

Diabetes desired patient outcomes

Wherever possible as a result of intensive regular review and management patients will:

- Ø Report that they have a good understanding of:
 - Diabetes and their role in preventing complications, managing risk factors, achieving good glycaemic control and the management of side effects.
 - Actions they need to take to improve management of their condition.
 - Their medication, how it works and how and when it should be taken.
- Ø Report that they are satisfied with their health care.
- Ø Have a HbA1c as close to physiological levels as possible (aiming for <7%).
- Ø Have a CVD risk assessment documented. (PREDICT).
- Ø Minimise their CVD risk with a Blood Pressure at or below 130/80mm Hg and total cholesterol at or below 4mmol/l and an LDL at or below 2.5mmol/l.
- Ø Be a non smoker
- Ø Participate in 30 minutes of physical activity every day.
- Ø Appropriate healthy diet (weight reduction/cardioprotective).
- Ø Have a BMI of less than 30 (there is a proposal in the cardiac rehabilitation guidelines August 2002 www.nzgg.org.nz that Maori and Pacific Island peoples be considered at high risk of co-morbidities when their BMI is over 32, and that Asian and Indian peoples threshold should be lowered to very high risk at a BMI of over 25).
- Ø Drink less than 14 standard units of alcohol each week if female and less than 21 standard units if male. It is also recommended that on any one drinking occasion to drink no more than 6 standard drinks for men and 4 standard drinks for women.

Standard Drink

Standard Drink = 10gm alcohol = 1 beer can/stubbie
= 1 glass wine
= 1 nip spirits

- Ø Be on the practice recall for influenza vaccination.
- Ø Be on the recall system and attend for annual foot review/2 yearly retinopathy screen/yearly CVD review/annual ACR review and 3-6 monthly glycaemic reviews until stable. If

abnormalities are detected in these reviews specialist advice and intervention related to abnormality should be expected.

- Ø Have had an intensive lifestyle review and set goals to manage weight control, physical activity, smoking cessation and medication adherence based on their level of individual CVD risk.
- Ø Be on an ACE inhibitor or A2 receptor-blocker if their Blood Pressure is over 130/80. If signs of CVD/genetic lipid disorder or overt nephropathy are present usually 2 blood pressure lowering agents including an ACE inhibitor to aggressively lower the BP.
- Ø Be on appropriate secondary prevention medications (asprin, statin, beta blocker, ACE) if history of a CVD event or clinical CVD equivalent (some specific genetic lipid disorders, overt nephropathy or diabetes with other renal disease).