

RECOMMENDATIONS FOR DIAGNOSIS AND CLASSIFICATION OF DIABETES – 2015

CRITERIA FOR TESTING FOR DIABETES IN ASYMPTOMATIC ADULT INDIVIDUALS – TABLE 1

DIABETES TYPE	RISK FACTORS and FREQUENCY OF SCREENING
<i>Type 1</i>	There is evidence to suggest that early diagnosis may limit acute complications and extend long-term endogenous insulin production. While there is currently a lack of accepted screening programs, one should consider referring relatives of those with type 1 diabetes for antibody testing for risk assessment in the setting of a clinical research study (http://www2.diabetestrialnet.org)
<i>Type 2</i>	<ol style="list-style-type: none"> Testing should be considered for all adults who are overweight (BMI \geq 25) or BMI \geq 23 in Asian Americans with additional risk factors: <ul style="list-style-type: none"> History of cardiovascular disease first degree relative with diabetes polycystic ovary syndrome HDL \leq 35 mg/dl or triglyceride \geq 250 mg/dl Other clinical conditions associated with insulin resistance (obesity, AN) high risk ethnic population (African American, Latino, Native American, Asian American, Pacific Islanders) habitual physical inactivity delivered baby > 9 lbs, GDM HTN \geq 140/90 or on meds A1c \geq 5.7%, IGT or IFG For all pts, particularly those who are overwt or obese, start testing at age 45. If results normal, repeat test at 3 year intervals or more frequently if high risk

TESTS TO DIAGNOSE DIABETES – TABLE 2

STAGE	For all the below tests, in the absence of unequivocal hyperglycemia, results should be confirmed by repeat testing.			
	A1C <i>NGSP certified & standardized assay</i>	Fasting* Plasma Glucose (FPG) <i>*No intake 8 hrs</i>	Random Plasma Glucose	Oral Glucose Tolerance Test (OGTT) 75-g
Diabetes	A1C \geq 6.5%	FPG \geq 126 mg/dl	Random plasma glucose \geq 200 mg/dl plus symptoms ¹	Two-hour plasma glucose (2hPG) \geq 200 mg/dl
Increased risk of diabetes	A1C 5.7 - 6.4%	Impaired Fasting BG (IFG) = FPG 100-125 mg/dl	¹ Random = any time of day w/out regard to time since last meal; symptoms include usual polyuria, polydipsia, and unexplained wt loss.	Impaired Glucose Tolerance (IGT) = 2hPG 140 -199 mg/dl
Normal	A1C < 5.7%	FPG < 100 mg/dl		2hPG < 140 mg/dl

GESTATIONAL DIABETES (GDM)*

SCREENING	TEST	DIAGNOSTIC CRITERIA
At the first prenatal visit, screen for undiagnosed type 2 in those w/ risk factors as listed in Table 1	Standard Diagnostic Testing and Criteria as listed in Diagnosing Diabetes -Table 2	Standard Diagnostic Testing and Criteria as listed in Diagnosing Diabetes -Table 2
Screen for GDM at 24-28 weeks of gestation for all pregnant women not known to have diabetes. Screen women w/ GDM for diabetes 6-12 wks postpartum <i>*Please see reference below for complete guidelines.</i>	Can use either IADPSG consensus: “One Step” 75-g OGTT fasting and at 1 and 2 h (perform after overnight fast of at least 8 h) <i>Or can use Two Step</i> “Two step” NIH Consensus - Step 1: 50gm glucose load (non fasting) w/ plasma BG test at 1 hr. If BG \geq 130-140*, go to Step 2 >	One Step: GDM diagnosis when ANY of following BG values are exceeded: <ul style="list-style-type: none"> Fasting \geq92 mg/dl, 1 h \geq180 mg/dl 2 h \geq153 mg/dl <hr/> Two Step -Step 2 - 100g OGTT (fasting) GDM diagnosis if at least 2 of 4 plasma BG measured fasting, 1h, 2h, 3h after OGTT are met or exceeded.*