

Laboratory Profile set for Adults with Diabetes

Laboratory Test	Frequency	Expected Result	Result Interpretation/guideline
A1c	Select 3, 4, or 6 months	≤ 7%	A1c targets must be considered for each patient. For patients over age 70 the A1c target is roughly equivalent to the age of the patient. Patient co-morbidity must also be considered.
Lipid profile(LDL HDL total Cholesterol)	Annually when target reached	LDL <2 or 50% decrease	Consider statin in most patients unless recent onset of diabetes mellitus in young individual.
eGFR	If normal, repeat annually	> 60 mL/min	< 30, refer to Nephrology and refrain from using metformin. 30-60, consider reducing the dose of metformin and other medications.
Electrolytes	Annually or as needed	normal range	
Urinary Albumin / Creatinine ratio	If normal, repeat annually Above normal → repeat in 3, 4, or 6 months.	M <2.0 F <2.8	Attempt to bring blood pressure to target , consider an ACE or ARB; also attempt to bring A1c to target.

1. Canadian Diabetes Association Clinical Practice Guidelines Expert Committee, Canadian Diabetes Association 2008 clinical practice guidelines for the prevention and management of diabetes in Canada. Can J Diabetes, 2008; 32(suppl 1):S196

2. VA/ DoD Clinical Practice Guidelines Management f Diabetes Mellitus. Update August 2010 Version 4.0 Accessed online October 18 2011 http://www.healthquality.va.gov/diabetes/DM2010_FUL-v4e.pdf

3. Ismail-Beigi, F Moghissi, E, Tiktin, M., Hirsch, R., Inzucchi, Slk Genuth, S. (2011) Individualizing Glycemic Targets in Type 2 Diabetes Mellitus: Implications of Recent Clinical Trials. Annals of Internal Medicine 154: 554-559.

4. Genest, J. McPherson, R., Frohlich, J. et al (2009) 2009 Canadian Cardiovascular Society/Canadian guidelines for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease in the adult. - 2009 recommendations Canadian Journal of Cardiology; 25(10) 567-579.

5. American Association of Clinical Endocrinologists guidelines for management of dyslipidemia and prevention of atherosclerosis. Endocrine Practice Vol 18 (Suppl 1) March/April 2012