

RECOMMENDATIONS FOR DIAGNOSIS AND CLASSIFICATION OF DIABETES – 2024

CRITERIA FOR TESTING FOR DIABETES AND PREDIABETES IN ASYMPTOMATIC ADULTS – TABLE 1

DIABETES TYPE	RISK FACTORS and FREQUENCY OF SCREENING and TESTING FOR DIABETES
<i>Type 1</i>	Screening for presymptomatic type 1 diabetes, by testing autoantibodies to insulin, GAD, islet antigen 2, or ZnT8 is recommended. Also test antibodies for with type 1 phenotypic risk (younger age, ketoacidosis, etc)
<i>Type 2</i>	<ol style="list-style-type: none"> Test all adults starting at age 35 for prediabetes and diabetes using Fasting Plasma Glucose, A1C or OGTT. Perform risk-based screening if BMI ≥ 25 or BMI ≥ 23 in Asian Americans with 1 or more risk factors: <ul style="list-style-type: none"> History of cardiovascular disease Physical inactivity First or second degree relative with diabetes History of GDM (repeat test at least every 3 years) HDL ≤ 35 mg/dl or triglyceride ≥ 250 mg/dl Hypertension $\geq 130/80$ or on therapy for HTN If taking antipsychotic, antiretroviral meds* A1c $\geq 5.7\%$ or Impaired Fasting Glucose (test yearly) Other conditions associated with insulin resistance (PCOS, Acanthosis Nigricans) High risk ethnicity (African American, Latino, Native American, Asian American, Pacific Islanders) If results normal, repeat test at a minimum of 3-year intervals or more frequently based on risk status. *Screen people with HIV, exposure to high-risk medicines, history of pancreatitis and re-check annually.

TESTS TO DIAGNOSE DIABETES - TABLE 2

STAGE	For all the below tests, in the absence of unequivocal hyperglycemia, Confirm results 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 <i>(Carb intake of ≥ 150 g/day for 3 days prior to test.)</i>
Diabetes	A1C $\geq 6.5\%$	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)*

PREGNANCY SCREENING	TEST	DIAGNOSTIC CRITERIA
Screen to identify abnormal glucose metabolism before 15 weeks gestation Test those w/ risk factors (table 1) to identify undiagnosed prediabetes or diabetes at first prenatal visit.	Standard Diagnostic Testing and Criteria as listed in Diagnosing Diabetes –Table 2	Standard Diagnostic Testing and Criteria as listed in Diagnosing Diabetes –Table 2 Those with fasting of 110-125 or A1C of 5.9% to 6.4% are at higher risk of adverse outcomes (GDM, need insulin, preeclampsia and other)
Screen for GDM at 24–28 wks gestation for those without known diabetes. Screen those with GDM for diabetes 4 - 12 wks postpartum with 75-g OGTT. Lifelong screening at least every 3 yrs. <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) “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 Two Step -Step 2 - 100g OGTT (fasting) GDM diagnosis if at least 2 of 4 BG measured at fasting, 1h, 2h, 3h after OGTT meet or exceed 95, 180, 155, 140 mg/dL respectively.

*Reference – Diagnosis & Classification of Diabetes. American Diabetes Association Standards of Medical Care in Diabetes.

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