

## MDS Alert

### **CLINICAL TIP :Identify ResidentsWith Prediabetes to Get the Care Plan Rolling**

A 3-prong approach can improve care for this common condition.

You can't address what you don't assess, which includes prediabetes -- a condition that can easily fall through the cracks in long-term care. While it's rare for clinicians to miss a case of diabetes due to the lab testing that goes on in nursing homes, they still commonly don't identify and monitor patients with prediabetes, observes **Naushira Pandya, MD, CMD**, who chaired the American Medical Directors Association diabetes mellitus clinical practice guidelines.

That said, consider developing a protocol to identify and treat people with prediabetes, as follows:

1. Look for glucose levels indicative of prediabetes. That would be a fasting glucose between 101 and 125 or postprandial (two hours after a meal) of 141 to 199, "strictly speaking," advises Pandya.
2. Include a diagnosis of prediabetes on a resident's diagnosis list. That way, the clinical staff will be more likely to do something about it, Pandya points out.
3. Develop a treatment and monitoring plan. "Clinicians should evaluate a person with prediabetes for cardiovascular risk, including blood pressure, hyperlipidemia, and even proteinuria," Pandya says. Also, the person's diet should have consistent amounts of carbohydrates. "If the person is obese, the diet could include reduced carbohydrates," she adds. The person should also engage in regular activity, including walking. The exercise could be part of a restorative nursing program, Pandya suggests.