T2DM — Targets & Annual Cycle of Care

HbA1c, BP and lipid goals; complication screening

CLINICAL PATHWAY

Individualise every target to hypoglycaemia risk, comorbidities and life expectancy — tighter for the newly diagnosed and fit, looser for the frail or those with limited life expectancy. The annual cycle of care (HbA1c, BP, lipids, eyes, feet, kidneys, mental health, vaccination) is what catches complications early.

HbA1c TARGETS

- **Most adults:** ≤7.0% (≤53mmol/mol)
- **New-onset, fit, low hypoglycaemia risk:** a tighter target around ≤6.5% (≤48mmol/mol) is often reasonable
- **Frail, limited life expectancy, or significant hypoglycaemia history:** relax the target, often to around 8.0% (≤64mmol/mol) — avoid overtreatment
- **Pre-conception or pregnancy:** <6.5% (<48mmol/mol) where achievable without significant hypoglycaemia (RACGP)

BP & LIPID TARGETS

- **BP:** <140/90mmHg generally; <130/80mmHg if CKD or albuminuria — see REN-01A for the CKD-specific nuance
- **LDL-C, secondary prevention:** <1.4mmol/L with established CVD or a recent ACS (RACGP)
- **LDL-C, primary prevention/high CV risk:** <1.8mmol/L is commonly used, though not a specific RACGP/ADS-stated figure — base on individual CV risk assessment
- **Statin PBS eligibility:** diabetes plus IHD/PVD qualifies at cholesterol >4.0mmol/L; for diabetes alone, confirm current criteria at pbs.gov.au

ANNUAL CYCLE OF CARE

- **HbA1c:** up to 4×/year, more often around treatment changes
- **BP and weight/BMI:** every visit; **lipids:** annually
- **Feet:** annual neuropathy and pulses check (more often if high-risk)
- **Eyes:** dilated fundoscopy or optometry every 1–2 years
- **Kidneys:** uACR and eGFR annually — see REN-01A
- **Mental health:** routinely screen for diabetes distress
- **Smoking and alcohol:** review at each opportunity
- **Vaccination:** annual influenza; pneumococcal for all adults 65+ or any age with diabetes as a risk condition (21vPCV from Jul 2026); RSV recommended 60+; COVID boosters per current ATAGI advice

MEDICARE ITEMS & EDUCATION

Chronic disease management plans, team-care arrangements, and annual health assessments all have current MBS item numbers — confirm at mbsonline.gov.au. Refer to a diabetes educator or the NDSS for structured education.

■ SAFETY

- HbA1c can be unreliable in conditions affecting red cell turnover (haemolysis, recent transfusion, advanced CKD) — consider fructosamine or glucose monitoring instead
- Don't assume an above-target result reflects non-adherence — screen for diabetes distress and barriers to care
- Apply sick-day rules (SADMANS) during illness — see REN-01B

■ RED FLAGS / REFER

- Retinopathy, a high-risk foot, or declining eGFR → ophthalmology, podiatry, or nephrology as appropriate
- Recurrent hypoglycaemia or hypoglycaemia unawareness → refer
- Persistently above target despite optimised triple therapy → endocrinology — see EN-01A