

RECOMMENDATIONS FOR THE DIAGNOSIS AND CLASSIFICATION OF DIABETES MELLITUS 2012

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

DIABETES TYPE	RISK FACTORS and FREQUENCY OF SCREENING
<i>Type 1</i>	Type 1 prevention studies suggest that measurement of islet autoantibodies identifies individuals at risk for developing type 1 diabetes. Such testing may be appropriate in high-risk individuals, such as those with prior transient hyperglycemia or those who have relatives with type 1 diabetes, in the context of clinical research studies (http://www2.diabetestrialnet.org)
<i>Type 2</i>	<ol style="list-style-type: none"> Testing should be considered for all adults who are overweight (BMI \geq 25) and have additional risk factors: <ul style="list-style-type: none"> • History of cardiovascular disease • first degree relative with diabetes • polycystic ovary syndrome • HDL \leq 35 mg/dl or triglyceride \geq 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 \geq 126 mg/dl	Random plasma glucose \geq 200 mg/dl plus symptoms ¹	Two-hour plasma glucose (2hPG) \geq 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

**RECOMMENDATIONS FOR THE
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GESTATIONAL DIABETES (GDM)**

SCREENING	TEST	DIAGNOSIS 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	Perform a 75–g OGTT, with plasma glucose measurement fasting and at 1 and 2 h. The OGTT should be performed in morning after an overnight fast of at least 8 h.	The diagnosis of GDM is made when ANY of following BG values are exceeded: Fasting ≥ 92 mg/dl 1 h ≥ 180 mg/dl 2 h ≥ 153 mg/dl