

RECOMMENDATIONS FOR THE DIAGNOSIS AND CLASSIFICATION OF DIABETES MELLITUS 2014

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

DIABETES TYPE	RISK FACTORS and FREQUENCY OF SCREENING
<i>Type 1</i>	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)
<i>Type 2</i>	- 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 - Other clinical conditions associated with insulin resistance (obesity, AN) - high risk ethnic population (African American, Latino, Native American, Asian American, Pacific Islanders) - habitual physical inactivity - delivered baby > 9 lbs, GDM - HTN $\geq 140/90$ or on meds - A1c $\geq 5.7\%$, IGT or IFG - In the absence of the above risk, start testing for diabetes at age 45 - 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 <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
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
Increased risk of diabetes	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)*

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.	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) <i>Or can use Two Step</i>	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 <i>*Please see reference below for complete guidelines.</i>	“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 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