**Diabetes Self-Management Education**

**Patient Self-Management and Education**

- Encourage aerobic exercise, diet, and weight control to achieve weight loss and medication, and patient self-management diabetes education.

We recommend:

- Setting an HbA1c target range based on absolute risk.
- Developing an individualized glycemic management plan, including nutrition, physical activity, and smoking cessation.
- Coordinating care between primary care and specialty care as needed.

### General Approach to T2DM Care

- Using shared decision-making, determine a personalized glycemic control target.
- Assess patient and glycemic control, taking into account patient preferences and social determinants.
- Setting a glycemic control target range after discussion with patient.

### Guidelines

<table>
<thead>
<tr>
<th>Status</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Healthy eating habits; adequate physical activity; medication, if needed</td>
</tr>
<tr>
<td>Prediabetes</td>
<td>Lifestyle interventions; medication if necessary</td>
</tr>
<tr>
<td>Diabetic</td>
<td>Medication, if necessary</td>
</tr>
</tbody>
</table>

### Preventive Measures

- Using shared decision-making, determine a personalized glycemic control target.
- Assess patient and glycemic control, taking into account patient preferences and social determinants.

### Key Priorities

- Encourage physical activity and healthy eating.
- Smoking cessation and prevention.
- Diabetes self-management education.
- Foot care and surveillance.
- Preventive health education (e.g., heart disease, cancer).

### Special Populations

- Reproductive status
- Any chronic kidney disease
- Motor disorders
- Mental health/substance use conditions
- Cancer and transplant
- Any chronic obstructive pulmonary disease
- Diminished life expectancy

### Patient Self-Management and Education

- Provide education that is culturally and linguistically appropriate.
- Use the Teach-Back Method: Tool #5.

### Tools/Strategies

- Patient's knowledge and skills
-高尚 constructors/Barriers/concerns with medication
- New or changed medications
- Changes in insulin requirements
- Life event
- Medications

### References

- National Glycohemoglobin Standardization Program (NGSP).
**Determination of Average Total HbA1c Loss Over Day**

**Essential Treatment of the 2 Diabeters**

**Risk Ruling Tool for Hypoglycemia and Action Steps**

**SHARE Decision-Making: SHARE Approach**

HbA1c results should be combined with laboratory and historical patient information to determine if therapy is needed and safe glycemic control. People of African American, Hispanic, Asian, Native American, or Pacific Islander ancestry have higher HbA1c values than Whites for measures of glycemic control. On average, African Americans, on average, have higher HbA1c levels than Whites and this difference is not explained by differences in age, sex, socioeconomic status, or insulin therapy, without correlation with SMBG results.

The variation in the HbA1c test result is dependent upon the assay characteristics. Therefore, this supports the recommendation of target glycemic range for patients outside of an absolute HbA1c target. A change of 0.4% is within a 2.75% CV range from the high range of laboratory interassay coefficient of variation (CV) of 2% and between 3.0% and 6.0% (Cv ≤ 3.0%). A CV of 1% or 2% would produce a range of difference of at least 16% of 100 times for an HbA1c value of 7%.