Complete Summary

GUIDELINE TITLE

Type 1 and 2 diabetes mellitus.

BIBLIOGRAPHIC SOURCE(S)

Texas Tech University Managed Health Care Network Pharmacy & Therapeutics Committee. Type 1 and 2 diabetes mellitus. Conroe (TX): University of Texas Medical Branch Correctional Managed Care; 2003 Apr. 10 p. [2 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Texas Tech University Managed Health Care Network Pharmacy & Therapeutics Committee. Type 2 diabetes mellitus. Conroe (TX): Texas Department of Criminal Justice, University of Texas Medical Branch; 2001 Jun. 6 p.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Type 1 and 2 diabetes mellitus

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Endocrinology
Family Practice
Internal Medicine

INTENDED USERS

Health Care Providers
Physicians

GUIDELINE OBJECTIVE(S)

To develop appropriate recommendations for management of type 1 and 2 diabetes mellitus and recommendations for converting type 2 diabetics from insulin to oral therapy

TARGET POPULATION

Incarcerated offenders within the Texas Department of Criminal Justice with type 1 and type 2 diabetes mellitus

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis/Evaluation

1. Baseline laboratory examinations including:
    - Renal function
    - Liver function tests (LFTs)
    - Urinalysis (UA)
    - Thyroid function tests
    - Fasting and 2-hour postprandial serum glucose and hemoglobin A1c (HbA1c)
    - Electrocardiogram (ECG)

Management, Treatment, and Evaluation

1. Patient education related to weight loss, exercise plan, and diet plan
2. Pharmacotherapy:
    - Insulin (Type 1 diabetes mellitus only)
    - Oral hypoglycemic therapy with glyburide or metformin (Type 2 Diabetes mellitus only)
    - Insulin/oral combination therapy
    - Aspirin
    - Angiotensin-converting enzyme (ACE) inhibitor (Enalapril)
3. Fasting and 2-hr postprandial blood glucose with finger stick (FS)
4. Dosage adjustments as needed
5. Periodic laboratory evaluations, foot and eye examinations, and evaluation of patient compliance with medications and recommended lifestyle modifications
6. Referral to specialist as needed

MAJOR OUTCOMES CONSIDERED

Measures of glycemic control, such as fasting glucose, postprandial (2-hr) glucose, and hemoglobin A1c (HbA1c)

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Not stated

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not applicable

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The major recommendations are provided in the form of algorithms for: Type 1 Diabetes Mellitus, Type 2 Diabetes Mellitus, and Converting Type 2 Diabetics from Insulin to Oral Therapy.

CLINICAL ALGORITHM(S)

Algorithms are provided for:

- Type 1 Diabetes Mellitus
- Type 2 Diabetes Mellitus
- Converting Type 2 Diabetics from Insulin to Oral Therapy

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The guideline was adapted from American Diabetes Association: Clinical Practice Recommendations 2003. Diabetes Care. 2003:26:S1-148 and The Association of Clinical Endocrinologists. Medical Guidelines for the Management of Diabetes Mellitus: The AACE System of intensive Diabetes Self-Management – 2000 Update. Endocrine Practice. 2000:6:42-84.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Appropriate management of type 1 and type 2 diabetes mellitus
- Appropriate conversion of type 2 diabetics from insulin to oral therapy

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The pathways do not replace sound clinical judgment nor are they intended to strictly apply to all patients.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Clinical Algorithm

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

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DATE RELEASED

1997 Mar (revised 2003 Apr)

GUIDELINE DEVELOPER(S)

University of Texas Medical Branch Correctional Managed Care - Academic Institution

SOURCE(S) OF FUNDING

University of Texas Medical Branch Correctional Managed Care

GUIDELINE COMMITTEE

Texas Tech University Managed HealthCare Network Pharmacy & Therapeutics Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

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GUIDELINE AVAILABILITY

Print copies: Available from University of Texas Medical Branch (UTMB), 3009A HWY 30 West, Huntsville, TX, 77340.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

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Date Modified: 9/15/2008