RECOMMENDATIONS FOR DIAGNOSIS AND CLASSIFICATION OF DIABETES – 2017

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

DIABETES TYPE	RISK FACTORS and FREQUENCY OF SCREENING
Type 1	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)
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 • habitual physical inactivity • History of GDM • HTN ≥ 140/90 or on meds • A1c ≥ 5.7%, IGT or IFG • Other clinical conditions associated with insulin resistance (obesity, Acanthosis Nigricans) • high risk ethnic population (African American, Latino, Native American, Asian American, Pacific Islanders) 2. For all patients, start testing at age 45. 3. If results normal, repeat test at 3 year intervals or more frequently if high risk (ie prediabetes)

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 *NGSP certified & standardized assay*	**Fasting* Plasma Glucose (FPG)** **No intake 8 hrs*	**Random Plasma Glucose**	**Oral Glucose Tolerance Test (OGTT) 75-g**
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
Increased risk of diabetes	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)*

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 **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) ***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 >**	**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.*

*** Please see reference** for complete Gestational Diabetes Criteria. American Diabetes Association Standards of medical care in Diabetes. **January 2017** vol. 40 (Supplement 1) **S1-S129** **Compliments of Diabetes Education Services** **www.DiabetesEd.net**