

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>	<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

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
<p>Screen for GDM at 24-28 weeks of gestation for all pregnant women not known to have diabetes.</p> <p>Screen women w/ GDM for diabetes 6-12 wks postpartum <i>*Please see reference below for complete guidelines.</i></p>	<p>Can use either the:</p> <p>One Step 75-g OGTT fasting and at 1 and 2 h (perform after overnight fast of at least 8 h)</p> <p style="text-align: center;"><i>Or can use Two Step</i></p> <p>Two step - Step 1 - 50gm glucose load (non fasting) w/ plasma BG test at 1 hr. If BG \geq 140, go to Step 2 ></p>	<p>One Step: GDM diagnosis when ANY of following BG values are exceeded:</p> <ul style="list-style-type: none"> • Fasting \geq92 mg/dl, • 1 h \geq180 mg/dl • 2 h \geq153 mg/dl <p>Two Step -Step 2 - 100g OGTT (fasting) GDM diagnosis if plasma BG measured after 3 hours \geq 140 mg/dl</p>