The American Heart Association (AHA) has identified seven simple measures (“Life’s Simple 7”) to prevent cardiovascular disease. The measurement and assessment of these seven simple measures are important starting points for many adults with type 2 diabetes mellitus. 

1. **Measure lipid levels**
   - Determination of diabetes status
   - Calculation of body mass index (BMI) is recommended annually or more frequently to identify adults with overweight and obesity for weight loss considerations. It is reasonable to measure waist circumference to identify those at higher cardiometabolic risk.

2. **Measure blood pressure**
   - Nonpharmacologic interventions are recommended for all adults with elevated blood pressure or hypertension and cardiovascular disease. For those requiring pharmacologic therapy, the target blood pressure should generally be less than 130/80 mmHg.

3. **Measure A1C**
   - For adults with type 2 diabetes mellitus, lifestyle changes, such as improving dietary habits and achieving exercise recommendations, are crucial. If medication is indicated, metformin is first-line therapy, followed by consideration of a sodium glucose cotransporter 2 inhibitor or a glucagon-like peptide-1 receptor agonist.

4. **Assess physical activity level**
   - All adults should be assessed at each visit for tobacco use, and those who use tobacco should be assisted and strongly advised to quit. Referral to specialists is helpful for both behavioral modification, nicotine replacement, and drug treatments.

5. **Assess tobacco use**
   - Adults should engage in at least 150 minutes per week of accumulated moderate intensity or 75 minutes per week of vigorous intensity physical activity.

6. **Assess dietary patterns**
   - All adults should consume a healthy diet that emphasizes the intake of vegetables, fruits, nuts, whole grains, lean vegetable or animal protein, and fish and minimizes the intake of trans fats, processed meats, refined carbohydrates, and sweetened beverages.

7. **Assess body size**
   - Calculating body mass index (BMI) is recommended annually or more frequently to identify adults with overweight and obesity for weight loss considerations.

The American Heart Association and American Diabetes Association have partnered to summarize key clinical recommendations for cardiometabolic health management for people with type 2 diabetes.
DECISION CYCLE FOR PATIENT-CENTERED GLYCEMIC MANAGEMENT IN TYPE 2 DIABETES

Approaches to management of glycemia in adults with type 2 diabetes, with the goal of reducing complications and maintaining quality of life in the context of comprehensive cardiovascular risk management and patient-centered care. The principles of how this can be achieved are summarized and underpin the approach to management and care. These recommendations are not generally applicable to patients with monogenic diabetes, secondary diabetes, or type 1 diabetes, or to children.

GOALS OF CARE

- Prevent complications
- Optimize quality of life

IMPLEMENT MANAGEMENT PLAN

- Patient’s net meeting goals generally should be seen at least every 3 months up to at least every 2 years

AGREE ON MANAGEMENT PLAN

- Specify SMART goals:
  - Specific
  - Measurable
  - Achievable
  - Realistic
  - Time limited

SHARE DECISION MAKING TO CREATE A MANAGEMENT PLAN

- Includes an elevated and informed patient and their family/ caregivers
- Seeks patient preferences
- Effective consultation includes motivational interviewing, goal setting, and shared decision making
- Empowers the patient
- Ensures access to DME

ON GOING MONITORING AND SUPPORT INCLUDING:

- Emotional well-being
- Check tolerability of medication
- Monitor glycemia status
- Blood pressure, weight, step count, HbA1c
- Blood pressure, fats, lipids

ASCD in +1 and +2

ADDITIONAL APPROACHES TO GLUCOSE-LOWERING MEDICATION IN TYPE 2 DIABETES: OVERALL APPROACH

FIRST-LINE Therapy is Metformin and Comprehensive Lifestyle (including weight management and physical activity)

INDICATORS OF HIGH-RISK OR ESTABLISHED ASCD, CVD, OR HF

- Hyperglycemia
- Hypertension
- Dyslipidemia
- Smoking

CONSIDER INDEPENDENTLY OF BASELINE AIC, INDIVIDUALIZED AIC TARGETS ON METFORMIN USE

AIC above target

GLUCOSE-LOWERING MEDICATION IN TYPE 2 DIABETES: OVERALL APPROACH

2. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Scott M. Grundy, MD, PhD, FAHA, Chair, Neil J. Stone, MD, FACC, FAHA, Vice Chair, Alison L. Bailey, PhD, CRE, Kim K. Birtcher, MS, PharmD, AACC, FNLA, Roger S. Blumenthal, MD, FACC, FAHA, FNLA, Lynne T. Braun, PhD, CNP, FAHA, FPCNA, FNLA, Sandro de Ferrari, MD, MPH, Joseph Foufias-Smimadino, PhD, FACC, Daniel E. Fornier, MD, FAHA, Ronald Goldberg, MD, MS, FACC, FAHA, Mark A. Inzucchi, MD, FAHA, Carmen A. Parshand, MD, MSc, Joseph J. Staven, PharmD, FNA, FAHA, Sidney S. Smith Jr, MD, MACC, FAHA, Laurence Sperling, MD, FACC, FAHA, Salim S. Virani, MD, MS, FPCNA, FACC, FAHA, Joseph Yeboah, MD, MS, FACC, FAHA

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Citations available upon request.