Halebee · Diabetes Self Management Education & Support

Module 3

Clinical Guidelines & the ABCs

Self-Management Using the Evidence

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What You'll Learn in This Module

- What clinical practice guidelines are and how they're developed
- Where to find trusted guideline sources (ADA, Diabetes Canada, AACE)
- What the A1c is and why it matters for long-term management
- Blood glucose target ranges before and after meals
- Blood pressure and cholesterol goals for people with diabetes
- How to integrate the ABCs framework into everyday self-care

Clinical Practice Guidelines

Evidence-based standards for your care

What Are Clinical Practice Guidelines?

- A systematic review of the best available evidence
- Developed by panels of experts AND representatives from affected groups (including patients)
- Make relationships between treatments and outcomes explicit and transparent
- Rated by quality of evidence and strength of recommendations
- Regularly reviewed and updated as new research becomes available
- Designed to optimize patient outcomes — not to replace clinical judgment

Strength of Evidence: The Hierarchy

STRONGEST: SYSTEMATIC REVIEWS

Pool results from many studies. Highest reliability.

STRONG: EVIDENCE-BASED RESEARCH

Randomized controlled trials. Gold standard for individual studies.

MODERATE: CLINICAL EXPERTISE

Expert interpretation of evidence in real clinical settings.

SUPPORTING: PRIMARY RESEARCH

Individual observational studies and case reports.

LOWEST: EXPERT OPINION

Consensus-based when evidence is limited. Still valuable.

KEY GUIDELINE SOURCES

ADA · Diabetes Canada · AACE · National Guideline Clearinghouse

Managing Diabetes: Begin with the ABCs

A = A1c · B = Blood Pressure · C = Cholesterol

A = A1c: Your 3-Month Glucose Average

- A1c reflects average blood glucose over the past 2–3 months
- Higher A1c = higher long-term risk of complications
- Formula: estimated avg glucose (eAG) = 28.7 × A1c − 46.7
- Target: <7% for most non-pregnant adults
- Target: 6.5% for pregnant women
- Target: <8% for select individuals with complex histories or comorbidities
- Testing: at least 2× per year if stable; 4× per year if not at goal

A1c → Estimated Average Glucose Reference

A1c (%)	Avg Glucose (mg/dL)	Zone
5.7 – 6.4	117 – 137	⚠️ Prediabetes
6	126	Target zone
7	154	Target zone (max)
8	183	⬆️ Above goal
9	212	⬆️ Above goal
10+	240+	⚠️ High risk

B = Blood Glucose Goals at a Glance

ADULTS (PREPRANDIAL)

80 – 130 mg/dL
Before meals

ADULTS (POSTPRANDIAL)

≤ 180 mg/dL
1–2 hours after eating

PREGNANT: FASTING

≤ 95 mg/dL

PREGNANT: 1HR POST-MEAL

≤ 140 mg/dL

PREGNANT: 2HR POST-MEAL

≤ 120 mg/dL

YOUR CGM HELPS HERE

Halebee Coach shows you real-time status vs. these goals

B = Blood Pressure Goals

- < 140/90 mmHg — goal for most adults with diabetes
- < 130/80 mmHg — if you have high cardiovascular disease (CVD) risk
- < 120/80 mmHg — for pregnant women requiring treatment
- Lifestyle first: fruits & vegetables, reduced sodium, physical activity
- Medications added when lifestyle changes aren't enough
- Uncontrolled hypertension accelerates kidney disease and stroke risk in diabetes

C = Cholesterol / Cardiovascular Risk

- LDL ('bad') cholesterol goal: < 100 mg/dL (or < 70 with known CVD)
- HDL ('good') cholesterol: men < 40 mg/dL · women < 50 mg/dL = risk factor
- Triglycerides: ≥ 150 mg/dL = risk factor
- Step 1: lifestyle — reduce saturated fat, increase omega-3s, fiber, plant sterols
- Step 2: Statins added to lifestyle if goals not met
- High-intensity statins for anyone with existing cardiovascular disease

✦ POP QUIZ

Which best describes the purpose of clinical guidelines?

A. Generate consensus on treatment among providers

B. Provide an analysis of treatment options for a specific condition

C. Establish rules and regulations for healthcare practice

D. Optimize patient care by synthesizing the best available evidence

Clinical guidelines exist to optimize patient outcomes by translating research evidence into practical care recommendations.

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The best source of evidence for clinical guidelines is:

A. Systematic reviews

B. Evidence-based guidelines themselves

C. Primary research studies

D. Expert opinion and consensus

Systematic reviews pool data from multiple studies, giving the most reliable picture of what the evidence shows overall.

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In adults, lowering A1c to 7% or less has been shown to reduce which of the following?

A. Gastrointestinal bleeding

B. Hypoglycemia episodes

C. Microvascular complications

D. Risk of Reye syndrome

The DCCT trial showed A1c reduction primarily reduces microvascular complications: retinopathy, nephropathy, and neuropathy.

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Which LDL cholesterol level is considered a cardiovascular risk factor for people with diabetes?

A. 40 mg/dL

B. 50 mg/dL

C. ≥ 100 mg/dL

D. 150 mg/dL

LDL ≥ 100 mg/dL is the threshold for cardiovascular risk in people with diabetes. For those with existing CVD, the goal is even lower (< 70 mg/dL).

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KEY TAKEAWAYS

What You've Learned in Module 3

1. Clinical guidelines are built on systematic evidence — not one doctor's opinion
2. Your A1c reflects a 3-month average — target <7% for most adults
3. Blood glucose goals: 80-130 before meals, ≤180 after meals
4. Blood pressure < 140/90 mmHg protects your heart and kidneys
5. Managing cholesterol is as critical as managing glucose in T2DM