

New clinical practice guideline for management of T2DM

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(HealthDay)—Management of type 2 diabetes should include shared

decision making, and patients should be offered individualized diabetes self-management education and glycemic management plans, according to a summary of a clinical practice guideline published online Oct. 23 in the *Annals of Internal Medicine*.

Paul R. Conlin, M.D., from the VA Boston Healthcare System in West Roxbury, Massachusetts, and colleagues convened a joint U.S. Department of Veterans Affairs (VA) and U.S. Department of Defense (DoD) Evidence-Based Practice Work Group to develop a guideline for management of type 2 [diabetes mellitus](#).

The authors provided updates on management within seven areas: patient-centered care and shared decision making, glycemic biomarkers, target ranges of hemoglobin A1c (HbA1c), individualized treatment plans, pharmacologic treatment in the outpatient setting, glucose targets for [critically ill patients](#), and treatment for patients in the hospital. Patients should be offered individualized [diabetes](#) self-management education, as well as individualized glycemic management plans and target ranges for HbA1c.

"In summary, the VA/DoD CPG [clinical practice guideline] attempts to convey to clinicians, policymakers, and patients the rationale for personalizing treatment on the basis of results from major trials, limitations of the HbA1c test, and evaluation of patient risk for adverse drug events. Conveying complex information in an understandable manner to individual patients and families through a formal process of shared decision making is thus foundational to setting and revising goals that are meaningful, safe, and achievable in everyday clinical practice," the authors write.

More information: [Abstract/Full Text](#)

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