

# 2018 AAHA Diabetes Management Guidelines for Dogs and Cats\*

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## ABSTRACT

Diabetes mellitus (DM) is a common disease encountered in canine and feline medicine. The 2018 AAHA Diabetes Management Guidelines for Dogs and Cats revise and update earlier guidelines published in 2010. The 2018 guidelines retain much of the information in the earlier guidelines that continues to be applicable in clinical practice, along with new information that represents current expert opinion on controlling DM. An essential element of successful DM management is to ensure that the owner of a diabetic dog or cat is capable of administering insulin therapy at home, although the use of insulin is the mainstay of treatment for clinic patients. The 2018 guidelines discuss the use of UG test strips available for use in dogs and cats, and the use of continuous glucose monitoring in dogs and cats. Also discussed are non-insulin therapies, and the two conditions that represent the greatest risk for developing DM, which are irremediable hyperglycemia or mildly elevated blood glucose. (J

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are scenarios where this is the most practical monitoring scheme. Table 3 lists the suggested protocol for using UG test strip readings in cats is based on the Task Force's clinical experience.

### Glycosylated Proteins

The glycosylated proteins include fructosamine and glycosylated hemoglobin (A1C). Fructosamine, the glycosylated protein used in veterinary medicine, is formed by nonenzymatic, irreversible binding of glucose to serum proteins, mainly albumin.<sup>42</sup> Rate of formation is proportional to the average BG level, so the higher the mean BG concentration is over time, the greater the fructosamine concentration should be. Because fructosamine concentration is also affected by the half-life of albumin, it reflects glycemic control over the previous 1–2 wk. Unfortunately, well-controlled diabetics can have elevated fructosamine concentrations. Conversely, uncontrolled diabetic pets can have normal levels.<sup>43</sup> Fructosamine may be elevated in sick, hyperglycemic, but nondiabetic cats.<sup>43</sup> For these reasons, fructosamine trends are more useful than isolated values. Because fructosamine is typically not affected by stress, it can help to differentiate stress hyperglycemia from diabetes.

One of the best uses of fructosamine is to evaluate trends in glycemic control if measured at each recheck. Declining fructosamine values indicate a lowering in BG overall, whereas increasing values indicate the opposite. A fructosamine concentration below the reference range is highly suggestive of chronic hypoglycemia, in which case a BGC should be performed. Additionally, this scenario may be an indicator that a feline patient may be nearing diabetic remission. Cats with hyperthyroidism or conditions that cause hypoalbuminemia, increased protein turnover rates, or hypoglobulinemia may have decreased fructosamine concentrations. Corrections can be performed by the laboratory performing the analysis.

Commercial testing of canine and feline A1C is available. This glycated hemoglobin is commonly used to monitor diabe-

evidence of tight glycemic control. The long-term goal of DM treatment is to achieve a level of DM control that should not

### Monitoring on the Initiation of Insulin Therapy

- Initiate insulin therapy
- Measure fructosamine
- Perform a BGC to evaluate glycemic control
- If BG is <150 mg/dL
  - Decrease dose by 25%
  - Decrease dose by 25% until a nadir >150 mg/dL
- If BG is >150 mg/dL
  - Increase dose by 25% every 14 days (sooner if controlled)

### Monitoring Until Control is Achieved

- In a new diabetic, have the owner observe the technique.
- BGC will need to be performed until a target dose is found.
- Review owner log.
- Perform a physical exam and body weight.
- Perform a BGC and

### Ongoing Monitoring

- Review owner log.
- Perform a physical exam and bodyweight.
- Perform a BGC and

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ALP (alkaline phosphatase); BG (blood glucose); BUN (blood urea nitrogen); BP (blood pressure); CBC (complete blood count); Cushing's (hyperadrenocorticism); NPH (Neutral Protamine HEP (hyperphagia); PU (polyuria); PZI (protamine zinc insulin); U (units); UG (urine glucose); UPC (urine protein)

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