

Summary of Revisions to the 2014 Clinical Practice Recommendations

REVISIONS TO THE STANDARDS OF MEDICAL CARE IN DIABETES—2014

In addition to many minor changes related to new evidence since the prior year, and to clarify recommendations, the following sections have undergone more substantive changes:

Section I.B. Diagnosis of Diabetes was clarified to note that A1C is one of three available methods to diagnose diabetes.

Section II.C. Screening for Type 1 Diabetes was revised to include more specific recommendations, specifically screening for relatives at a clinical research center.

Section III. Detection and Diagnosis of Gestational Diabetes Mellitus was revised to reflect the recent National Institutes of Health (NIH) Consensus Guidelines and to provide two methods for screening and diagnosing (versus the prior Standards that recommended the International

Association of the Diabetes and Pregnancy Study Groups [IADPSG] method).

Section V.C.a. Glucose Monitoring was revised to add additional continuous glucose monitoring language, reflecting the recent approval of a sensor-augmented low glucose suspend threshold pump for those with frequent nocturnal hypoglycemia and/or hypoglycemia unawareness.

Section V.D.2. Pharmacological Therapy for Hyperglycemia in Type 2 Diabetes was changed from 3–6 months to 3 months for a trial with noninsulin monotherapy.

Section V.E. Medical Nutrition Therapy was revised to reflect the updated position statement on nutrition therapy for adults with diabetes.

Section VI.A.3. Antiplatelet Agents was revised to recommend more general therapy (i.e., dual antiplatelet therapy versus combination therapy with aspirin and clopidogrel).

Section VI.B. Nephropathy was revised to remove terms “microalbuminuria” and “macroalbuminuria,” which were replaced with albuminuria 30–299 mg/24 h (previously microalbuminuria) and albuminuria ≥ 300 mg/24 h (previously macroalbuminuria).

Section VI.C. Retinopathy was revised to recommend exams every 2 years versus 2–3 years, if no retinopathy is present.

Section VI.D. Neuropathy was revised to provide more descriptive treatment options for neuropathic pain.

Section VIII. Diabetes Care in Specific Populations was updated to reflect current standards for thyroid and celiac screening. Additionally, new incidence and prevalence data from SEARCH were incorporated.

Section IX.A. Diabetes Care in the Hospital was updated to discourage the sole use of sliding scale insulin in the inpatient hospital setting.