National Adult Clinical Guideline UPDATES

June 2014

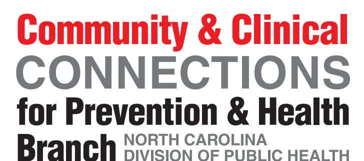
In the past year several national clinical guidelines have changed. This reference list provides health care providers clickable links to the new guidelines and a summary of the changes.

Adult Immunizations

Cholesterol Guidelines and Cardiovascular Risk

Diabetes

High Blood Pressure



Adult Immunizations[1]

The National Vaccine Advisory Committee on Immunization Practices (NVAC) makes Adult Immunization recommendations for standards of practice in the United States. In 2013 these standards were updated. The new standards call on *all* health care professionals—whether they provide vaccinations or not—to take steps to help ensure that their adult patients are fully immunized. Generally, the changes encourage all providers to incorporate an immunization needs assessment into their clinical encounters, stay current on adult immunization recommendations and use the registry.

A summary of changes

- Expansion of vaccination services offered by pharmacists and other community immunization providers
- Changes in the health care system due to the Affordable Care Act that require first dollar coverage of recommended vaccines for people with insurance and Medicaid
- Meaningful Use Stage 2 requirements which require provider reporting adult immunizations to registries

Information about the standards can be accessed here:
www.cdc.gov/vaccines/hcp/patient-ed/adults/for-practice/standards.html

Information about the N.C. Immunization Registry can be accessed here:
www.immunize.nc.gov/providers/ncir.htm

Cholesterol Guidelines and Cardiovascular Risk[2]

In 2013 the American College of Cardiology/American Heart Association published new guidelines for treating cholesterol and assessing cardiovascular risk. According to the CDC, the new guidelines reinforce the importance of identifying people at risk for atherosclerotic cardiovascular disease (ASCVD) and treating them appropriately with lifestyle interventions and statin therapy. The new guidelines emphasize lifestyle modifications for those with elevated cholesterol and encourage health care providers to offer patients a variety of choices that take into account their personal and cultural preferences. A summary of the changes is shown below.

The new guidelines re-visit Statin Eligibility:

Previous Guidelines	New Guidelines	
CVD Risk Groups and LDL-C levels	**Age**	**Statin eligible groups**
3 risk groups (low, high, moderate)	≥ 21 years	Clinical CVD
3 levels of optimal LDL-C based on risk (100, 130, 160 mg/dL0	≥ 21 years	LDL-C ≥ 190 mg/dl
High risk: diabetes and CVD Low risk: adults with 0-1 risk factors	40-75 years + LDL-C 70-189 mg/dl	Diabetes
10-year coronary heart disease risk calculation (CHD only)	40-75 years + LDL-C 70-189 mg/dl	High CVD risk ≥ 7.5%, 10 years, CHD or stroke

Information about the guidelines can be accessed here:
www.heart.org/HEARTORG/Conditions/Understanding-the-New-Prevention-Guidelines_UCM_458155_Article.jsp

Educational materials for patients may be accessed here:

"Getting Healthy" by AHA:
www.heart.org/HEARTORG/GettingHealthy/GettingHealthy_UCM_001078_SubHomePage.jsp

"Choose my plate" by USDA: www.choosemyplate.gov

"Lowering your blood pressure with DASH" by NIH:
https://www.nhlbi.nih.gov/health/health-topics/topics/dash/

Diabetes[3]

The American Diabetes Association updates its clinical guidelines annually. The 2014 guidelines differ from the previous guidelines in various ways. The list below, taken from the January 2014 Diabetes Care Journal, summarizes the major changes:

- **Section I.B. Diagnosis of Diabetes** was clarified to note that A1C is one of three available methods to diagnose diabetes.
- **Section II.C. Screening for Type 1 Diabetes** was revised to include more specific recommendations, specifically screening for relatives at a clinical research center.
- **Section III. Detection and Diagnosis of Gestational Diabetes Mellitus** was revised to reflect the recent National Institutes of Health (NIH) Consensus Guidelines and to provide two methods for screening and diagnosing (versus the prior Standards that recommended the International Association of the Diabetes and Pregnancy Study Groups [IADPSG] method).
- **Section V.C.a. Glucose Monitoring** was revised to add additional continuous glucose monitoring language, reflecting the recent approval of a sensor-augmented low glucose suspend threshold pump for those with frequent nocturnal hypoglycemia and/or hypoglycemia unawareness.
- **Section V.D.2. Pharmacological Therapy for Hyperglycemia in Type 2 Diabetes** was changed from 3–6 months to 3 months for a trial with noninsulin monotherapy.
- **Section V.E. Medical Nutrition Therapy** was revised to reflect the updated position statement on nutrition therapy for adults with diabetes.
- **Section VI.A.3. Antiplatelet Agents** was revised to recommend more general therapy (i.e., dual antiplatelet therapy versus combination therapy with aspirin and clopidogrel).
- **Section VI.B. Nephropathy** was revised to remove terms "microalbuminuria" and "macroalbuminuria," which were replaced with albuminuria 30–299 mg/24 h (previously microalbuminuria) and albuminuria ≥300 mg/24 h (previously macroalbuminuria).
- **Section VI.C. Retinopathy** was revised to recommend exams every 2 years versus 2–3 years, if no retinopathy is present.
- **Section VI.D. Neuropathy** was revised to provide more descriptive treatment options for neuropathic pain.
- **Section VIII. Diabetes Care in Specific Populations** was updated to reflect current standards for thyroid and celiac screening. Additionally, new incidence and prevalence data from SEARCH were incorporated.
- **Section IX.A. Diabetes Care in the Hospital** was updated to discourage the sole use of sliding scale insulin in the inpatient hospital setting.

The guidelines can be accessed here:
http://care.diabetesjournals.org/content/37/Supplement_1/S14.full

High Blood Pressure[4]

Treating high blood pressure has become somewhat controversial as there is disagreement among experts as to what a normal blood pressure reading should be. In 2013 a report from the Joint National Commission (JNC-8) working group originally formed by the National Heart, Lung, and Blood Institute (NHLBI) was released. As the NHLBI has ceased issuing national guidelines, this was published as a free standing report of the committee in the *Journal of the American Medical Association* in December and recommended changing the blood pressure targets for several groups of people and combinations of lifestyle changes and medications to reach the new targets. The target changes are summarized below:

- Among adults age 60 and older with high blood pressure, a target of under 150/90 is recommended.
- Among adults age 30-59 with high blood pressure, a target of under 140/90 is recommended.
- Among adults with diabetes or chronic kidney disease, a target of under 140/90 is recommended.

A major take-away is the importance of patients knowing their blood pressure numbers and taking opportunities to measure it. Patients are also advised to consider life style changes such as weight loss if necessary, limiting salt intake, remaining or becoming physically active and making healthy food choices.

To read more about the Joint National Commission recommendations access the *Journal of the American Medical Association* here: http://jama.jamanetwork.com/article.aspx?articleid=1791497

Notes

1. Content and expert review of this section provided by staff of the N.C. Immunizations Branch.
2. Content taken from a CDC presentation on 2/12/2014.
3. Content and expert review of this section provided by staff of Duke University Medical Center.
4. Content and expert review of this section provided by the American Heart Association of Eastern North Carolina.