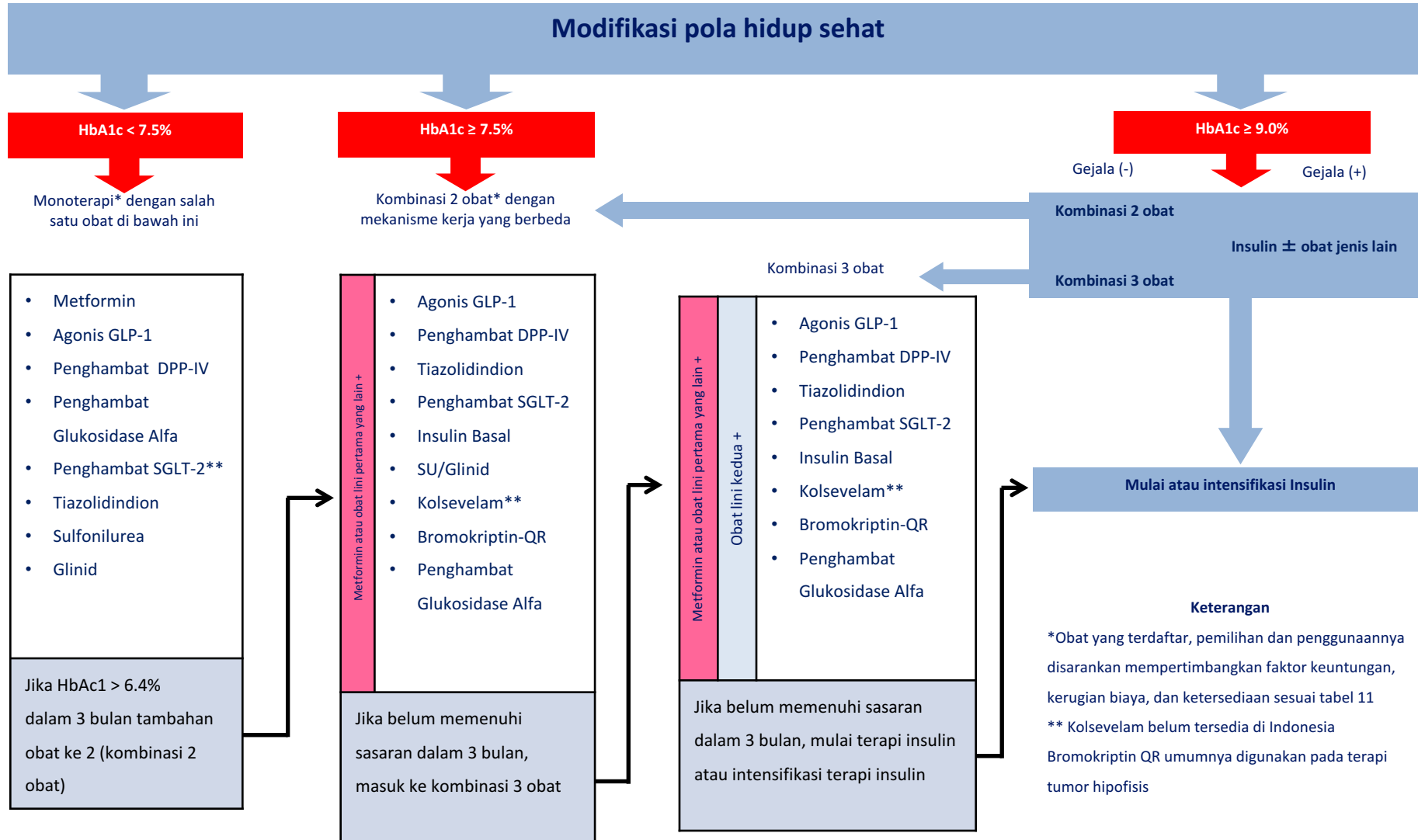


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I. Type 1 diabetes* (β-cell destruction, usually leading to absolute insulin deficiency)
A. Immune mediated
B. Idiopathic
II. Type 2 diabetes* (may range from predominantly insulin resistance with relative insulin deficiency to a predominantly secretory defect with insulin resistance)
III. Other specific types
A. Genetic defects of β -cell function
B. Genetic defects in insulin action
C. Diseases of the exocrine pancreas
D. Endocrinopathies
E. Drug- or chemical-induced
F. Infections
G. Uncommon forms of immune-mediated diabetes
H. Other genetic syndromes sometimes associated with diabetes
IV. Gestational diabetes mellitus (GDM)

Algoritme Pengelolaan DM Tipe 2 di Indonesia KONSENSUS PERKENI 2015





2013 ACC/AHA Guideline Recommendations for Statin Therapy

ASCVD Statin Benefit Groups

Heart healthy lifestyle habits are the foundation of ASCVD prevention

Clinical ASCVD	LDL-C \geq 190 mg/dL	Diabetes ; age 40-75 years*	Estimated 10-yr ASCVD risk \geq 7.5% [†] ; age 40-75 years*
<ul style="list-style-type: none">• High-Intensity statin (age \leq75 years)• Moderate-intensity statin if >75 years or not a candidate for high-intensity statin	<ul style="list-style-type: none">• High-intensity statin• Moderate-intensity statin if not a candidate for high-intensity statin	<ul style="list-style-type: none">• Moderate-intensity statin• High-intensity statin if estimated 10 year ASCVD risk \geq7.5%	<ul style="list-style-type: none">• Moderate- to high-intensity statin

ASCVD prevention benefit of statin therapy may be less clear in other groups . Consider additional factors influencing ASCVD risk , potential ASCVD risk benefits and adverse effects, drug-drug interactions, and patient preferences for statin treatment.

* With LDL-C of 70-189 mg/dL

[†] Estimated using the Pooled Cohort Risk Assessment Equations



TATA LAKSANA DISLIPIDEMIA

Rekomendasi Statin (Berdasarkan ACC/AHA 2013)

HIGH INTENSITY	MODERATE INTENSITY	LOW INTENSITY
Penurunan LDL-C \geq 50%	Penurunan LDL-C 30 – 50%	Penurunan LDL-C < 30%
Atorvastatin 40 – 80 mg Rosuvastatin 20 – 40 mg	Atorvastatin 10 – 20 mg Rosuvastatin 5 – 10 mg Simvastatin 20 – 40 mg Pravastatin 40 – 80 mg Lovastatin 40 mg Fluvastatin XL 80 mg Fluvastatin 40 mg bid Pitavastatin 2 – 4 mg	Simvastatin 10 mg Pravastatin 10 – 20 mg Lovastatin 20 mg Fluvastatin 20 – 40 mg Pitavastatin 1 mg



ABCs of type 2 diabetes: AACE/ACE 2011 and ADA 2016

Target treatment goals	AACE/ACE 2011	ADA 2016
A1C	≤ 6.5%	<7.0%***
Blood pressure (mmHg)	< 130/90	<140/80***
Cholesterol (lipids)	LDL-C < 100 mg/dL (<70 mg/dL an option for patients with diabetes and coronary artery disease) HDL-C >40 mg/dL in men; >50 mg/dL in women Triglycerides < 150 mg/dL	LDL-C < 100 mg/dL (<70 mg/dL for patients with diabetes and coronary artery disease) HDL-C >40 mg/dL in men; >50 mg/dL in women Triglycerides <150 mg/dL

Handelsman, et al. *Endocr Pearls* 2011;17 (suppl 2):1-53.

LDL-C, low-density lipoprotein-cholesterol; HDL-C, high-density lipoprotein-cholesterol; AACE/ACE, American Association of Clinical Endocrinologists/American College of Endocrinology; ADA, American Diabetes Association.

American Diabetes Association Standards of Medical Care in Diabetes.
Glycemic targets. *Diabetes Care* 2016; 39 (Suppl. 1): S39-S46