

Introduction

The American Diabetes Association (ADA) has been actively involved in the development and dissemination of diabetes care standards, guidelines, and related documents for many years. These statements are published in one or more of the Association's professional journals. This supplement contains the latest update of ADA's major position statement, "Standards of Medical Care in Diabetes," which contains all of the Association's key recommendations. In addition, contained herein are selected position statements on certain topics not adequately covered in the "Standards." ADA hopes that this is a convenient and important resource for all health care professionals who care for people with diabetes.

ADA Clinical Practice Recommendations consist of position statements that represent official ADA opinion as denoted by formal review and approval by the Professional Practice Committee and the Executive Committee of the Board of Directors. Consensus reports and systematic reviews are not official ADA recommendations; however, they are produced under the auspices of the Association by invited experts. These publications may be used by the Professional Practice Committee as source documents to update the "Standards."

ADA has adopted the following definitions for its clinically related reports.

ADA position statement. An official point of view or belief of the ADA. Position statements are issued on scientific or medical issues related to diabetes. They may be authored or unauthored and are published in ADA journals and other scientific/medical publications as appropriate. Position statements must be reviewed and approved by the Professional Practice Committee and, subsequently, by the Executive Committee of the Board of Directors. ADA position statements are typically based on a systematic review or other review of published literature. They are reviewed on an annual basis

Table 1—ADA evidence-grading system for clinical practice recommendations

Level of evidence	Description
A	<p>Clear evidence from well-conducted, generalizable, randomized controlled trials that are adequately powered, including:</p> <ul style="list-style-type: none"> • Evidence from a well-conducted multicenter trial • Evidence from a meta-analysis that incorporated quality ratings in the analysis <p>Compelling nonexperimental evidence, i.e., the "all or none" rule developed by the Centre for Evidence-Based Medicine at Oxford</p> <p>Supportive evidence from well-conducted randomized controlled trials that are adequately powered, including:</p> <ul style="list-style-type: none"> • Evidence from a well-conducted trial at one or more institutions • Evidence from a meta-analysis that incorporated quality ratings in the analysis
B	<p>Supportive evidence from well-conducted cohort studies, including:</p> <ul style="list-style-type: none"> • Evidence from a well-conducted prospective cohort study or registry • Evidence from a well-conducted meta-analysis of cohort studies <p>Supportive evidence from a well-conducted case-control study</p>
C	<p>Supportive evidence from poorly controlled or uncontrolled studies, including:</p> <ul style="list-style-type: none"> • Evidence from randomized clinical trials with one or more major or three or more minor methodological flaws that could invalidate the results • Evidence from observational studies with high potential for bias (such as case series with comparison to historical controls) • Evidence from case series or case reports <p>Conflicting evidence with the weight of evidence supporting the recommendation</p>
E	Expert consensus or clinical experience

and updated as needed. A list of recent position statements is included on p. S100 of this supplement.

Systematic review. A balanced review and analysis of the literature on a scientific or medical topic related to diabetes. Effective January 2010, technical reviews are replaced with systematic reviews, for which a priori search and inclusion/exclusion criteria are developed and published. The systematic review provides a scientific rationale for a position statement and undergoes critical peer review before submission to the Professional Practice Committee for approval. A list of past technical reviews is included on page S97 of this supplement.

Consensus report. A comprehensive examination by a panel of experts (i.e., con-

sensus panel) of a scientific or medical issue related to diabetes. Effective January 2010, consensus statements are renamed consensus reports. The category will also include task force, workgroup, and expert committee reports. Consensus reports will not have the Association's name included in the title or subtitle and will include a disclaimer in the introduction stating that any recommendations are not ADA position. A consensus report is typically developed immediately following a consensus conference at which presentations are made on the issue under review. The statement represents the panel's collective analysis, evaluation, and opinion at that point in time based in part on the conference proceedings. The need for a consensus report arises when clinicians or scientists desire guidance on a subject for which the evidence is contradictory or incomplete. Once written by the panel, a consensus report is not subject to subsequent review or approval and does not represent official Association opinion. A

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