

Endocrine Society's Clinical Practice Guideline offers recommendations for hospitalized patients with diabetes

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Hospitalized patients with diabetes or hyperglycemia who receive goal-directed glycemic management that includes new technologies for

glucose monitoring and pre-discharge diabetes self-management education may have better outcomes and less likelihood of readmission, according to a Clinical Practice Guideline issued today by the Endocrine Society at ENDO 2022.

The guideline, titled "Management of Hyperglycemia in Hospitalized Patients in Non-Critical Care Settings: An Endocrine Society Clinical Practice Guideline," was published online and will appear in the August 2022 print issue of *The Journal of Clinical Endocrinology & Metabolism (JCEM)*, a publication of the Endocrine Society.

This guideline replaces the Society's 2012 inpatient hyperglycemia guideline and addresses emerging areas specific to non-critically ill hospitalized patients with diabetes or newly recognized or stress-induced hyperglycemia. Hyperglycemia is the technical term for [high blood sugar](#). High blood sugar happens when the body has too little [insulin](#) or when the body cannot use insulin properly.

This guideline addresses and updates some of the standards of care for glycemic management for non-critically ill-hospitalized [adult patients](#) with diabetes using an updated methodology that adheres to the Institute of Medicine (IOM) Standards. Updates to the 2012 guideline includes consideration of monitoring blood sugar levels using continuous glucose monitoring devices in combination with point-of-care blood glucose measures for patients at high risk for hypoglycemia, and providing inpatient diabetes education as part of a comprehensive diabetes discharge-planning process. In addition, new topics include recommendations for inpatient use of insulin pump [therapy](#), management of hyperglycemia in patients receiving glucocorticoids or enteral nutrition, use of non-insulin glucose lowering therapies, preoperative blood glucose targets for patients undergoing elective surgical procedures, and specific recommendations for scheduled insulin therapy.

"This guideline addresses several important aspects of care specific to inpatient management of non-critically ill patients with diabetes or newly recognized hyperglycemia that have the potential to improve clinical outcomes in the hospital as well as following discharge," said Mary Korytkowski, M.D., of the University of Pittsburgh in Pittsburgh, Pa. Korytkowski is the chair of the panel that wrote the guideline.

Key points from the guideline include:

- Continuous [glucose monitoring](#) systems can guide effective glycemic management that reduces risk for hypoglycemia in hospitalized patients.
- Patients receiving glucocorticoid therapy or enteral nutrition—liquid nutrition delivered directly to the digestive system—are at high risk for hyperglycemia and require scheduled insulin therapy in the hospital.
- Patients using insulin pump therapy before hospital admission may self-manage these devices if they have the mental and physical capacity to do so with oversight by hospital personnel.
- Diabetes self-management education provided to [hospitalized patients](#) can promote improved glycemic control following discharge with reductions in the risk for hospital readmission.
- Patients with diabetes scheduled for elective surgery may have improved postoperative outcomes when pre-operative HbA1c is $\leq 8\%$ and when blood glucose values in the immediate pre-operative period are
- Providing pre-operative carbohydrate-containing beverages to patients with known diabetes is not recommended.
- Patients with newly recognized hyperglycemia or well-managed diabetes on non-insulin therapy may be treated with correctional insulin alone as initial therapy at hospital admission.
- Scheduled insulin therapy is preferred for patients experiencing persistent blood glucose values > 180 mg/dL and is

recommended for patients using insulin therapy prior to admission.

- Dipeptidyl peptidase inhibitors can be used in combination with correction insulin in selected [patients](#) with type 2 [diabetes](#) who have milder degrees of [hyperglycemia](#) provided there are no contraindications to the use of these agents.

The Society established its [Clinical Practice Guideline Program](#) to provide endocrinologists and other clinicians with evidence-based recommendations in the diagnosis, treatment, and management of endocrine-related conditions. Each guideline is developed by a multidisciplinary panel of topic-related experts in the field. Guideline development panels rely on evidence-based reviews of the literature in the development of guideline recommendations. The Endocrine Society does not solicit or accept corporate support for its guidelines. All Clinical Practice Guidelines are supported entirely by Society funds.

Provided by The Endocrine Society

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