## Recommendations for Diagnosis and Classification of Diabetes – 2018

### Criteria for Testing for Diabetes in Asymptomatic Adult Individuals – Table 1

<table>
<thead>
<tr>
<th>DIABETES TYPE</th>
<th>RISK FACTORS and FREQUENCY OF SCREENING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1</td>
<td>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 (<a href="http://www2.diabetestrialnet.org">http://www2.diabetestrialnet.org</a>)</td>
</tr>
</tbody>
</table>
| Type 2        | 1. Screen all adults for prediabetes and diabetes starting at age 45 and all adults of any age who are overweight (BMI ≥ 25) or BMI ≥ 23 in Asian Americans with 1 or > additional risk factor:  
   - History of cardiovascular disease  
   - first degree relative with diabetes  
   - polycystic ovary syndrome  
   - HDL ≤ 35 mg/dl or triglyceride ≥ 250 mg/dl  
   - Other clinical conditions associated with insulin resistance (obesity, Acanthosis Nigricans)  
   - high risk ethnic population (African American, Latino, Native American, Asian American, Pacific Islanders)  
   2. If results normal, repeat test at 3 year intervals or more frequently based on risk status  
   3. “Lifelong annual testing if diagnosed with Prediabetes, at least every 3 years with GDM |

### Tests to Diagnose Diabetes – Table 2

<table>
<thead>
<tr>
<th>STAGE</th>
<th>A1C NGSP certified &amp; standardized assay</th>
<th>Fasting* Plasma Glucose (FPG) *No intake 8 hrs</th>
<th>Random Plasma Glucose</th>
<th>Oral Glucose Tolerance Test (OGTT) 75–g</th>
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</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>A1C ≥ 6.5%</td>
<td>FPG ≥ 126 mg/dl</td>
<td>Random plasma glucose ≥ 200 mg/dl plus symptoms¹</td>
<td>Two-hour plasma glucose (2hPG) ≥ 200 mg/dl</td>
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<tr>
<td>Increased risk of diabetes</td>
<td>A1C 5.7 – 6.4%</td>
<td>Impaired Fasting BG (IFG) = FPG 100–125 mg/dl</td>
<td>Impaired Glucose Tolerance (IGT) = 2hPG 140 –199 mg/dl</td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>A1C &lt; 5.7%</td>
<td>FPG &lt; 100 mg/dl</td>
<td>2hPG &lt; 140 mg/dl</td>
<td></td>
</tr>
</tbody>
</table>

### Gestational Diabetes (GDM)*

**SCREENING**

- At the first prenatal visit, screen for undiagnosed type 2 in those w/ risk factors as listed in Table 1
- 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

**TEST**

- 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)
  - Or can use Two Step
    - “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 >

**DIAGNOSTIC CRITERIA**

- **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.*