EVIDENCE-BASED ACTION STATEMENT: Individuals should be made aware of the effectiveness of diet and physical activity programs in delaying the onset or preventing type 2 diabetes.[110,112]	
Evidence Quality: Grade A. Systematic Review, Randomized Clinical Trial **Level of Confidence:** High **Clinical Recommendation Strength:** Strong Recommendation. This recommendation should be followed unless clear and compelling rationale for an alternative approach is present.	
Evidence Statements: Combined diet and physical activity programs and the use of insulin-sensitizing medications have been shown to achieve the largest diabetes risk reductions.[110] (Evidence Grade: A) The long-term reduction in diabetes development with preventative lifestyle intervention can be substantial.[112] (Evidence Grade: A)	
Potential Benefits: Decreased risk of diabetes and diabetes complications, better diabetes control	**Potential Risks/Harms:** None
Benefit and Harm Assessment: Benefits significantly outweigh harms	
Potential Costs: Time for counseling	
Value Judgments: None	
Role of Patient Preferences: Large	
Intentional Vagueness: None	
Gaps in Evidence: None identified	

H. MANAGEMENT OF DIABETES MELLITUS, SYSTEMIC COMPLICATIONS, AND CO-MORBIDITIES

The management of persons with diabetes mellitus involves the use of individualized glucose targets, lifestyle modifications, including weight management and physical exercise, and lowering blood pressure and cholesterol levels as needed. Some individuals with type 2 diabetes can achieve adequate glycemic control with weight reduction, exercise, and/or oral glucose-lowering agents and do not require insulin. Others, who have only limited residual insulin secretion, often require insulin for adequate glycemic control. Individuals with type 1 diabetes, who have extensive beta-cell destruction and therefore no residual insulin secretion, require insulin for survival.[2]

Type 1 diabetes mellitus is associated with various genetic and autoimmune diseases. Conditions, including genetic (e.g., Down, Turner, Noonan, and Klinefelter syndromes), autoimmune (thyroid and adrenal disorders, myasthenia gravis, systemic lupus erythematosus, rheumatoid arthritis), and central nervous system diseases occur in persons with type 1 diabetes.[113] (Evidence Grade: B) Common type 2 diabetes co-morbidities include hypertension, dyslipidemia, obesity, cardiovascular disorders, nonalcoholic fatty liver disease, and chronic kidney disease. Routine evaluations by the patient's primary care physician are required for early diagnosis and treatment of these diabetes-related conditions.