

# RECOMMENDATIONS FOR DIAGNOSIS AND CLASSIFICATION OF DIABETES – 2026

## CRITERIA FOR SCREENING FOR DIABETES AND PREDIABETES IN ASYMPTOMATIC ADULTS – TABLE 1

DIABETES TYPE	RISK FACTORS and FREQUENCY OF SCREENING and TESTING FOR DIABETES
Type 1	Screen those at risk for presymptomatic type 1 diabetes, by testing autoantibodies to insulin, GAD, islet antigen 2 or ZnT8. Also test antibodies for those with type 1 phenotypic risk (younger age, weight loss, ketoacidosis , etc.)
Type 2	<ol style="list-style-type: none"> <li>Test all adults starting at age <b>35</b> for prediabetes and diabetes using Fasting Plasma Glucose, A1C or OGTT.</li> <li>Perform risk-based screening if <math>BMI \geq 25</math> or <math>BMI \geq 23</math> in Asian Americans 10yrs+ with 1 or more risk factors:           <ul style="list-style-type: none"> <li>History of cardiovascular disease</li> <li>First degree relative with diabetes</li> <li>High risk ethnicity or ancestry</li> <li>Other conditions associated with insulin resistance (PCOS, Acanthosis Nigricans, Steatosis, Obesity)</li> <li>Physical inactivity</li> <li>HDL <math>\leq 35</math> mg/dl or triglyceride <math>\geq 250</math> mg/dl</li> <li>Hypertension <math>\geq 130/80</math> or on therapy for HTN</li> </ul> </li> <li>If results normal, repeat test at a minimum of 3-year intervals or more frequently based on risk status.</li> <li><b>Test Yearly</b> if <math>A1C \geq 5.7\%</math> or Impaired Fasting Glucose or History of GDM (test at least every 1- 3 years)</li> <li><b>Closely monitor high-risk groups</b>- people with HIV, exposure to high-risk medicines, evidence of periodontal disease, history of pancreatitis.</li> </ol>

## TESTS TO DIAGNOSE DIABETES - TABLE 2

STAGE	For all the below tests, in the absence of unequivocal hyperglycemia, Confirm results 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 (Carb intake of $\geq 150$ g/day for 3 days prior to test.)
Diabetes	$A1C \geq 6.5\%$	$FPG \geq 126$ mg/dl	Random plasma glucose $\geq 200$ mg/dl plus symptoms <sup>1</sup>	Two-hour plasma glucose (2hPG) $\geq 200$ mg/dl
Prediabetes	$A1C 5.7 - 6.4\%$	Impaired Fasting BG (IFG) = $FPG 100-125$ mg/dl	<sup>1</sup> 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.	Can use either IADPSG consensus: <b>“One Step” 75-g OGTT</b> fasting and at 1 and 2 h (perform after overnight fast of at least 8 h)	<b>One Step:</b> GDM diagnosis when ANY of following BG values are exceeded: <ul style="list-style-type: none"> <li>Fasting <math>\geq 92</math> mg/dl,</li> <li>1 h <math>\geq 180</math> mg/dl</li> <li>2 h <math>\geq 153</math> mg/dl</li> </ul>
Screen those with GDM for diabetes 4 - 12 wks postpartum with 75-g OGTT. Lifelong screening at least every 3 yrs. *Please see reference below for complete guidelines.	<b>“Two step” NIH Consensus – Step 1:</b> 50gm glucose load (non fasting) w/ plasma BG test at 1 hr. If $BG \geq 130-140^*$ , go to <b>Step 2 &gt;</b>	<b>Two Step -Step 2 - 100g OGTT (fasting)</b> 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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