guidelines 2018. Ada pediatric diabetes guidelines 2018.

The test every 30 minutes at 2 hours is necessary for intravenous insulin infusion. The results of a PIC meter glucose which are not related to the patient's clinical state must be confirmed with conventional laboratory measures. Sufficient cognitive and physical skills, adequate oral recruitment, competence in the estimate of carbohydrates and knowledge of the management of the sick are some of the requirements. Befforts to evaluate the quality of diabetes care and create quality improvement strategies should incorporate reliable data metrics, to promote improved care processes and health results, with simultaneous emphasis on costs. Cefficactive DSMES should be centered on the patient, can be supplied in group or individual contexts or using technology and should help drive clinical decisions. Cexercise in the presence of specific long-term complications of proliferative diabetetic retinopathy of retinopathy diabetes or severe non-proliferative diabetic retinopathy is present, aerobic aerobic or vigorous resistance exercise can be contraindicated due to the risk of triggering hemorrhage or Detachment of vitreous retinance. Bassessment for Distol Symmetric Polneuropatiay should include careful chronology and temperature assessment or temperature sensation or pinprick (small fiber function) and vibration sensation using a 128-Hz tuning fork (for large fiber function). BTREATDMENTEMENTMIZE Glucose control to reduce risk or slow down the progression of the DKD. Nauction, William K. Epativideents with Pririabetes should be referred to an intense program of intervention of the behavioral lifestyle modeled on the diabetes prevention program to reach and maintain the loss of 7% of the initial body weight and The physical activity of moderate intensity (as a lively foot) at least 150 minutes / week. SNEEK, Ruth S. Metformin has the base of stronger tests and has demonstrated long-term security as a pharmacological therapy for diabetes prevention. Hypoglycemia is associated with a Mortatity, hypoglycemia can be an underlying disease indicator rather than the cause of greater mortality. The non-pregnant patients of the bin with diabetes and hypertension, or an ACE inhibitor or an ARB is recommended for those with a modestly high uach ratio (30 "299 mg / g cr) b and is strongly recommended for those with uach Â ¢ Â € 300 mg / g CR and / or EGFR 85 %%) O obese (BMI> 95 %%) and have one or more additional risk factors for diabetes (see Table 4). See the full standards of 2018 for the conditions that cause discrepancies. (* Leader of the subgroup) ATHE diabetic neuropathies are a diagnosis of exclusion and are a heterogeneous group of disorders with different clinical manifestations. The test suggests that type 2 diabetes in the youth is different not only from type 1 diabetes but also from type 2 diabetes in adults and has unique characteristics, such as a rapid progressive drop in a cellular function Î² and accelerated development of the Diabetes complications. Complications.

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