

RECOMMENDATIONS FOR DIAGNOSIS AND CLASSIFICATION OF DIABETES – 2020

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

DIABETES TYPE	RISK FACTORS and FREQUENCY OF SCREENING
<i>Type 1</i>	Screening for type 1 diabetes risk with a panel of islet autoantibodies is currently recommended in the setting of a research trial or can be offered as an option for first-degree family members of a proband with type 1 diabetes. Consider referring relatives of those with type 1 diabetes for antibody testing in the setting of a clinical research study (www.trialnet.org)
<i>Type 2</i>	<ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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) habitual physical inactivity History of GDM* HTN ≥ 140/90 or on meds A1c ≥ 5.7%, IGT or IFG* If results normal, repeat test at 3-year intervals or more frequently based on risk status *Lifelong annual testing if diagnosed with Prediabetes, at least every 3 years with GDM

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 ≥ 6.5%	FPG ≥ 126 mg/dl	Random plasma glucose ≥ 200 mg/dl plus symptoms ¹	Two-hour plasma glucose (2hPG) ≥ 200 mg/dl
Prediabetes	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 ≥ 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 ≥92 mg/dl, 1 h ≥180 mg/dl 2 h ≥153 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.*

* Please see reference for complete Gestational Diabetes Criteria. American Diabetes Association Standards of Medical Care in Diabetes. January 2020 vol. 43 (Supplement 1) S14–S31 Compliments of Diabetes Education Services www.DiabetesEd.net