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Diabetes guidelines 2024

The American Diabetes Association's "Standards of Care in Diabetes" provides guidelines for diabetes care, treatment goals, and quality evaluation tools. This document is updated annually by an expert committee and aims to facilitate informed decision-making. To access detailed information on the standards and evidence grading system, visit professional.diabetes.org/SOC. Symptoms prior to diagnosis may include features of metabolic syndrome and absence of family history of autoimmunity. If genetic testing does not confirm monogenic diabetes, a clinical decision should be made regarding treatment. For older individuals, type 2 diabetes is a strong consideration, while investigation for pancreatic or other types of diabetes may be necessary in some cases. Patients with possible type 1 diabetes who are not treated with insulin require careful monitoring and education to initiate insulin rapidly if glycemic deterioration occurs. C-peptide values between 200-600 pmol/L are consistent with type 1 diabetes or maturity-onset diabetes of the young, but may also occur in insulin-treated type 2 diabetes, particularly among individuals with normal or low BMI or those with long disease duration. References: * American Diabetes Association Professional Practice Committee. Standards of Care in Diabetes-2024. Diabetes Care. 2024;47(Suppl 1):S307-S308. * Jang GY, Chang SJ, Noh JH. Relationships Among Health Literacy, Self-Efficacy, Self-Management, and HbA1c Levels in Older Adults with Diabetes in South Korea: A Cross-Sectional Study. J Multidiscip Healthc. 2024;17:409-418. * Nguyen TH, De Leo G, Barefield A. Factors Associated with Controlled Glycemic Levels in Type 2 Diabetes Patients: Study from a Large Medical Center and Its Satellite Clinics in Southeast Region in the USA. Recent studies have explored the impact of incretin-based drugs on acute pancreatitis risk and autoantibody screening attitudes in people with Type 1 diabetes. Additionally, research has delved into early dysglycemia detection using continuous glucose monitoring in very young children at risk of developing Type 1 diabetes. Guidelines for laboratory analysis in diagnosing and managing diabetes have been established by the American Diabetes Association, International Expert Committee, and others. These guidelines emphasize the importance of accurate diagnosis and classification of diabetes. Notably, underdiagnosis of (pre)diabetes can occur if an oral glucose tolerance test is not performed. Furthermore, lifestyle intervention or metformin has been shown to reduce the incidence of Type 2 diabetes. Our editorial process involves key steps to ensure accurate health content that you can trust. This includes having our content written and edited by health experts and journalists who rely on science-based evidence and research, as well as being reviewed by board-certified healthcare providers. Our content is also regularly updated to reflect the latest developments in health and wellness. The American Diabetes Association (ADA) has released new guidelines for managing type 1, type 2, gestational diabetes, and prediabetes. These guidelines are based on the latest scientific research and clinical trials and provide strategies for diagnosing and treating diabetes, as well as preventing or delaying its associated comorbidities. The ADA's chief scientific and medical officer says that these new guidelines will help healthcare professionals to provide better care to people living with diabetes. The guidelines include updates on managing obesity in people with diabetes, screening recommendations for heart failure, updated guidance on peripheral arterial disease (PAD) screening, and more information on using teplizumab to delay the onset of type 1 diabetes. Additionally, the new guidelines emphasize the importance of preventing and managing hypoglycemia, screening for nonalcoholic fatty liver disease (NAFLD), evaluating and treating bone health issues, and enabling healthcare providers to master diabetes technology. The American Diabetes Association (ADA) has released its updated 2024 Standards of Care, which focuses on advancing diabetes care through scientific insights and technological innovation. According to Nuha A. El Sayed, MD, MM Sc, the ADA's senior vice president of health care improvement, the new standards emphasize enhancing patient experience and healthcare professional management. Key updates include: * Immunization guidance now includes newly approved RSV vaccines for adults over 60 with diabetes. * Cultural sensitivity is stressed in diabetes self-management education, considering changing reimbursement policies. * Psychosocial screening protocols are emphasized to better identify diabetes distress. * The importance of diabetes technology, such as continuous glucose monitors (CGMs) and automated insulin delivery (AID) systems, is highlighted. * Inclusion and person-centered care remain a priority. The 2024 Standards of Care were developed by the ADA's Professional Practice Committee, comprising 21 global experts from diverse professional backgrounds. The committee collaborates with 19 specialized content experts to ensure the standards reflect the latest evidence and best practices. The updated guidelines have received endorsements from the American College of Cardiology, the American Society of Bone and Mineral Research, and the Obesity Society. The Standards of Care are available online as a supplement to the January 2024 issue of Diabetes Care and will be annotated in real-time with updates if new evidence or regulatory changes require immediate incorporation. The American Diabetes Association (ADA) is the leading force against the diabetes epidemic in the US. For over eight decades, they've been driving research and advocating for a cure while helping people with diabetes live better lives. Their mission is to improve the quality of life for the over 133 million Americans living with diabetes or prediabetes. To learn more about the ADA's work and get involved, visit their website at diabetes.org. The ADA has identified several major risk factors for type 2 diabetes that can be prevented if individuals are aware of them. These include obesity, a sedentary lifestyle, eating an unhealthy diet, high blood pressure, gestational diabetes, and having a family history of the disease. Obesity is the primary risk factor for type 2 diabetes, with nearly one in four adults in the UK being recorded as obese. This number continues to rise among both adults and children. In the UK, approximately one in three children are classed as obese. A lack of physical activity can also lead to weight gain, insulin resistance, and an increased risk of developing type 2 diabetes. On the other hand, staying active can help reduce insulin resistance and improve overall health. Eating a "Western" diet, characterized by processed foods, poor quality fats, and low fiber content, is a significant contributor to type 2 diabetes. A healthy diet in conjunction with regular exercise can prevent or reverse the development of the disease. High blood pressure and high cholesterol levels are also risk factors for many diseases, including type 2 diabetes. Gestational diabetes affects about 2-5% of women who become pregnant, increasing their later-life risk of developing type 2 diabetes as well as that of their children. Having a close family member with type 2 diabetes can also raise an individual's own risk of developing the disease. The effects of aging on health, specifically regarding type 2 diabetes. Many ethnic groups are more susceptible to diabetes but can prepare themselves by recognizing early warning signs. As the global population ages, so do the numbers of those with type 2 diabetes. The risk increases as one gets older, partly due to reduced insulin production and increased resistance to it. Inequalities should not be used to circumvent the duties outlined in this guideline. The implementation of NICE recommendations must prioritize environmental sustainability while minimizing ecological footprint. Share — copy and redistribute the material freely for any purpose. Adapt — remix, transform, and build upon the material without restrictions. Attribution — give proper credit, provide a link to the license, and indicate changes made in a reasonable manner. ShareAlike — if you contribute, distribute under the same license as the original. No additional restrictions apply; no legal terms or technological measures can be applied that would restrict others from utilizing the license. Exceptions for public domain materials or permitted uses do not negate the need for adherence to this guideline. Warranties are not provided; the license does not guarantee all necessary permissions for intended use. This guideline focuses on patient education, dietary advice, cardiovascular risk management, blood glucose level control, and long-term complication identification for adults with type 2 diabetes. For related topics, see our cardiometabolic disease prevention and treatment summary page. NHS guidelines prioritize patient welfare, emphasizing individual decision-making and consultation with patients, families, and caregivers. While these guidelines offer recommendations, they do not supersede professional judgment or override responsibilities to make decisions suited to unique circumstances. Any adverse events related to medication or medical devices should be reported through the Yellow Card Scheme. Healthcare providers and commissioners must enable guideline application when professionals and users wish to utilize it, taking into account local priorities, funding constraints, and duties to eliminate discrimination, advance equality, and reduce health inequalities.

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