American Diabetes Association (ADA) and American Association of Clinical Endocrinologists (AACE) Guidelines Summary

Summary of Recommendations for Adults With Diabetes

### Glycemic control

**ADA recommendations**:  
- A1C (for many nonpregnant adults) \(<7.0\%\)
- Preprandial capillary plasma glucose \(70-130\, \text{mg/dL (3.9-7.2 mmol/L)}\)
- Peak postprandial capillary plasma glucose \(<180\, \text{mg/dL (<10.0 mmol/L)}>\)

**AACE recommendations**:  
- A1C (for most nonpregnant adults) \(\leq 6.5\%\)
- Preprandial capillary plasma glucose \(<110\, \text{mg/dL}\)
- Peak postprandial capillary plasma glucose \(<140\, \text{mg/dL}\)

### Lipids

**ADA recommendations**:  
- LDL \(<100\, \text{mg/dL (<2.6 mmol/L)}\)
- Triglycerides \(<150\, \text{mg/dL (<1.7 mmol/L)}\)
- HDL \(>40\, \text{mg/dL (>1.0 mmol/L)}\)*

### Hypertension

**ADA recommendation**:  
- Blood pressure \(<130/80 \, \text{mm Hg}\)

*For women, it has been suggested that the HDL goal be \(>50\, \text{mg/dL (>1.3 mmol/L)}\).

### ADA key concepts in setting glycemic goals

- A1C is the primary target for glycemic control
- Goals should be individualized
- Certain populations (children, pregnant women, and elderly) require special considerations
- Less intensive glycemic goals may be indicated in patients with severe or frequent hypoglycemia or other mitigating conditions
- Less stringent A1C goals may be appropriate for patients with a history of severe hypoglycemia or other mitigating conditions