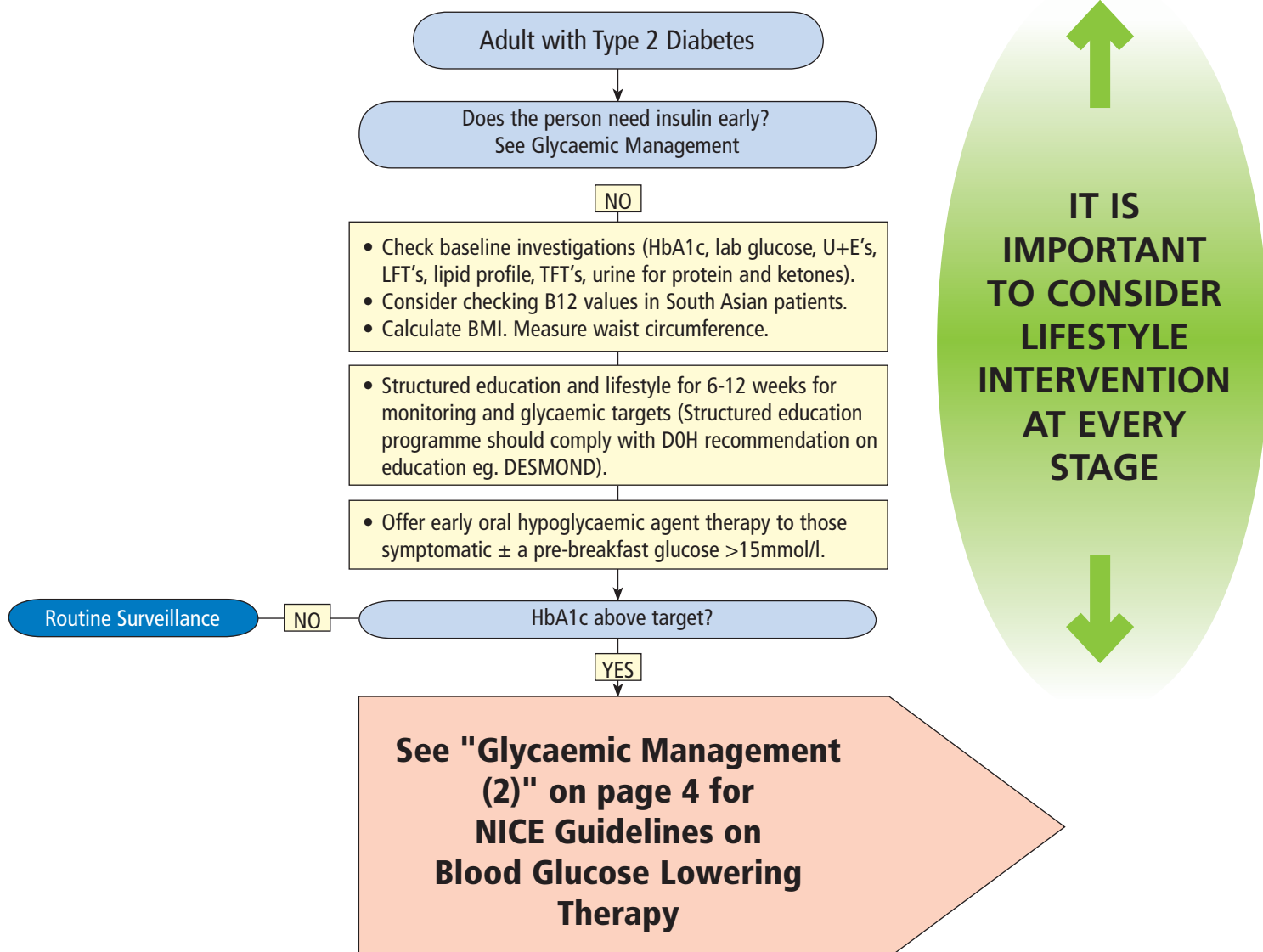


TARGET HbA1c

- <53mmol/mol (7.0%) in Type 1 Diabetes
- 48-58mmol/mol (6.5-7.5%) in Type 2 Diabetes
- <48mmol/mol (6.5%) in patients with short duration Type 2 Diabetes on diet plus 1 or 2 oral therapies
- <58mmol/mol (7.5%) once 3rd line treatment is added (see NICE guidelines)
- <53mmol/mol (7%) Pre-conception

Although we strive for these targets, levels should be set with the individual patient.

For more information on oral agents see Glycaemic Management - Oral Agents sheet.



TYPE 2 DIABETES - ALGORITHM FOR BLOOD PRESSURE MANAGEMENT

Practical Guidelines in Diabetes

BLOOD PRESSURE
Treatment Target
<140/80
End organ changes
(kidneys/eyes/brain)
<130/80

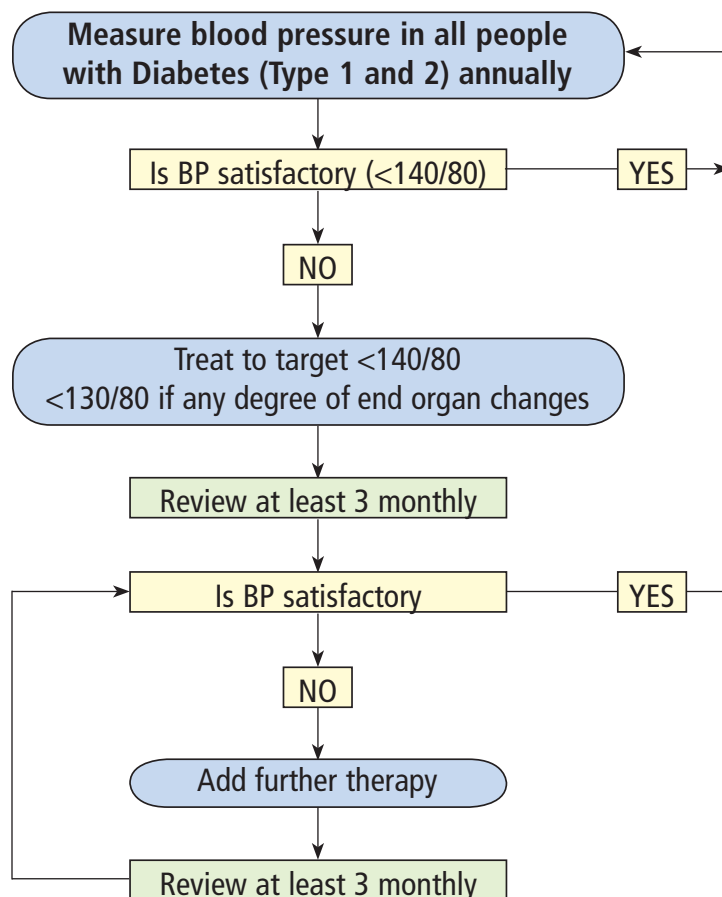
- Offer lifestyle advice, particularly salt intake
- Aim for BP <140/80 (JBS-2)
- Offer early pharmacological treatment to reduce BP, particularly in those with:
 BP >160/100
 Cardiovascular disease
 Microvascular disease
- Consider:
 Introduction of a statin
 Combination pharmacological therapy is likely to be needed

1st Line Anti-hypertensive Agents

- ACE Inhibitors
- Low-cost Angiotensin II Receptor Blockers such as losartan*
- Long acting calcium channel blockers (CCB)
- Thiazide Diuretics (particularly in the elderly with systolic hypertension) such as Indapamide
- Patients of Afro-Caribbean origin may respond differently to anti-hypertensive treatment (CCB often preferred as 1st line treatment)

Anti-hypertensive Agents as part of Combination Therapy

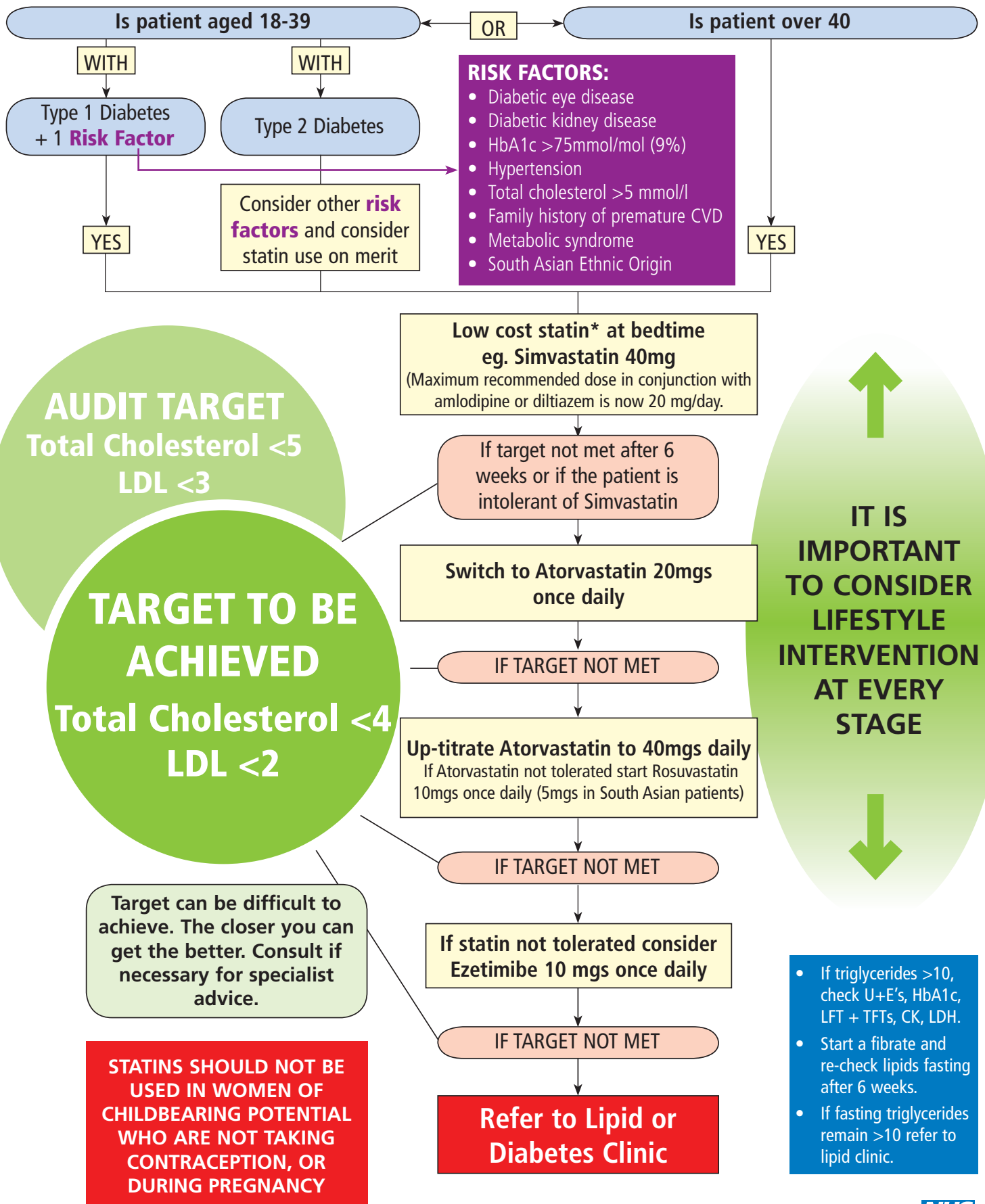
- Beta Blockers
- Spironolactone
- Alpha Blockers



*See Leicestershire Medicines Formulary at <http://leicestershire.formulary.co.uk>

TYPE 2 DIABETES - ALGORITHM FOR LIPID AND DIABETES MANAGEMENT

Practical Guidelines in Diabetes



*See Leicestershire Medicines Formulary at <http://leicestershire.formulary.co.uk>