

Intensive Control of Diabetes in the Hospital: Why, How, and What Is in the Future?

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Abstract

Intensive management of diabetes is identified as a critical component of inpatient care. However, the fundamental question that remains is whether controlling glycemia in noncritically ill diabetes patients at the lower end of the current guidelines improves outcomes of hospitalization, long-term outcomes of the primary condition, and long-term outcomes of diabetes compared with average glycemia greater than 180 mg/dl. A group of clinical investigators—Planning Research in Inpatient Diabetes (PRIDE)—is preparing randomized controlled trials with the hope of defining optimal glycemic targets for hospitalized patients with diabetes. Given the variety of clinical situations that can occur in the inpatient setting, many medical centers have established dedicated inpatient diabetes teams. There is ample evidence, albeit retrospective, that these teams improve inpatient glucose control and reduce lengths of hospital stays. Using hospitalization as an opportunity to educate patients about diabetes and to optimize their treatment regimen may improve long-term outpatient glycemic control.

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Abbreviations: (ACP) American College of Physicians, (DM) diabetes mellitus, (ICU) intensive care unit, (NICE-SUGAR) Normoglycemia in Intensive Care Evaluation-Survival Using Glucose Algorithm Regulation, (NPO) *nil per os*, (PRIDE) Planning Research in Inpatient Diabetes, (TPN) total parenteral nutrition

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