Pharmacist's Letter
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Tailor Glycemic Goals for Patients With Diabetes

People with diabetes will need your help tailoring A1c goals and deciphering continuous glucose monitoring (CGM) metrics.

Continue to emphasize individualizing glycemic goals. Explain that a “one-size-fits-all” approach isn’t safe, practical, or recommended.

A1c. Rely on A1c to assess average glucose over 2 to 3 months. Good evidence links meeting A1c goals with better microvascular outcomes.

Stick with an A1c target below 7% for most people with diabetes and few comorbidities...or possibly less than 6.5% in younger, healthier patients who can safely reach this goal.

Suggest relaxing A1c goals for some patients...since risk of hypoglycemia may outweigh benefits of tighter glucose control.

For example, consider an A1c goal under 7.5% to 8% for those with multiple comorbidities or long-standing diabetes...or an even looser goal for frail older patients with dementia, nursing home residents, etc.

Reassess A1c targets periodically based on factors such as new or worsening comorbidities, life expectancy, and your patient’s preferences.

CGM. If patients use a CGM, focus on key metrics to fill in blanks that A1c doesn’t provide...such as glucose lows, highs, or variability.

Identify the time in range (TIR)...the amount of time patients are in their sweet spot, such as 70 to 180 mg/dL. In this case, advise aiming for a TIR above 70%...if A1c goal is below 7%.

Increase TIR by first reducing time BELOW range...to limit hypoglycemia. A reasonable goal is less than 4% below 70 mg/dL...and avoiding time under 54 mg/dL.

Review glucose variability...to see how widely glucose swings. For example, aim for a coefficient of variation (CV) of 36% or less.

And check the glucose management indicator (GMI). It’s a rough A1c prediction...based on an average of about 14 days of readings.

For example, a mean glucose of 175 mg/dL works out to a GMI of 7.5%.

Use the GMI for a “sneak peek” of how recent med or lifestyle changes will impact A1c results...if the patient continues on the same track.

Also assess the percentage of time CGM is active. Aim for at least 70% over a 14-day period for CGM metrics to be the most reliable.

See our resource, *Improving Diabetes Outcomes*, for guidance on tailoring goals...and use our *Diabetes Resource Hub* to find med comparison charts, CGM billing advice, and more.

Key References:

-American Diabetes Association Professional Practice Committee. 6. Glycemic Goals and Hypoglycemia: Standards of Care in Diabetes-2024. Diabetes Care. 2024 Jan 1;47(Suppl 1):S111-S125.
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-Battelino T, Danne T, Bergenstal RM, et al. Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations From the International Consensus on Time in Range. Diabetes Care. 2019 Aug;42(8):1593-1603.

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