

## Targets/Special Situations

### Targets for Control

Many of these targets are based on results from studies conducted in Europe; it is important for individual countries to use these as a basis for the formulation of guidelines targeted at their own populations.

**TABLE 4**  
Targets for control.

	Optimal	Fair	Poor	
Plasma glucose* (mmol/L)	<i>fasting:</i>	4.4–6.1	≤7.0	>7.0
	<i>non-fasting:</i>	4.4–8.0	≤10.0	>10.0
HbA <sub>1c</sub> ** (%)	<6.5	6.5–7.5	>7.5	
Blood pressure (mmHg)	<130/80	>130/80– <140/90	≥140/90	
BMI*** (kg/m <sup>2</sup> )	<i>male:</i>	<25	<27	≥27
	<i>female:</i>	<24	<26	≥26
Total cholesterol*** (mmol/L)	<4.5	≥4.5	≥6.0	
HDL-cholesterol*** (mmol/L)	>1.1	1.1–0.9	<0.9	
Triglycerides*** (mmol/L)	<1.5	<2.2	≥2.2	
LDL-cholesterol*** (calculated)	<3.0	2.5–4.0	>4.0	

\* For equivalent whole blood glucose values, see note on page 10.

\*\* Reference range depends on the method used. For this method, non-diabetic HbA<sub>1c</sub> <6.0% calibrated to DCCT (Goldstein).

\*\*\* As these figures relate to European populations, lipids and BMI should be within the normal range for the population in each country.

See Appendix V for conversion factors between conventional and Système International (SI) units.

### Special Situations

#### Management during illness

Metabolic control may deteriorate rapidly during illness of any kind. As part of their educational programme, it is important to instruct patients on actions to be taken.

- ▶▶ Do not stop diabetes tablets or insulin.
- ▶▶ Maintain fluid intake – clear soups, water, weak tea, etc.
- ▶▶ If unable to take food, substitute with fruit juice, regular soft drinks or other fluids containing glucose.

## Special Situations

- ▶▶ Check blood glucose at least four times daily.
- ▶▶ Test for urine ketones at least twice daily.
- ▶▶ If vomiting, diarrhoea or drowsiness persist, a physician should be called immediately.

### Pregnancy

During pregnancy, blood glucose levels should be as close to normal as possible to ensure a successful outcome for mother and baby. If consecutive glucose levels exceed 6.7 mmol/L (120 mg/dl), contact physician immediately.

- ▶▶ Check blood glucose four times daily, 2 hours after each meal, aiming to keep the level at <6.7 mmol/L (120 mg/dl).
- ▶▶ Test for urine ketone twice daily.
- ▶▶ Use insulin twice daily or more frequently if glucose levels remain at >6.7 mmol/L (120 mg/dl) after meals.
- ▶▶ Do not use oral hypoglycaemic agents during pregnancy.

### Surgery

- ▶▶ Special attention to management is required in the type 2 diabetes patient undergoing surgery. This involves communication between the GP, diabetes specialist, anaesthetist and surgeon.
- ▶▶ Patients with type 2 diabetes should be assessed several weeks prior to surgery for general physical status, degree of diabetes control and suitability for anaesthesia.

### The elderly

- ▶▶ Elderly patients may be on multiple drug therapies; therefore, the aim of treatment should be to avoid hypoglycaemia, with control of hyperglycaemia.
- ▶▶ FPG should be <7.8 mmol/L (140 mg/dl), and 2-hour glucose should be <11.1 mmol/L (200 mg/dl). Regular review of nutrition should be conducted by a dietician and exercise should be encouraged.
- ▶▶ When glycaemic targets are not met with diet alone, an  $\alpha$ -glucosidase inhibitor or low doses of short-acting sulphonylureas are acceptable.
- ▶▶ Metformin is contraindicated in elderly patients with renal, liver or cardiovascular impairment, and sulphonylureas should be used with caution because of the risk of hypoglycaemia.