Lifestyle interventions
- Consume diet high in vegetables, fruits, whole grains, plant-based proteins
  - For patients not on dialysis, aim for 0.8 g protein/kg weight per day
  - For patients on dialysis, aim for 1.0–1.2 g protein/kg weight per day
  - Limit sodium intake <2 g/day (<5 g NaCl)
  - Exercise for at least 150 min per week
  - Stop tobacco use
  - Manage weight

Goals
It’s not just about glucose!
1. Promote self-management and team-based integrated care
2. Use organ-protective therapies
3. Treat multiple targets (glycemia, BP, lipids, UACR, eGFR)

Glycemic monitoring and targets
- Use HbA1c to monitor glycemic control
- Individualize HbA1c targets (< 6.5% to < 8.0%) based on patient comorbidities, hypoglycemia risk, resources and preferences
- Use CGM or SMBG when treatment associated with risk of hypoglycemia or when HbA1c is not concordant with blood glucose

< 6.5% HbA1c < 8.0%

Regular risk factor reassessment (every 3–6 months)

Comprehensive management of patients with diabetes and CKD
- Goals of care (progression, CVD reduction)
- Imperative for addressing multiple risk factors and combination treatments
- Focus on evidence-based therapies that improve clinical outcomes/organ protection
- Self-management
- Systems approaches

Abbreviations: ASCVD, atherosclerotic cardiovascular disease; BP, blood pressure; CGM, continuous glucose monitoring; CKD, chronic kidney disease; CVD, cardiovascular disease; eGFR, estimated glomerular filtration rate; GLP-1, glucagon-like peptide-1; HbA1c, glycated hemoglobin; NaCl, sodium chloride; RAS, renin-angiotensin system; SGLT2, sodium-glucose cotransporter-2; SMBG, self-monitoring of blood glucose; T2D, type 2 diabetes; UACR, urine albumin-creatinine ratio