



**Figure 9-2.** Suggested exercise training protocol for people with T1DM.

Diagnosis of T1DM now includes 3 stages. Stage 1 is those at risk due to positive autoimmunity but have no impaired glucose tolerance or impaired fasting glucose (IFG) and remain asymptomatic. Stage 2 criteria includes IFG (100 to 125 mg/dL; 5.6 to 6.9 mmol/L), 2-hour PG 140 to 199 mg/dL (7.8 to 11 mmol/L), or HbA1c 5.7% to 6.4% (39 to 47 mmol/mol). Stage 3 would be the classic criteria for diagnosis of DM, in the case of T1DM including autoimmunity, clinical symptoms, and glycemic criteria of FBG  $\geq 126$  mg/dL (7 mmol/L), 2-hour PG  $\geq 200$  mg/dL (11.1 mmol/L) or HbA1c  $\geq 6.5\%$  (48 mmol/mol).

T2DM is similarly diagnosed, but without evidence for autoimmunity. Essentially, all adults with clinical obesity (body mass index  $\geq 25$  kg/m<sup>2</sup> or  $\geq 23$  kg/m<sup>2</sup> in Asian ethnicities consistent with excess adiposity on exam) should be screened and everyone starting at age 45 years. Further monitoring and screening is beyond the scope of this chapter but can be reviewed via the American Diabetes Association (ADA) Standards of Care or American Association of Clinical Endocrinologists (AACE) clinical practice guideline for developing a DM comprehensive care plan (Figure 9-2).<sup>21-23,25-27</sup>

## Management

While lifestyle optimization is the foundation for all patients with DM, for patients with T1DM, insulin replacement is the critical therapy needed as deficiency/absence is obviously the primary defect in their hyperglycemia. Most patients need to be treated with either multiple daily injections (MDI) to provide basal insulin (which