



Summary of Evidence-Based Recommendations

All practice recommendations in this presentation are from the **American Diabetes Association**.

Source: Executive summary: standards of medical care in diabetes—2009. *Diabetes Care* 2009;32:S6-S61.

Website: http://care.diabetesjournals.org/cgi/content/full/32/Supplement_1/S6

Strength of Evidence: The strength of evidence is indicated following each recommendation. See table below for description of evidence levels.

Recommendation #1: Patients should receive DSME according to national standards when diabetes is diagnosed and as needed thereafter. (B)

Recommendation #2: Patients should receive individualized MNT as needed to achieve treatment goals. (B)

Recommendation #3: Saturated fat intake should be <7% of total calories. (A)

Recommendation #4: Intake of trans fat should be minimized. (B)

Recommendation #5: Monitoring carbohydrate remains a key strategy in achieving glycemic control. (A)

Recommendation #6: Weight loss is recommended for overweight or obese individuals who have or are at risk for DM. (A)

Recommendation #7: Physical activity and behavior modification are important components of weight loss and most helpful in maintenance of weight loss. (B)

Recommendation #8: Patients should be advised to perform at least 150 min/week of moderate-intensity aerobic physical activity (50–70% of maximum heart rate). (A)

Recommendation #9: In the absence of contraindications, patients should be encouraged to perform resistance training three times per week. (A)

Recommendation #10: Self-management behavior change is the key outcome of DSME and should be measured and monitored as part of care. (E)

Recommendation #11: SMBG should be carried out three or more times daily for patients using multiple insulin injections or insulin pump therapy. (A)

Recommendation #12: For patients using less frequent insulin injections, noninsulin therapies, or MNT and physical activity alone, SMBG may be useful as a guide to the success of therapy. (E)

Recommendation #13: To achieve postprandial glucose targets, postprandial SMBG may be appropriate. (E)

Recommendation #14: When prescribing SMBG, ensure that patients receive initial instruction in, and routine follow-up evaluation of, SMBG technique and their ability to use data to adjust therapy. (E)

Recommendation #15: Preprandial capillary plasma glucose: 70-130 mg/dL

Recommendation #16: Peak postprandial capillary plasma glucose: <180mg/dL

Definitions of the ADA’s Level of Evidence

Level of evidence	Description
A	Clear evidence from well-conducted, generalizable, randomized controlled trials that are adequately powered, including: <ul style="list-style-type: none"> • Evidence from a well-conducted multicenter trial • Evidence from a meta-analysis that incorporated quality ratings in the analysis
	Compelling nonexperimental evidence, i.e., the “all or none” rule developed by the Centre for Evidence-Based Medicine at Oxford
	Supportive evidence from well-conducted randomized controlled trials that are adequately powered, including: <ul style="list-style-type: none"> • Evidence from a well-conducted trial at one or more institutions • Evidence from a meta-analysis that incorporated quality ratings in the analysis
B	Supportive evidence from well-conducted cohort studies, including: <ul style="list-style-type: none"> • Evidence from a well-conducted prospective cohort study or registry • Evidence from a well-conducted meta-analysis of cohort studies
	Supportive evidence from a well-conducted case-control study
C	Supportive evidence from poorly controlled or uncontrolled studies, including: <ul style="list-style-type: none"> • Evidence from randomized clinical trials with one or more major or three or more minor methodological flaws that could invalidate the results • Evidence from observational studies with high potential for bias (such as case series with comparison to historical controls) • Evidence from case series or case reports
	Conflicting evidence with the weight of evidence supporting the recommendation
E	Expert consensus or clinical experience