

Summary of Revisions for the 2005 Clinical Practice Recommendations

The 2005 supplement is very different from its predecessors. It does not contain all of the ADA's position statements. It contains only the "Standards of Medical Care in Diabetes" and selected other position statements. This change was made to emphasize the importance of the "Standards" as the best source to determine ADA recommendations. Current position statements will be updated as necessary and published when completed. A list of the current position statements not included in this supplement appears on p. S69.

Additions to the Standards of Medical Care in Diabetes

- Screening for diabetes
- Prevention of type 2 diabetes
- Psychosocial assessment and care
- Diabetes Care in specific populations
 - Children and adolescents with type 1 diabetes
- Diabetes in specific settings
 - Hospitals
 - Schools/Day care
 - Camps
 - Correctional institutions

Summary of Revisions to Standards of Medical Care for Diabetes

- Medical Nutrition Therapy (MNT): Expanded to discuss more fully the role of carbohydrates in the diet of those with diabetes and the role of lifestyle modification in obesity prevention and management.
- Lipid management: Updated recommendations based on recent studies (including the CARDS study) to include the following.
 - In individuals with diabetes aged >40 years with a total cholesterol ≥ 135 mg/dl, without overt cardiovascular disease, statin therapy to achieve an LDL reduction of 30–40% regardless of baseline LDL levels is recommended. The primary goal is an LDL <100 mg/dl (2.6 mmol/l).
 - For persons with diabetes aged <40 years without overt cardiovascular disease, but at increased risk (due to other cardiovascular risk factors or long duration of diabetes), who do not achieve lipid goals with lifestyle modifications alone, the addition of pharmacological therapy is appropriate and the primary goal is an LDL cholesterol <100 mg/dl (2.6 mmol/l).

- People with diabetes and overt cardiovascular disease are at very high risk for further events and should be treated with a statin. A lower LDL cholesterol goal of <70 mg/dl (1.8 mmol/l), using a high dose of a statin, is an option in these high-risk patients with diabetes and overt cardiovascular disease.

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