ADA Clinical Practice Guideline: Type 2 Diabetes Management (2025)

Overview

The American Diabetes Association (ADA) 2025 Standards of Medical Care in Diabetes provide comprehensive evidence-based recommendations for diagnosing and managing type 2 diabetes in adults. These guidelines are updated annually to incorporate the latest clinical evidence.

Diagnosis and Screening

- Screening for type 2 diabetes should begin at age 35 in asymptomatic adults.
- Testing methods include fasting plasma glucose, HbA1c, and oral glucose tolerance test (OGTT).
- Diagnosis is confirmed with any one abnormal value on two separate occasions.

Glycemic Targets

- General A1c target for most adults is <7%.
- Less stringent targets (<8%) may be appropriate for older adults, those with comorbidities or a limited life expectancy.
- Tighter targets (<6.5%) may be appropriate for younger individuals without comorbidities.

Initial Management

- Lifestyle modification is the cornerstone of therapy, including medical nutrition therapy, physical activity, and behavioral support.
- Metformin is the preferred initial pharmacologic agent for most patients, unless contraindicated.

Pharmacologic Therapy

- In patients with atherosclerotic cardiovascular disease (ASCVD), heart failure (HF), or chronic kidney disease (CKD), SGLT2 inhibitors or GLP-1 receptor agonists with proven benefit should be considered early.
- Dual therapy may be considered at diagnosis for patients with high A1c levels (>1.5% above goal).

Lifestyle and Behavioral Recommendations

- At least 150 minutes/week of moderate-intensity aerobic activity is recommended.
- Nutritional counseling and structured weight management strategies should be individualized.

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- Behavioral interventions include sleep optimization, stress management, and access to resources.

Follow-up and Monitoring

- HbA1c should be checked every 3 months if above goal, or every 6 months if at goal.
- Annual monitoring of kidney function, lipid profile, eye exams, and foot exams is recommended.