RECOMMENDATIONS FOR THE DIAGNOSIS AND CLASSIFICATION OF DIABETES MELLITUS 2014

[1]

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

DIABETES TYPE	RISK FACTORS and FREQUENCY OF SCREENING
Type 1	There is evidence to suggest that early diagnosis may limit acute complications and extend long-term endogenous insulin production. While there is currently a lack of accepted screening programs, one should consider referring relatives of those with type 1 diabetes for antibody testing for risk assessment in the setting of a clinical research study (http://www2.diabetestrialnet.org)
Type 2	1. Testing should be considered for all adults who are overweight (BMI ≥ 25) and have additional risk factors: • History of cardiovascular disease • first degree relative with diabetes • polycystic ovary syndrome • HDL ≤ 35 mg/dl or triglyceride ≥ 250 mg/dl • habitual physical inactivity • delivered baby > 9 lbs, GDM • HTN ≥ 140/90 or on meds • A1c ≥ 5.7%, IGT or IFG • Other clinical conditions associated with insulin resistance (obesity, AN) • high risk ethnic population (African American, Latino, Native American, Asian American, Pacific Islanders) 2. In the absence of the above risk, start testing for diabetes at age 45 3. If results normal, repeat test at 3 year intervals or more frequently depending on risk

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
Increased risk of diabetes	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 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 **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) ***Or can use Two Step*** **"Two step" NIH Consensus – Step 1:** 50gm glucose load (non fasting) w/ plasma BG test at 1 hr. If BG ≥ 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 at 1h, 2h, 3h after OGTT are met or exceeded.*

*** Please see reference** for complete Gestational Diabetes Criteria. American Diabetes Association Clinical Practice Recommendations. Standards of medical care for patients with DM. **January 2014** vol. 37 Supplement 1 **S14-S80** **Compliments of Diabetes Education Services www.DiabetesEd.net**