

Diabetes Health Guidelines

People with diabetes should work towards a number of different health targets. The National Institute for Clinical Excellence (NICE) regularly sets and reviews health guidelines for people with diabetes, which the numbers below are based upon.

It's useful to know these targets in preparation for your diabetes annual care review. To help record the results, download and print off our diabetes health results record sheet.

HbA1c targets

- People with diabetes should aim to keep their **HbA1c values below 48 mmol/mol (6.5%)**
- Certain people, such as those at risk of severe hypoglycemia, however, may be advised to keep their **HbA1c under 58 mmol/mol (7.5%) instead.**

Ideally, the lower the HbA1c value you can achieve without increasing instances or severity of hypoglycaemia, the better. For comparison purposes, people without diabetes tend to get HbA1c readings in the 15 to 37 mmol/mol (3.5 to 5.5%) range.

Blood pressure (hypertension) guidelines

- People with diabetes should to get a **blood pressure reading of below 130/80 mmHg** (millimetres of mercury)

The target level for people with diabetes is actually *lower* than the target for people without diabetes. The primary reason for this is that high blood pressure helps to accelerate the progression of diabetes complications such as impaired kidney function and diabetic retinopathy.

Blood fat (cholesterol) targets

People with diabetes should aim to meet the following blood lipid (cholesterol) targets:

- **Total cholesterol:** under 4.0 mmol/l
- **LDL levels:** below 2.0 mmol/l
- **HDL levels:** at least 1.0 mmol/l (men) or 1.2 mmol/l (women)
- **Triglyceride levels:** less than (or equal to) 1.7 mmol/l
- **Total cholesterol / HDL ratio:** less than 5

There is some degree of controversy over cholesterol targets with some experts believing that the total cholesterol/HDL ratio overrides the need to achieve the guideline total cholesterol target. Amongst the NHS, it is generally accepted that the total cholesterol levels should be met.

Kidney guidelines

Kidney function guidelines for diabetic patients are as follows:

- **Albumin/creatinine ratio:** less than or equal to 2.5 mg/mmol (men) or 3.5 mg/mmol (women)

It is less common for patients to be given the ratio and will generally be informed simply whether protein has been detected in the urine or not.

Body Mass Index (BMI) targets

People should aim to fall within the 'healthy' window of the following BMI ranges:

- **Underweight:** less than 18.5
- **Healthy:** 18.5 to 24.9 (18.5 to 22.9 for Asians)
- **Overweight:** 25 to 29.9 (23 to 24.9 for Asians)
- **Obese:** 30 to 39.9 (25 to 34.9 for Asians)
- **Morbidly obese:** equal to or greater than 40 (35 for Asians)

Note that some people, such as those with a large muscle mass to fat ratio, may be classified in a higher bracket. If in doubt or concerned, speak to your healthcare team.

Retinopathy exam

- The ideal target is to be clear from any signs of retinal damage

People with diabetes should undergo a retinal screening examination once a year. This will usually be carried out independently of your diabetes review.

If retinal damage is present, your healthcare team will advise as to whether treatment is needed. Retinopathy takes a period of years to develop and can be treated so it's important to be annually screened.

Foot examination

- The target for a foot examination is to have no signs of circulation or nerve damage and to be free from wounds, blisters, calluses, ingrown toenails, fungal infections or any signs of bone deformation.

A foot examination may or may not be included as part of your annual diabetes review. If it is not included in your diabetes review, you should be provided with a separate appointment.

If damage to foot is found, you may be referred to a podiatrist.

People with diabetes are particularly at risk of damage to the feet. It is important to regularly check your own feet therefore and contact your healthcare team if any damage to your feet is present. Do not be tempted to leave these problems until your next foot examination.