

# SELECTED REFERENCES for DIABETES CARE

## Rating Process

The identification and rating of the body of evidence to support the Basic Guidelines for Diabetes Care followed a three-step process:

1. Pertinent articles for review were identified from the current American Diabetes Association (ADA) Clinical Practice Recommendations, Medline searches and the reference list from the previous year's Basic Guidelines for Diabetes Care.
  2. Experts in diabetes care reviewed and rated the body of evidence using a system adopted from the ADA grading system for clinical practice recommendations. The system rates practice recommendations based on the level of evidence for the recommendation and the likelihood of clinical benefit. A is the highest rating and "expert consensus" is the lowest.
    - A. Clear evidence from well- conducted, generalizable, randomized controlled trials that are adequately powered, including:
      - Evidence from a well-conducted multi-center trial
      - Evidence from a meta-analysis that incorporated quality ratings in the analysis
      - Compelling non-experimental evidence, i.e. "all or none" rule developed by the Center for Evidence Based Medicine at Oxford**and/or**

Supportive evidence from well conducted randomized controlled trials that are adequately powered including:

      - 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 prospective cohort studies, including:
      - Evidence from a well-conducted prospective study or registry
      - Evidence from a well-conducted meta analysis of cohort studies**and/or**

Supportive evidence from a well-conducted case control study
    - C. Supportive evidence from poorly controlled or uncontrolled studies
      - 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 with historical controls)
      - Evidence for case series or case report
      - Conflicting evidence with the weight of evidence supporting the recommendation
    - D. Expert consensus or clinical experience
- Diabetes Care, Vol. 32, (Suppl. 1):S13, January 2009***
3. The article list for each guideline was then reviewed for completeness. Articles from older or lower-rated studies were removed from the list if a more current, higher quality study on the list contributed the same or new information.

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## References Used to Support the Inclusion of the Specific Items in the Guidelines

### A. Blood Pressure

(A-Level evidence)

1. Adler AI, et al.: Association of systolic blood pressure with macrovascular and microvascular complications of Type 2 diabetes (UKPDS 36): prospective observational study. *BMJ* 321:412-419, 2000
2. American Diabetes Association: Standards of medical care in diabetes. *Diabetes Care* 35 (Suppl. 1):S28-S30, 2012
3. Arauez-Pacheco C, et al.: The treatment of hypertension in adults with diabetes. *Diabetes Care* 25(1):134-147, 2002
4. Bakris GL: The importance of blood pressure control in the patient with diabetes. *Am J Med* 116 (5A):30S-38S, 2004
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7. Hansson L, et al. for the HOT Study Group: Effects of intensive blood-pressure lowering and low-dose aspirin in patients with hypertension: principal results of the Hypertension Optimal Treatment (HOT) randomized trial. *Lancet* 351:1755-1762, 1998
8. Heart Outcomes Prevention Evaluation Study (HOPE) Investigators: Effects of an angiotensin-converting-enzyme inhibitor, ramipril, on cardiovascular events in high-risk patients. *N Eng J Med* 342:145-153, 2000
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10. National High Blood Pressure Education Program Working Group in High Blood Pressure in Children and Adolescents. The fourth report on the diagnosis, evaluation, and treatment of high blood pressure in children and adolescent. *Pediatrics* 114:555-576, 2004
11. Stamler J, et al.: Diabetes, other risk factors and 12-year cardiovascular mortality for men screened in the multiple risk intervention trial. *Diabetes Care* 16(2); 434-444, 1993
12. United Kingdom Prospective Diabetes Study Group: Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 38. *BMJ* 317:703-713, 1998.

### B. Foot Exam

(B-Level evidence)

1. American Diabetes Association: Standards of medical care in diabetes. Foot care. *Diabetes Care* 35 (Suppl. 1):S37-S38, 2012
2. Jeffcoate WJ, et al.: Diabetic foot ulcers. *Lancet* 361:1545-1551, 2003
3. Frykberg RG, et al.: Diabetic Foot Disorders: A Clinical Practice Guideline (2006 Revision). *Journal of Foot and Ankle Surgery* 45:5:S2-S66, 2006
4. Pham H, et al.: Screening techniques to identify people at high risk for diabetic foot ulceration. *Diabetes Care* 23:5:606-611, 2000

### C. Dilated Eye Exam

(A-Level evidence)

1. American Diabetes Association: Standards of medical care in diabetes. Retinopathy screening and treatment. *Diabetes Care* 35 (Suppl. 1):S35-36, 2012

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2. American Academy of Ophthalmology: Preferred Practice Pattern: Diabetic Retinopathy, 2008
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4. Fong, DS, et al.: Retinopathy in diabetes. *Diabetes Care* 27(Suppl. 1):S84-S87, 2004.
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### D. Depression

#### (B-Level evidence)

1. American Diabetes Association: Standards of medical care in diabetes. *Diabetes Care* 35 (Suppl. 1):S26, 2012
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8. Talbot F, et al.: A review of the relationship between depression and diabetes in adults: Is there a link? *Diabetes Care* 23:1556-1562, 2000
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### E. Dental Exam

#### (C-Level Evidence)

1. American Diabetes Association: Standards of medical care in diabetes. Initial evaluation. *Diabetes Care* 3 (Suppl. 1):S17, 2012
2. American Academy of Periodontology. Parameter on systemic conditions affected by periodontal diseases. *J Periodontol* 2000 May; 71(5 Suppl):880-3
3. Centers for Disease Control and Prevention (CDC). Dental visits among dentate adults with diabetes-United States, 1999 and 2004. *MMWR Morb Mortal Wkly Rep* 2005 Nov 25;54(46):1181-3
4. Rose LF, Mealey BL, Genco RJ, Cohen DW. *Periodontics: Medicine, Surgery, and Implants*. (1<sup>st</sup> ed.). St. Louis, MO: Mosby, 2004

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6. Teeuw WJ, et al.: Effect of periodontal treatment on glycemic control of diabetic patients. *Diabetes Care* 33: 421-427, 2010
7. Loe H. Periodontal disease. The sixth complication of diabetes mellitus. *Diabetes Care* 16(1): 329-34, Jan 1993.

### F. A1C (HbA1c)

### (A-Level evidence)

1. Abraira C, et al.: Veterans Affairs Cooperative Study on glycemic control and complications in Type II diabetes (VA CSDM). *Diabetes Care* 18:1113-1123, 1995
2. American Diabetes Association: Standards of medical care in diabetes. Glycemic control. *Diabetes Care* 35 (Suppl. 1):S18-21, 2012
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6. The DCCT Research Group: The relationship of glycemic exposure (HbA1c) to the risk of development and progression of retinopathy in the Diabetes Control and Complications Trial. *Diabetes* 44:968-983, 1995
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8. United Kingdom Prospective Diabetes Study: Intensive blood-glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes. (UKPDS 33) *Lancet* 352:837-853, 1998

### G. Microalbuminuria

### (A-Level evidence)

1. Ahmad J, et al.: Effective postponement of diabetic nephropathy with enalapril in normotensive type 2 diabetic patients with microalbuminuria. *Diabetes Care* 20(10):1576-1581, 1997
2. American Diabetes Association: Nephropathy Screening and Treatment. *Diabetes Care* 35 (Suppl. 1):S7, 2012
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### H. Glomerular Filtration Rate (GFR)

(A-Level evidence)

1. American Diabetes Association: Standards of medical care in diabetes. Nephropathy Screening and Treatment. *Diabetes Care* 35 (Suppl. 1):S34-S35, 2012
2. K/DOQI Clinical Practice Guidelines for Chronic Kidney Disease 2000: Evaluation, Classification, and Stratification Part 7. Stratification of risk for progression of kidney disease and development of cardiovascular disease
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4. K/DOQI Clinical Practice Guidelines for Chronic Kidney Disease 2000: Evaluation, Classification, and Stratification. PART 5. Evaluation of laboratory measurements for clinical assessment of kidney disease. Guidelines 4-6
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### I. Blood Lipids

(A-Level evidence)

1. American Diabetes Association: Standards of medical care in diabetes. *Diabetes Care* 35 (Suppl. 1):S30-S33, 2012  
[http://care.diabetesjournals.org/content/35/Supplement\\_1/S11.full.pdf+html](http://care.diabetesjournals.org/content/35/Supplement_1/S11.full.pdf+html)
2. ADA Diabetes Pro the Cardiometabolic Risk Initiative 2012  
<http://professional.diabetes.org/ResourcesForProfessionals.aspx?typ=17&cid=60379>
3. Adult Treatment Panel III (ATP III) Guidelines  
<http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3full.pdf>

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4. Calhoun HM, et al.: Primary prevention of cardiovascular disease with atorvastatin in type 2 diabetes in the Collaborative Atorvastatin Study (CARDS): multicentre randomized placebo-controlled trial. *Lancet* 264:685-696, 2004
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10. Lexicomp Online 2012 <http://online.lexi.com/crlsql/servlet/crlonline>

### **J. Management Principles and Prevention of Complications (C-level Evidence)**

1. Anderson RM, et al.: Patient empowerment: Results of a randomized controlled trial. *Diabetes Care* 18(7):943-949, 1995
2. Clement S: Diabetes self-management education. *Diabetes Care* 18(8):1204-1214, 1995  
Deakin T, et al.: Group based training for self-management strategies in people with type 2 diabetes mellitus. *Cochrane Database Syst Rev* April 18;(2):CD003417, 2005
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### K. Self-Glucose Monitoring

(B-Level evidence)

1. American Diabetes Association: Standards of medical care in diabetes Glycemic Control. *Diabetes Care* 35 (Suppl.1):S16-S118, 2012
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### L. Medical Nutrition Therapy

(A-Level evidence)

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### M. Physical Activity

(A-Level evidence)

1. Colberg SR, et al ACSM & Regensteiner JG, et al ADA.: American College of Sports Medicine and the American Diabetes Association Joint Position Statement. Exercise and Type 2 Diabetes. *Med Sci Sports Exerc* 42(12):2282-2303, 2010
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### N. Weight Management

(B-Level evidence)

1. American Dietetic Association, Position of the American Dietetic Association: Weight Management. *J Am Diet Assoc*, Vol. 109, Number 2: 330-346, 2011
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### O. Preconception, Pregnancy, and Postpartum Counseling and Management

(B-Level evidence)

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5. American Diabetes Association, Managing Preexisting Diabetes for Pregnancy: Summary of Evidence and Consensus Recommendations for Care. *Diabetes Care* 31: 1060-1073, 2008
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### **P. Aspirin Therapy** (A-Level evidence)

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### **Q. Smoking Cessation** (A-Level evidence)

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### R. Immunizations

(C-Level evidence)

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### S. Prediabetes Identification and Intervention

(B-Level evidence)

1. American Diabetes Association (Position Statement). Standards of medical care in diabetes. *Diabetes Care* 35 (Supplement 1): S4-S49, 2012
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## General References for Diabetes Care

### A. General Diabetes Care

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