RECOMMENDATIONS FOR DIAGNOSIS AND CLASSIFICATION OF DIABETES – 2022

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

DIABETES TYPE	RISK FACTORS and FREQUENCY OF SCREENING and TESTING
Type 1	Screening for type 1 currently recommended in the setting of a research study or can be considered an option for first-degree family members of a proband with type 1 diabetes. See www.trialnet.org and www.jdrf.org
Type 2	1. Test all adults starting at age **35** for prediabetes and diabetes using Fasting Plasma Glucose, A1c or OGTT. Test adults of **any** age with BMI ≥ 25 or BMI ≥ 23 in Asian Americans with 1 or > additional risk factor: • 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 (elevated BMI, Acanthosis Nigricans) • High risk ethnicity (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. *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, 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
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)*

SCREENING	TEST	DIAGNOSTIC CRITERIA
At the first prenatal visit, screen for undiagnosed diabetes 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
Consider universal early screening at <15 wks to identify those with pre-existing prediabetes or diabetes. Screen for GDM at 24–28 weeks of gestation for those without known diabetes. Screen those with 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) _____ **"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.*