

2015 diabetes standards focus on individualized Tx approach

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Photo: U.S. National Kidney and Urologic Diseases Information Clearinghouse

achieve them without undue treatment burden, more stringent goals are recommended. The 2015 Standards adopted revised recommendations for initiating, intensifying, and monitoring adherence to statin treatment in order to reduce the risk of atherosclerotic cardiovascular disease.

"The common motif of the 2015 Standards is the continued emphasis of individualizing therapeutic decisions based on factors that include ethnicity, overall risk for atherosclerotic cardiovascular disease, life expectancy, comorbid conditions, the patient's preferences and goals, and his or her ability to adhere to treatment regimens," the authors write.

More information: [Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Therapeutic decisions for diabetes should be individualized, considering factors such as ethnicity and cardiovascular risk, according to an ideas and opinions piece published in the March 24 issue of the *Annals of Internal Medicine*.

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Giulio R. Romeo, M.D., and Martin J. Abrahamson, M.D., from the Joslin Diabetes Center in Boston, discuss three topics within the 2015 Standards for Diabetes Care: ethnic differences in [diabetes risk](#) with different body mass indices (BMIs), [blood pressure](#) targets, and individualization of diabetes treatment goals.

The authors note that the American Diabetes Association endorsed a new BMI cut point for prediabetes and type 2 diabetes for Asian Americans; as well as increasing awareness of the importance of early detection of diabetes, this should prompt a reappraisal of current BMI cut points for screening in other minorities. The 2015 Standards have adopted revised systolic and diastolic blood pressure goals for patients with diabetes. For patients with other significant [cardiovascular risk factors](#), or those who can

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