



Editorial

Glycemic Targets

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Diabetes is a complex chronic illness requiring continuous medical care with multifactorial risk-reduction strategies. Ongoing patient self-management education and support are critical to preventing acute complications and reducing the risk of long-term complications.

American Diabetes Association had published its journal `Standards of Medical Care in Diabetes` on January 2017 given many recommendations to improve and update the Standards of care.

About Glycemic Targets, they have recommended A1C goal for nonpregnant adults is <7% (53 mmol/mol). They have also suggested that further lowering of A1C from 7% to 6% (53 mmol/mol to 42 mmol/mol) is associated with further reduction in the risk of microvascular complications. A1C goals <8% (64 mmol/mol) may be appropriate for patients with history of severe hypoglycaemia, limited life expectancy, advanced microvascular or macrovascular complications, extensive comorbid conditions or long-standing diabetes in whom the goal is difficult to achieve. For pregnant woman in early gestation target goal is A1C <6.5% (42-

48mmol/mol). In the second and third trimesters, it is <6% (42mmol/mol).

A1C reflects average glycemia over approximately 3 months. They have given recommendations that A1C test should be performed at least two times a year in patients who are meeting treatment goals and who have stable glycemic control). In patients whose therapy has changed or who are not meeting glycemic goals it is quarterly.

They have recommended glycemic target of preprandial capillary plasma glucose for nonpregnant adults with Diabetes is 80-130 mg/dl(4.4 -7.2 mmol/l) and postprandial capillary plasma glucose is <180 mg/dl (10 mmol/l). Postprandial glucose measurements should be made 1-2 hour after the beginning of the meal.

Based on recommendations from the International Hypoglycaemic Study Group, serious, clinically significant hypoglycemia is now defined as <54 mg/dl (3 mmol/l), while the glucose alert value is defined as ≤ 70 mg /dl (3.9 mmol/l).

All corresponds to
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