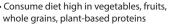


Regular risk factor reassessment (every 3-6 months)



Lifestyle interventions



- For patients not on dialysis, aim for 0.8 g protein/kg weight per day
- For patients on dialysis, aim for 1.0–1.2 g protein/kg weight per day
- Limit sodium intake <2 g/day (<5 g NaCl)
- Exercise for at least 150 min per week
- Stop tobacco use
- Manage weight

Goals

It's not just about glucose!

- 1) Promote self-management and team-based integrated
- (2) Use organ-protective therapies
- 3 Treat multiple targets (glycemia, BP, lipids, UACR, eGFR)

Pharmacologic therapies First-line therapies









Metformin SGLT2 inhibitors RAS inhibitors Statins (T2D, eGFR ≥30) (T2D, eGFR ≥20)

Additional drugs for heart and kidney protection







ns-MRA

Antiplatelet therapies (ASCVD)

Glycemic monitoring and targets

- Use HbA1c to monitor glycemic control
- Individualize HbA1c targets (< 6.5% to < 8.0%) based on patient comorbidities, hypoglycemia risk, resources and preferences
- Use CGM or SMBG when treatment associated with risk of hypoglycemia or when HbA1c is not concordant with blood glucose

< 6.5%

HbA1c

< 8.0%



Coordinated care

Abbreviations: ASCVD, atherosclerotic cardiovascular disease: BP, blood pressure: CGM, continuous glucose monitoring: CKD, chronic kidney disease: CVD, cardiovascular disease: eGFR, estimated glomerular filtration rate; GLP-1, glucagon-like peptide-1; HbA1c, glycated hemoglobin; NaCl, sodium chloride; RAS, renin-angiotensin system; SGLT2, sodium-glucose cotransporter-2; SMBG, self-monitoring of blood glucose; T2D, type 2 diabetes; UACR, urine albumin-creatinine ratio