

# Summary of Revisions for the 2007 Clinical Practice Recommendations

**B**eginning with the 2005 supplement, the Clinical Practice Recommendations contained 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. The position statements in the supplement are updated yearly. Position statements not included in the supplement will be updated as necessary and republished when completed. A list of the position statements not included in this supplement appears on p. S93.

## Additions to the Standards of Medical Care in Diabetes

### Revised Position Statements

- Nutrition Recommendations and Interventions for Diabetes

## Additions to the Standards of Medical Care in Diabetes

- Diabetes care
  - Algorithm for the initiation and adjustment of therapy for type 2 diabetes
- Emergency and disaster preparedness
- Table of agents to treat DPN pain
- Celiac disease

- Revised initial evaluation table (Table 5)

## Summary of Revisions to the Standards of Medical Care in Diabetes

- Diabetes care
  - Components of the comprehensive diabetes evaluation revised
  - Lowering A1C has been associated with a reduction of microvascular and neuropathic complications of diabetes (A) and possibly macrovascular disease (B)
- Medical nutrition therapy (MNT) extensively revised
- Nephropathy
  - Reduction of protein intake to 0.8–1.0 g/kg body wt per day in individuals with diabetes and the earlier stages of chronic kidney disease (CKD) and to 0.8 g/kg body wt per day in the later stages of CKD may improve measures of renal function (e.g., urine albumin excretion rate and glomerular filtration rate) and is recommended (B)
- Celiac disease
  - Children with positive antibodies should be referred to a gastroenterologist for evaluation (E)
  - Children with confirmed celiac disease should have consultation with a

dietitian and placed on a gluten-free diet (E)

- Diabetes care in the hospital
  - Using correction dose or “supplemental” insulin to correct premeal hyperglycemia in addition to scheduled prandial and basal insulin is recommended (C)
- Preconception care
  - Based on recent research, ACE inhibitors should also be discontinued before conception (E)
- Diabetes care in the school and day care setting
  - A 504 plan should be developed and implemented by the family, school nurse, and diabetes health care team (E)

## Members of the Professional Practice Committee

Vivian Fonseca, MD, Chair  
 Lawrence Blonde, MD  
 Hertz C. Gerstein, MD, Msc, FRCPC  
 Irl Hirsch, MD  
 Steven Kahn, MB, ChB  
 Mary T. Korytkowski, MN, MD, MSN  
 Elizabeth Mayer-Davis, MS, PhD, RD  
 James Meigs, MD, MPH  
 Janet H. Silverstein, MD  
 Geralyn R. Spollett, MSN, C-ANP, CDE  
 Judith Wylie-Rossett, RD, EdD