

I. Introduction

The VA and DoD Evidence-Based Practice Work Group (EBPWG) was established and first chartered in 2004, with a mission to advise the VA/DoD Health Executive Committee “on the use of clinical and epidemiological evidence to improve the health of the population . . .” across the Veterans Health Administration (VHA) and Military Health System (MHS), by facilitating the development of CPGs for the VA and DoD populations.⁽¹⁾ Development and update of VA/DoD CPGs is funded by VA Evidence Based Practice, Office of Quality and Patient Safety. The system-wide goal of evidence-based CPGs is to improve patient health and wellbeing.

In 2017, VA and DoD published a CPG for the Management of Type 2 Diabetes Mellitus in Primary Care (2017 VA/DoD DM CPG), which was based on evidence reviewed through 2016. Since the release of that CPG, the evidence base on type 2 diabetes mellitus (T2DM) has expanded. Consequently, the EBPWG initiated the update of the 2023 VA/DoD DM CPG in 2021. This updated CPG’s use of Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach reflects a more rigorous application of the methodology than previous iterations.⁽²⁾ Therefore, the strength of some recommendations might have been modified because of the confidence in the quality of the supporting evidence (see [Evidence Quality and Recommendation Strength](#)).

This CPG provides an evidence-based framework for evaluating and managing care for adult patients with T2DM toward improving clinical outcomes. Successful implementation of this CPG will

- Assess the patient’s condition and collaborate with the patient, family, and caregivers to determine optimal management of patient care;
- Emphasize the use of patient-centered care and shared decision making;
- Minimize preventable complications and morbidity; and
- Optimize individual health outcomes and quality of life (QoL).

II. Background

A. Description of Type 2 Diabetes Mellitus

Diabetes mellitus (DM) is a disease caused by an absolute or relative insulin deficiency resulting in hyperglycemia. Type 1 DM (T1DM) is due to deficient insulin production and secretion and can present across the lifespan, with older patients often having a more indolent presentation that has been referred to as latent autoimmune diabetes of adults. In contrast, T2DM is due to progressive insulin deficiency on a background of insulin resistance. The underlying insulin resistance seen in T2DM is thought to be because of genetic factors and obesity, especially increased visceral adiposity, frequently accompanied by ectopic fat accumulation within organs such as the liver, pancreas, and