



Confusion over Guidelines about Desirable Goals in Subjects with Diabetes, Hypertension and Dyslipidemia



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Introduction

Recently, American College of Physicians published new guidelines regarding desirable glycemic goal of HbA1c, 7-8% in subjects with type 2 diabetes [1]. Apparently, the guidelines are liberal or looser in comparison to those of HbA1c <6.5% or 7.0% established by several organizations including American Association of Clinical Endocrinologists, American Diabetes Association, European Association for the Study of Diabetes, American Association of Diabetes Educators and Endocrine Society [2-5]. Moreover, the liberal glycemic guidelines are consistent with the policy of ACP regarding management of hyperglycaemia in hospitalized subjects, 140-200mg/dl in contrast to 140-180mg/dl recommended by the same other organizations as well [6]. The efforts of these specialty organizations in refuting ACP guidelines are laudable. Finally, it is surprising that these multiple variable guidelines recommended by various organizations are apparently derived following examination and evaluation of the same data in the literature. Fortunately, all organizations recommend individualized glycaemia targets for individual subjects based on life expectancy, duration of the disorder, presence of micro and macro vascular complications and other co-morbidities as well as well as hypoglycaemia awareness.

It is also noteworthy that variable glycaemia guidelines are not an exception since variable guidelines; 120/80mm Hg vs. 140/90mm Hg are also recommended by various organizations in management of hypertension in subjects with diabetes [7,8]. Moreover, the guidelines for the desirable targets and therapies in management of dyslipidemia in subjects with diabetes are also neither uniform nor consistent. Thus, all these variable guidelines are certainly likely to create confusion amongst clinicians and patients alike [9-11]. Therefore, isn't it high time that all stake holders including all these organizations work together by forming a panel of experts to develop uniform and consistent guidelines regarding desirable targets for glycaemia, blood pressure and lipids in subjects with Diabetes as well as other chronic disorders

following in depth examination of all available evidence in the literature?

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