

TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



WINTER/SPRING 2010

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TDC Recommends A1c Goal Based on Patient Risk Factors

In October, the TDC adopted the A1c range illustrated below to assist healthcare professionals in determining appropriate A1c goals for their patients with diabetes. This latest recommendation takes into account the importance of individualizing A1c goals based on patient characteristics and comorbidities.

The TDC's Medical Professional Advisory Subcommittee reviewed clinical evidence from intervention trials, long-term follow-up trials, and epidemiological data in recommending the range now referenced in the following algorithms:

- ♦ Glycemic Control Algorithm for Type 2 Diabetes Mellitus in Children and Adults
- ♦ Insulin Algorithm for Type 1 Diabetes Mellitus in Children and Adults
- ♦ Insulin Algorithm for Type 2 Diabetes Mellitus in Children and Adults/Initial Insulin Therapy for Type 2 Diabetes Mellitus

in Children and Adults: A Simplified Approach

- ♦ Minimum Practice Recommendations Flow Sheet

The recommended A1c range is reflected in a "Glycemic Goals" box found on each algorithm:

Glycemic Goals			
Individualize goal based on patient risk factors			
A1c	≤6%	<7%	<8%
FPG	≤110	120	140 mg/dL
2h PP	≤130	180	180 mg/dL

As a result of these recent revisions, the *Diabetes Tool Kit, Fifth Edition* (Revised August 2009) includes outdated versions of the algorithms listed above. Download the latest revisions to TDC algorithms and guidelines by visiting tdctoolkit.org and selecting "Algorithms and Guidelines." ■

A1c Goals

Individualized goal based on patient risk factors

A1c < 6-7%



A1c < 7-8%

Intensify management if:

- Absent/stable cardiovascular disease
- Mild-moderate microvascular complications
- Intact hypoglycemia awareness
- Infrequent hypoglycemic episodes
- Recently diagnosed diabetes

Less intensive management if:

- Evidence of advanced or poorly controlled cardiovascular and/or microvascular complications
- Hypoglycemia unawareness
- Vulnerable patient (ie, impaired cognition, dementia, fall history)

A1c is referenced to a non-diabetic range of 4-6% using a DCCT-based assay. ADA Clinical Practice Recommendations. *Diabetes Care* 2009;32(suppl 1):S19-20

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TEXAS DIABETES
COUNCIL

Texas Diabetes Institute Celebrates 10th Anniversary

In November, the Texas Diabetes Institute (TDI) celebrated ten years of diabetes education, treatment, and research with a press conference on World Diabetes Day. The groundbreaking for the 153,000-square-foot facility on the west side of San Antonio in 1996 marked the fulfillment of a TDC state plan recommendation to develop a comprehensive clinical treatment and education center, or “Center of Excellence,” in the state.

Following review of other state-of-the-art diabetes centers, funding for core projects to establish the center was awarded in 1993 to a collaborative effort between University Health System and the University of Texas Health Science Center – San Antonio that would eventually leverage local funding for the development of the TDI facility.

TDI’s vision to serve as a national resource center in the treatment and education of diabetes mellitus and to find a cure for the common forms of diabetes through clinical and basic research is reflected in ongoing diabetes studies and the 2010 course schedule of its professional Continuing Education Program (CEP).

www.texasdiabetesinstitute.com

2010 Texas Diabetes Institute Continuing Education Program Schedule

2010 Diabetes Educator Review Course (DERC)

Thursday, April 15, 2010, and

Friday, April 16, 2010

Texas Diabetes Institute, San Antonio, TX

Revised and streamlined for 2010, this two-day course is designed for health-care professionals who would like to enhance their knowledge and skills within the area of diabetes education, care, and treatment. Through both lecture and case discussion,



DERC will provide effective strategies for problem-solving, encouraging healthy behavior change, healthy coping, nutrition, and monitoring. Individuals who are planning to take the Certified Diabetes Educator (CDE) exam, or need continuing medical education hours to maintain their CDE are strongly encouraged to attend.

Type 2 Diabetes: Prevention, Intervention, and Outcomes (T2DM)

Saturday, September 25, 2010

Isla Grand Beach Resort, South Padre Island, TX

T2DM will provide a comprehensive clinical update on evidence-based approaches and outcomes associated with persons with diabetes. This full-day interaction provides an intensive and practical approach to the treatment of diabetes with topics focusing on hypertension, exercise, treatment, and reducing the risk of diabetes in vulnerable populations.

Southwest Diabetes Symposium (SWDS)

Saturday, November 13, 2010, and
Sunday, November 14, 2010

Wyndham El Paso Airport Hotel, El Paso, TX

Leading researchers and practitioners will disseminate the latest advancements in the prevention and treatment of diabetes. This two-day course will provide an intensive, practical, multidisciplinary approach to the treatment of hyperglycemia, dyslipidemia, hypertension, clinical nephropathy, retinopathy, nutrition management, autonomic neuropathy, and obesity. Speakers will present a rational therapeutic approach based upon sound pathophysiologic principles. All treatment guidelines will be based on the standards of care for diabetic patients, as published by the American Diabetes Association.

Visit texasdiabetesinstitute.com/cme for registration information. Questions about upcoming offerings should be directed to Jeannie M. Hahl, Coordinator of the Continuing Education Program, at 1-210-358-7398, or via email at Jeannie.hahl@uhs-sa.com. ■

A1c Goal Based on Patient Risk Factors *Continued from page 1*

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National Diabetes Exemption Program for Commercial Driver Licenses

State guidelines for obtaining a commercial driver license for interstate commerce continue to indicate that an applicant must have “no diagnosis of diabetes requiring insulin for control.” However, the national Diabetes Exemption Program does provide a way for people who use insulin to get an exemption that will allow them to drive trucks and other commercial vehicles in interstate commerce.

When the exemption program started in 2003, program requirements still prohibited most persons using insulin from qualifying for an exemption. But new guidelines passed into law in 2005 offer a better chance for applicants to meet program standards.

Individuals who have **type 1 diabetes** will need to have been on insulin for **two months** before they are eligible to apply for an exemption, and individuals with **type 2 diabetes** will have had to have been on insulin for **one month**.

Applying for the exemption requires the applicant to fill out forms provided by the Federal Motor Carrier Safety Administration (FMCSA) at the U.S. Department of Transportation. A medical examiner must first certify the applicant followed by evaluation by an endocrinologist and an ophthalmologist or optometrist.

Texas Administrative Code pertaining to qualifications to drive in interstate commerce state that “the diabetes exemption which are acceptable in lieu of complying with the diabetes requirements stated . . . are issued by the Federal Motor Carrier Safety Administration. An applicant [for a commercial driver license which authorizes operation of a commercial vehicle in interstate commerce] must present the applicable document at the time of application.”

By law, FMCSA must either grant or deny an exemption within 180 days of receiving an application. Once a decision is made, FMCSA publishes a notice in the Federal Register giving the public 30 days to comment on the application before issuing a final determination. If granted an exemption, the applicant will receive information from FMCSA regarding requirements during the two-year exemption period.



Additional information about how the exemption process has changed since 2003, and helpful links to FMCSA exemption applications and medical examination report forms can be found on the American Diabetes Association website (diabetes.org). Search on “Frequently Asked Questions About Commercial Driver’s Licenses” and “Commercial Driver’s Licenses.”

FMCSA Driver Exemption Programs:
<http://www.fmcsa.dot.gov/rules-regulations/topics/medical/exemptions.htm>.

FMCSA Forms (including Medical Examination Form for Commercial Driver Fitness Determination):

<http://www.fmcsa.dot.gov/forms/forms.htm>. ■



Diabetes & Chronic Kidney Disease Tool Kit for Faith-Based Organizations

Texas Campaign for Kidney Health partners announce the availability of a new resource for health educators. *Nurture Your Congregation: Diabetes & Chronic Kidney Disease* is a non-denominational communications Tool Kit designed to be used in houses of worship.

The Tool Kit is a collection of health information and supporting materials that will help educators talk about kidney disease and its risk factors, and the importance of early testing and treatment. It may be used to plan a long-term health ministry or a one-time health event for congregants. Tool Kit components can be downloaded at kidneyhealth.tmf.org/CKDResourcesforEducators/tabid/1105/Default.aspx. For more information or to order hard copies of Tool Kit materials, contact TMF Health Quality Institute at 1-866-439-8863 or KidneyHealth@tmf.org.

The Texas Campaign for Kidney Health is a statewide network of kidney-related organizations working together to promote prevention, early detection, treatment, and management of chronic kidney disease in Texas. ■



Make the Link to the Latest Professional Resources from the TDC

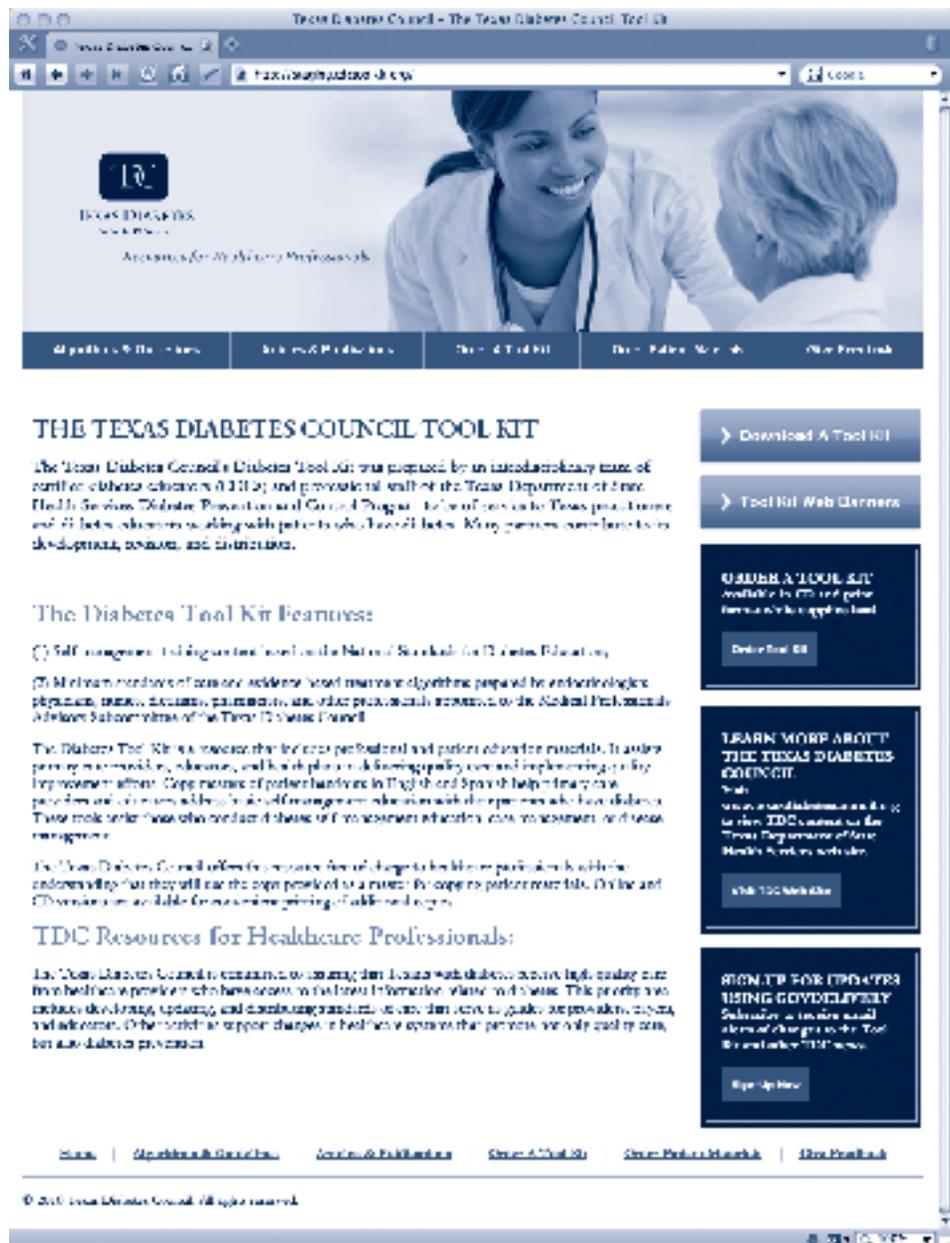
New web banners available for your organization's website

The TDC's resources for healthcare professionals have found a new home at tdctoolkit.org. Through the volunteer efforts of TDC committee members, diabetes educators, and healthcare practitioners from across the state, our featured content is expanding and we want to spread the word through a new set of web banners.

Healthcare association, continuing education, and health information sites are encouraged to add a banner to help direct users to TDC publications, such as the Diabetes Tool Kit, patient education materials, and diabetes treatment algorithms. Your web developer can paste the code provided at <http://www.tdctoolkit.org/webbanners.asp> into appropriate pages on your site.

More interactive features for tdctoolkit.org are in the works, including email notification of Tool Kit users as content is updated, surveys and forms for submitting questions and comments about treatment algorithms, and Web 2.0 functionality.

If you do use one of our banners, we'd like to know about it! Drop us a note at tdc.web@dshs.state.tx.us and provide a link to the page where you feature the banner. If there's a site you'd like to suggest for placing a banner, or have questions about how to place it, notify us at the same email address and we'll be in touch. ■



Results from the 2008 National Diabetes Education Program Survey of the Public's Knowledge, Attitudes, and Practices Related to Diabetes

In 1997, the year the National Diabetes Education Program (NDEP) was founded, survey results showed that only 8 percent of Americans believed that diabetes was a serious disease. Today, about 85 percent of NDEP survey respondents report that they believe diabetes is a serious disease according to results of the NDEP's *Survey of the Public's Knowledge, Attitudes, and Practices Related to Diabetes* conducted in 2006 and 2008.

Comparison of results from each year the survey was conducted show that:

- the proportion of the population who report that diabetes can be prevented

increased significantly between 2006 and 2008, from 64 percent to 71 percent.

- the percent of the population who have heard of the condition called pre-diabetes increased from 45 percent in 2006 to 51 percent in 2008.

The latest survey was conducted by telephone over a 4-month period, August through November 2008. A total of 2,078 interviews were completed, which included 411 people with diagnosed diabetes, 204 people with diagnosed pre-diabetes, 941 people at high risk for diabetes, and 522 others. The overall survey response rate was 54 percent. The sample was designed to provide reliable national estimates of major demographic groups: males and females; whites, African Americans, and Hispanics; and age groups 35-44, 45-64, and 65 years and older.

Both the 2006 and 2008 surveys revealed that people with diabetes are not confident in their understanding of their role and actions in good diabetes management (see graph below). In 2008, less than 50 percent of respondents with diabetes believed they have an "excellent" understanding of the role of:

- Diet
- Low blood sugar

- Use of self-monitoring of blood glucose results
- High blood sugar
- Exercise
- Foot care
- Medications
- Management of complications

A key finding from the 2006 survey indicated that family history was a significant contributing factor for people who felt at risk for diabetes. In 2008, family history continued to be recognized as a risk factor across all racial and ethnic groups.

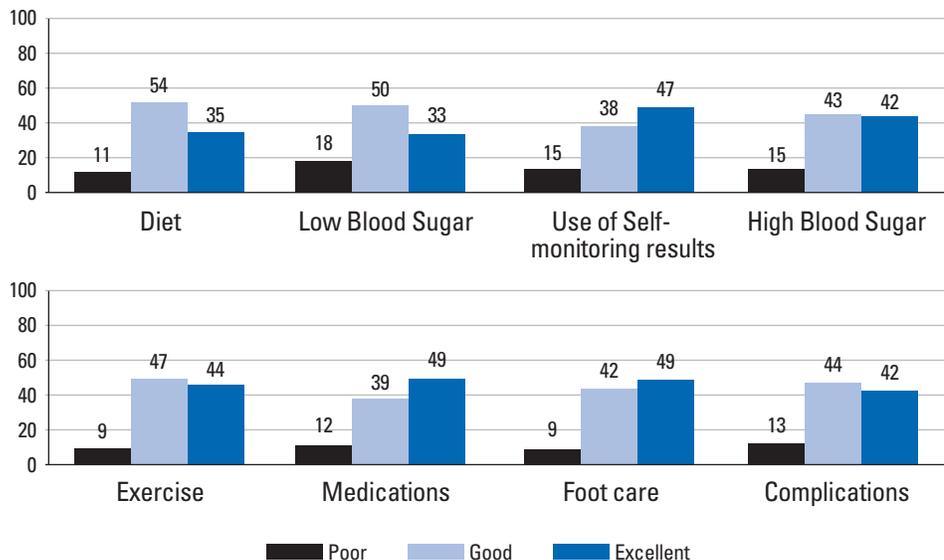
In addition, both surveys reflect a disconnect between people's perception of *what* creates risk for diabetes (being overweight, etc.) and *their* personal risk for diabetes. For example, in 2006, 55 percent of the survey population reported that being overweight was a definite cause of diabetes and 30 percent of people at high risk for diabetes recognized that their weight placed them at risk. Two years later, the awareness of being overweight as a cause of diabetes increased to 68 percent but recognition of being overweight as a risk factor among those at risk for diabetes remained nearly unchanged (28 percent). Respondents recognize that overweight people are at risk but do not seem to see themselves as overweight.

As American Diabetes Alert Day, Tuesday, March 23, 2010, approaches, NDEP is taking heed of survey results and encouraging Americans to think about their family history of diabetes when it comes to their risk for developing type 2 diabetes. NDEP promotions during this time period will focus on the good news that diabetes can be prevented or delayed, using information and materials developed for its *Small Steps. Big Rewards. Prevent type 2 Diabetes* campaign: <http://ndep.nih.gov/partners-community-organization/campaigns/>.

Editor's Note: Excerpts of survey results taken from *National Diabetes Education Program Survey of the Public's Knowledge, Attitudes, and Practices Related to Diabetes: 2008 Executive Summary*, October 2009 http://ndep.nih.gov/media/NDEP_2008_Survey_Executive_Summary.pdf. ■

People with Diabetes Rate Their Understanding of Diabetes Management

Understanding of diabetes management - People with diabetes 35 years of age and older, 2008





TEXAS DIABETES
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www.texasdiabetescouncil.org

Texas Diabetes Council Members

Council members are appointed by the Governor and confirmed by the Senate. Membership includes a licensed physician, a registered nurse, a registered and licensed dietitian, a person with experience in public health policy, three consumer members, four members from the general public with expertise or commitment to diabetes issues, and five state agency representatives who are non-voting members.

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