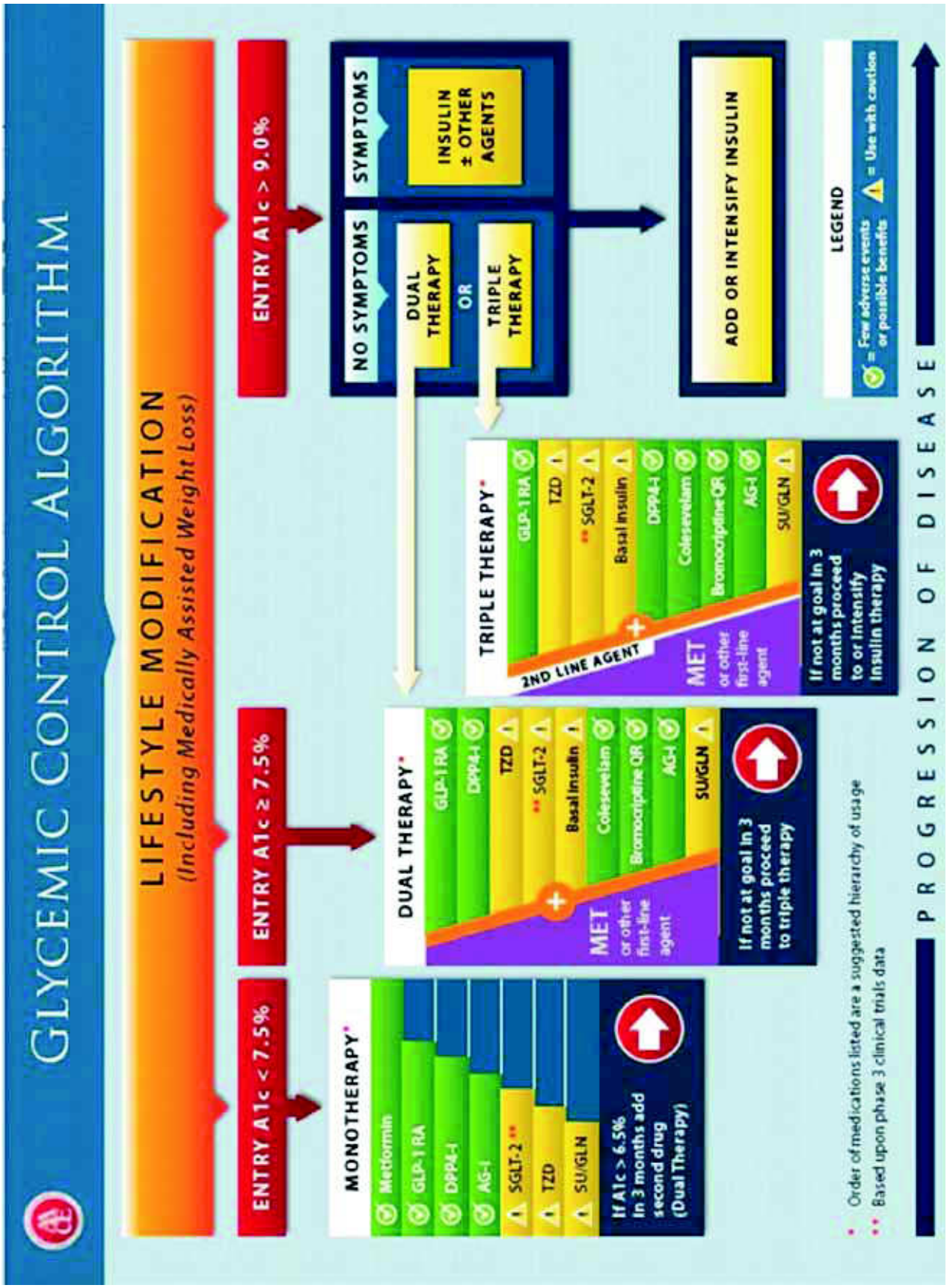
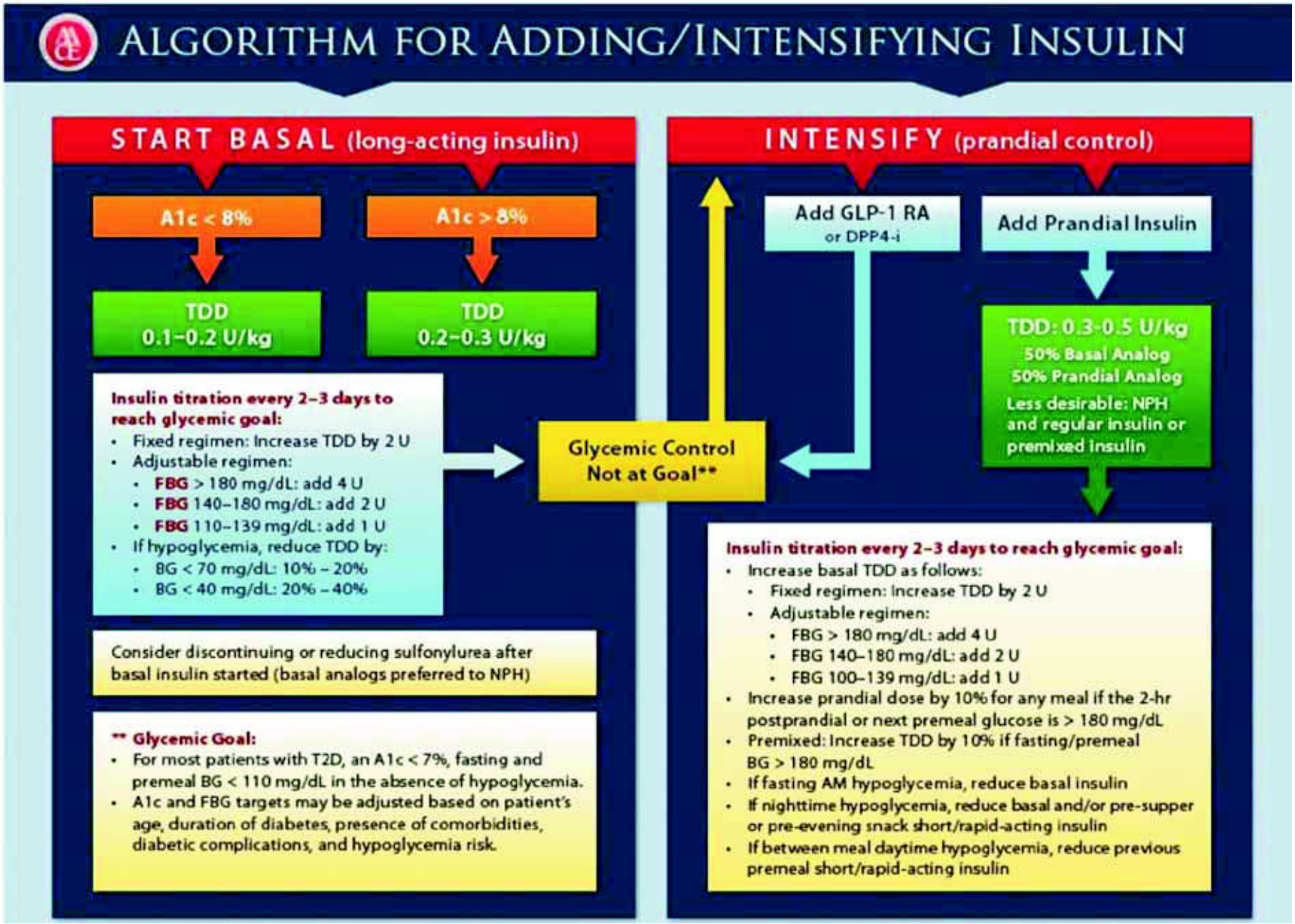
Recent AACE Guidelines For Glycemic Control




ALGORITHM FOR ADDING/INTENSIFYING INSULIN
START BASAL (long-acting insulin)
A1c < 8%
A1c > 8%
TDD 0.1–0.2 U/kg
TDD 0.2–0.3 U/kg
Insulin titration every 2–3 days to reach glycemic goal:
• Fixed regimen: Increase TDD by 2 U
• Adjustable regimen:
• FBG > 180 mg/dL: add 4 U
• FBG 140–180 mg/dL: add 2 U
• FBG 110–139 mg/dL: add 1 U
• If hypoglycemia, reduce TDD by:
• BG < 70 mg/dL: 10% – 20%
• BG < 40 mg/dL: 20% – 40%
Consider discontinuing or reducing sulfonylurea after basal insulin started (basal analogs preferred to NPH)
** Glycemic Goal:
• For most patients with T2D, an A1c < 7%, fasting and premeal BG < 110 mg/dL in the absence of hypoglycemia.
• A1c and FBG targets may be adjusted based on patient's age, duration of diabetes, presence of comorbidities, diabetic complications, and hypoglycemia risk.
Glycemic Control Not at Goal**
INTENSIFY (prandial control)
Add GLP-1 RA or DPP4-i
Add Prandial Insulin
TDD: 0.3-0.5 U/kg
50% Basal Analog
50% Prandial Analog
Less desirable: NPH and regular insulin or premixed insulin
Insulin titration every 2–3 days to reach glycemic goal:
• Increase basal TDD as follows:
• Fixed regimen: Increase TDD by 2 U
• Adjustable regimen:
• FBG > 180 mg/dL: add 4 U
• FBG 140–180 mg/dL: add 2 U
• FBG 100–139 mg/dL: add 1 U
• Increase prandial dose by 10% for any meal if the 2-hr postprandial or next premeal glucose is > 180 mg/dL
• Premixed: Increase TDD by 10% if fasting/premeal BG > 180 mg/dL
• If fasting AM hypoglycemia, reduce basal insulin
• If nighttime hypoglycemia, reduce basal and/or pre-supper or pre-evening snack short/rapid-acting insulin
• If between meal daytime hypoglycemia, reduce previous premeal short/rapid-acting insulin