

Diabetes: 4 Key Numbers

Having diabetes requires more than regular blood glucose testing. Maintaining good control of diabetes means monitoring key numbers and working with a physician to adjust treatment plans as needed. Keeping these numbers on target can help prevent or delay complications of diabetes. Long-term health for people with diabetes requires knowing and tracking 4 key numbers: blood glucose, HbA1C, blood pressure, and cholesterol.

Blood Glucose

Typically a person measures their own glucose level with a meter and strips at home. Their goal is to maintain glucose levels closest to the non-diabetic range. Testing is essential



because the blood sugar level cannot be accurately determined by symptoms alone. Blood glucose should be checked often and the results written down. Keeping an accurate record is vital to find out if the current diabetes care plan is successful or if it needs adjustments. Blood sugar logs are useful to the doctors, dietitians, and nurse educators who are making adjustments to that plan and the insulin doses, medications, meal planning, and exercise routines.

Blood glucose testing is usually done routinely before and after meals and also at bedtime. Typical pre-meal blood glucose levels should be between 90 and 130mg/dL, while levels 1 to 2 hours after a meal should be under 180 mg/dL.

HbA1c

It is recommended that diabetics get an HbA1c test (often just called an "A1c test") at least twice a year. This simple lab test indicates how well a diabetes management plan is working. The A1c test reflects average blood sugar level for the past two or three months. Test results show what percentage of hemoglobin—a protein found in red blood cells—is sugar coated.

The normal range of the A1c for people without diabetes is 4% to 6%. An A1c level lower than 7% is a common target for people with diabetes. An A1c level higher than 7% may indicate a need to change your diabetes management plan. Your health care provider may suggest retesting A1c every 3 months until numbers are improved.

Blood Pressure

High blood pressure increases the risk of damage to eyes, kidneys, and blood vessels. Blood pressure at or below 130/80 is ideal for people with diabetes. The first number is the "systolic pressure," or the pressure in the arteries when the heart beats and fills the arteries with blood. The second number is the "diastolic pressure," or pressure in the arteries when the heart rests between beats. Ways to reduce blood pressure include: stopping smoking, maintaining a healthy weight, eating healthy, and exercising. Limiting salt intake is recommended for lowering blood pressure. Doctors may also prescribe medications that lower the blood pressure. These medicines are known as ACE inhibitors, which have been shown to prevent or delay the progression of kidney disease in people with diabetes.



Diabetes: 4 Key Numbers, cont.

Cholesterol

Diabetics are at an increased risk of heart and blood vessel (cardiovascular) disease as well as heart attack and stroke. To limit this risk, it is recommended that people with diabetes measure their cholesterol on a routine basis.

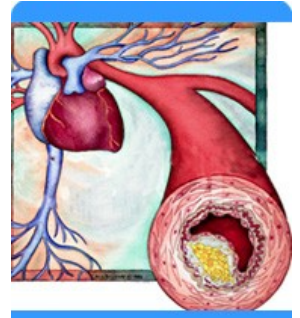
Optimal cholesterol levels are:

Total cholesterol: less than 200 mg/dL.

Low Density Lipoprotein (LDL) cholesterol ("bad" cholesterol): Less than 100 mg/dL.

High Density Lipoprotein (HDL) cholesterol ("good" cholesterol): 40 mg/dL or higher.

Treatment for high cholesterol may include diet changes and increased physical activity. Doctors may also prescribe cholesterol-lowering medications to keep cholesterol levels in line.



For more information see the following websites:

<http://diabetes.webmd.com/>

<http://www.diabetes.org/home.jsp>