### Recommendations for Diagnosis and Classification of Diabetes – 2021

**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><strong>Type 1</strong></td>
<td>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 for relatives of those with type 1 diabetes (<a href="http://www.trialnet.org">www.trialnet.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>For all the below tests, in the absence of unequivocal hyperglycemia, results should be confirmed by repeat testing.</th>
</tr>
</thead>
</table>
|              | **A1C**  
|              | *NGSP certified & standardized assay*  
| Diabetes     | **Fasting** Plasma Glucose (FPG)  
|              | *No intake 8 hrs*  
|              | **Random Plasma Glucose**  
|              | **Oral Glucose Tolerance Test (OGTT) 75-g**  
| Prediabetes  | Imperfect Fasting BG (IFG) = FPG 100-125 mg/dl  
| Normal       |  
|              | **A1C < 5.7%**  
|              | **FPG < 100 mg/dl**  

### Gestational Diabetes (GDM)*

<table>
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<tr>
<th>Screening</th>
<th>Test</th>
<th>Diagnostic Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the first prenatal visit, screen for undiagnosed type 2 in those w/ risk factors as listed in Table 1</td>
<td>Can use either IADPSG consensus: <strong>“One Step” 75-g OGTT fasting and at 1 and 2 h (perform after overnight fast of at least 8 h)</strong></td>
<td>Standard Diagnostic Testing and Criteria as listed in Diagnosing Diabetes –Table 2</td>
</tr>
</tbody>
</table>
| Screen for GDM at 24–28 weeks of gestation for all pregnant women not known to have diabetes. | 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 | 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 |
| Screen women w/ GDM for diabetes 6-12 wks postpartum | **“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 > | 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.* |