RECOMMENDATIONS FOR DIAGNOSIS AND CLASSIFICATION OF DIABETES – 2023

CRITERIA FOR TESTING FOR DIABETES AND PREDIABETES IN ASYMPTOMATIC ADULTS – TABLE 1

DIABETES TYPE	RISK FACTORS and FREQUENCY OF SCREENING and TESTING FOR DIABETES
Type 1	Screening for presymptomatic type 1 diabetes, by testing autoantibodies to insulin, GAD, islet antigen 2, or ZnT8 is recommended in research study setting or for those with first-degree family members with type 1 diabetes.

Type 2	1. Test all adults starting at age **35** for prediabetes and diabetes using Fasting Plasma Glucose, A1c or OGTT.
	2. Perform risk-based screening if BMI ≥ 25 or BMI ≥ 23 in Asian Americans with 1 or more risk factors:
	   • History of cardiovascular disease • Physical inactivity
	   • First degree relative with diabetes • History of GDM (repeat test at least every 3 years)
	   • People with HIV* • Hypertension ≥ $^{140}/_{90}$ or on therapy for HTN
	   • HDL ≤ 35 mg/dl or triglyceride ≥ 250 mg/dl • A1c ≥ 5.7% or Impaired Fasting Glucose (test yearly)
	   • Other clinical conditions associated with insulin resistance (PCOS, Acanthosis Nigricans)
	   • High risk ethnicity (African American, Latino, Native American, Asian American, Pacific Islanders)
	3. If results normal, repeat test at a minimum of 3-year intervals or more frequently based on risk status.
	4. *Screen those w/ HIV with FPG before starting & during antiretroviral therapy. If FPG normal, check yearly.

TESTS TO DIAGNOSE DIABETES - TABLE 2

STAGE	For all the below tests, in the absence of unequivocal hyperglycemia, Confirm results by repeat testing.			
	A1C *NGSP certified & standardized assay*	**Fasting* Plasma Glucose (FPG)** **No intake 8 hrs.*	**Random Plasma Glucose**	**Oral Glucose Tolerance Test (OGTT) 75-g** (Carb intake of ≥ 150 g/day for 3 days prior to test.)
Diabetes	A1C ≥ 6.5%	FPG ≥ 126 mg/dl	Random plasma glucose ≥ 200 mg/dl plus symptoms[1] [1]Random = any time-of-day w/out regard to time since last meal; symptoms include usual polyuria, polydipsia, and unexplained wt. loss.	Two-hour plasma glucose (2hPG) ≥ 200 mg/dl
Prediabetes	A1C 5.7 – 6.4%	Impaired Fasting BG (IFG) = FPG 100-125 mg/dl		Impaired Glucose Tolerance (IGT) = 2hPG 140 -199 mg/dl
Normal	A1C < 5.7%	FPG < 100 mg/dl		2hPG < 140 mg/dl

GESTATIONAL DIABETES (GDM)*

PREGNANCY SCREENING	TEST	DIAGNOSTIC CRITERIA
Consider early screening at <15 weeks of gestation to identify abnormal glucose metabolism. Or test those w/ risk factors (table 1) to identify undiagnosed prediabetes or diabetes.	Standard Diagnostic Testing and Criteria as listed in Diagnosing Diabetes –Table 2	Standard Diagnostic Testing and Criteria as listed in Diagnosing Diabetes –Table 2 Those with fasting of 110-125 or A1C of 5.9% to 6.4% are at higher risk of adverse outcomes (GDM, need insulin, preeclampisa and other)
Screen for GDM at 24–28 wks gestation for those without known diabetes. Screen those with GDM for diabetes 4 - 12 wks postpartum with 75-g OGTT. Lifelong screening at least every 3 yrs. *Please see reference below for complete guidelines.*	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) ———————————————— **"Two step" NIH Consensus – Step 1:** 50gm glucose load (non fasting) w/ plasma BG test at 1 hr. If BG ≥ 130-140*, go to **Step 2 >**	**One Step:** GDM diagnosis when ANY of following BG values are exceeded: • Fasting ≥92 mg/dl, • 1 h ≥180 mg/dl • 2 h ≥153 mg/dl ———————————————— **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.*