ADA releases 2020 standards of medical care in diabetes

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A strong recurring message of individualizing patient care is echoed throughout the *American Diabetes Association's Standards of Medical*

Care in Diabetes—2020 published recently. Based on the latest scientific diabetes research and clinical trials, the Standards of Care includes new and updated recommendations and guidelines for caring for people with diabetes, including individualized recommendations for treatment of cardiovascular disease based on patients' pre-existing conditions, special considerations for older adults with type 1 diabetes, and revised recommendations and additional supporting evidence for use of rapidly changing diabetes technology.

Also, the ADA released: 2019 Update to Management of Hyperglycemia in Type 2 Diabetes, 2018. A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD), which includes complimentary information on the treatment of type 2 diabetes based on important research findings from large cardiovascular outcomes trials published in 2019 and has been incorporated into the Standards of Care—2020.

John Buse, MD, Ph.D., the Verne S. Caviness Distinguished Professor of Medicine, Division Chief of Endocrinology and Metabolism, and Director of the NC Translational and Clinical Sciences (TraCS) Institute, led the writing of the update, which includes:

- The decision to treat high-risk individuals with a glucagon-like peptide 1 (GLP-1) receptor agonist or sodium–glucose cotransporter 2 (SGLT2) inhibitor to reduce major adverse cardiovascular events (MACE), hospitalization for heart failure (hHF), cardiovascular death, or chronic kidney disease (CKD) progression should be considered independently of baseline HbA1c or individualized HbA1c target;
- GLP-1 receptor agonists can also be considered in patients with type 2 diabetes without established cardiovascular disease (CVD) but with the presence of specific indicators of high risk; and
- SGLT2 inhibitors are recommended in patients with type 2

diabetes and heart failure, particularly those with heart failure with reduced ejection fraction, to reduce hHF, MACE, and CVD death, as well as in patients with type 2 diabetes with CKD to prevent the progression of CKD, hHF, MACE, and cardiovascular death.

The recommendations for treatment of cardiovascular disease, which is the leading cause of morbidity and mortality for individuals with diabetes, have now been individualized based on patients' risks, including the presence of atherosclerotic cardiovascular disease (ASCVD) or ASCVD risk factors, diabetic kidney disease, or heart failure.

More information: John B. Buse et al. 2019 Update to: Management of Hyperglycemia in Type 2 Diabetes, 2018. A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD), *Diabetes Care* (2019). DOI: 10.2337/dci19-0066

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