

Diabetes Screening, Targets and Treatment Cheat Sheet



Microvascular Screening



		Type 1		Type 2	
	Test	Initial	Follow up	Initial	Follow up
Nephropathy	eGFR, ACR	5 years after diagnosis	Annually	At diagnosis	Annually
Retinopathy	Varied imaging and interpretation via trained professional	5 years after diagnosis and ≥15 years old	Annually	At diagnosis	Every 1-2 years if normal
Neuropathy	10 g monofilament or Vibration tuning fork	5 years post-pubertal duration of diabetes	Annually	At diagnosis	Annually



Macrovascular Screening



		Who	When
CVD	Resting ECG	<ul style="list-style-type: none"> - Age >40 years - Duration of diabetes >15 years and age >30 years - End-stage organ damage - ≥1 CVD risk factor - >40 years and planning vigorous or prolonged exercise 	Every 3-5 years
CAD	Exercise ECG stress testing*	<ul style="list-style-type: none"> - Cardiac symptoms - Signs or symptoms of associated diseases of PAD, carotid bruits, or TIA - Stroke - Resting abnormalities on ECG - CAC score >400 Agatston score 	In place of ECG for those listed
PVD	Palpation of peripheral pulses	Emphasized for those with suspected PVD	As part of routine clinical exam

*Pharmacological stress echocardiography or nuclear imaging should be used for those with resting ECG abnormalities that preclude the use of exercise ECG stress testing or for those who are unable to exercise

	Target	Frequency	First-line Therapy	Second-line Therapy	Additional Guidelines
Blood Glucose	< 7%*	Every 3 months. Longer if stable and at target	Metformin	Individualized SGLT-2i or GLP-1ra if CVD	Consider SGLT-2i or GLP-1ra for those not at glycemic target with known CVD or ≥ 2 risk factors
Blood Pressure	< 130/80 mmHg	At clinic visits	ACE or ARB	Dihydropyridine CCBs and thiazide/thiazide like diuretics**	ACE/ARB for those with ≥1 following: <ul style="list-style-type: none"> - Clinical CVD - Age ≥55 years with an additional CV risk factor or end-stage organ damage - Microvascular complications
LDL-C	2.0 mmol/L or 50% reduction	Every 1-3 years based on CV risk, 3-6 months when starting/titrating treatment	Statin	Ezetimibe or Evolocumab	Statin recommended for those with: <ul style="list-style-type: none"> - Clinical CVD - Age ≥40 years - Age <40 years and 1 of the following: <ul style="list-style-type: none"> - Diabetes duration >15 years and age >30 years - Microvascular complications - Presence of other CV risk factors
Non-HDL-C	< 2.6 mmol/L				
ApoB	< 0.8 g/L				

*Those with existing CVD have increased risk associated with hypoglycemia, and therefore 7-8.5% may be a more appropriate target

**For those with ACE as initial therapy, dihydropyridine CCB preferred as second-line agent