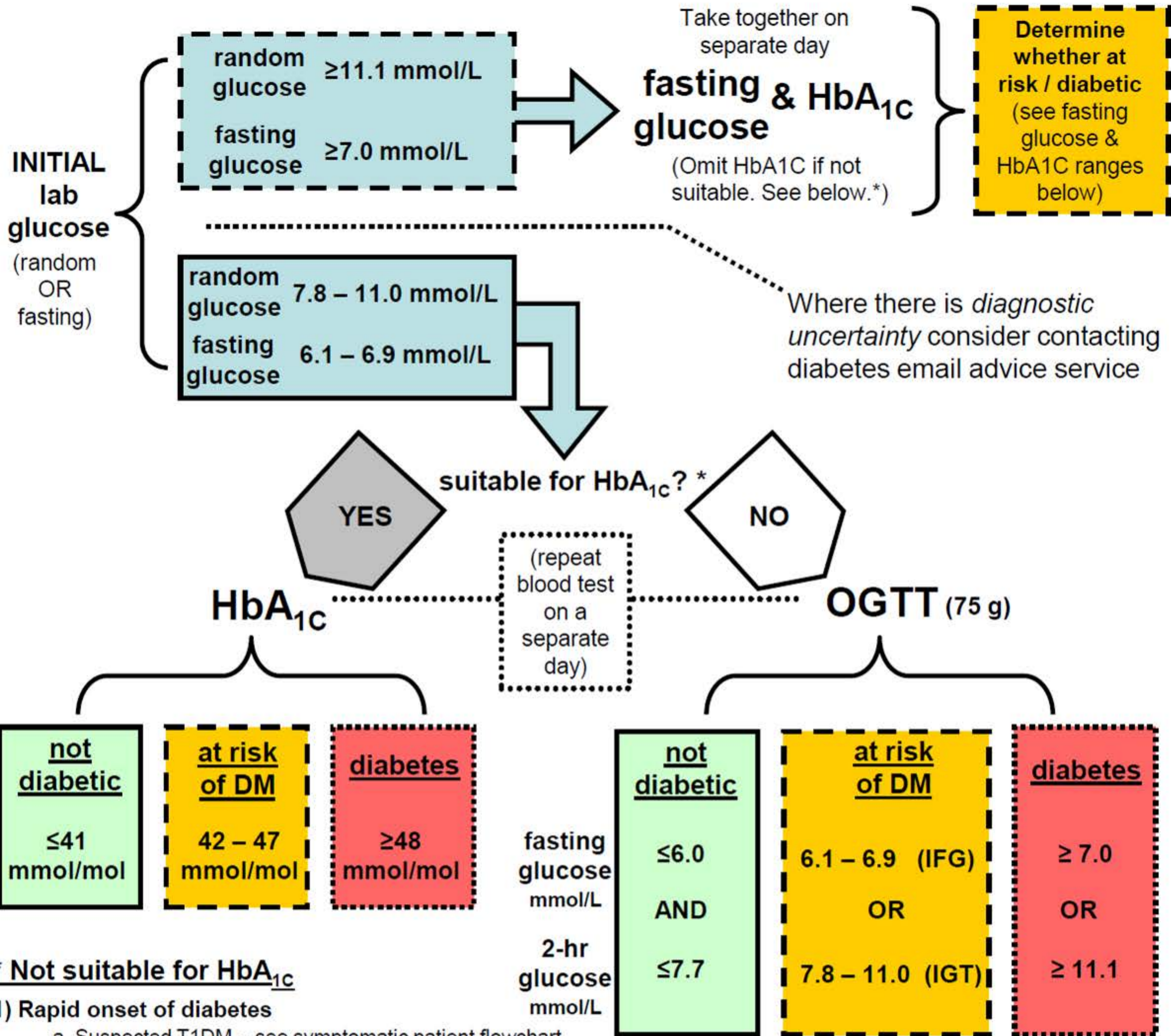


# Diagnosis of diabetes mellitus in **ASYMPTOMATIC** adults

(If elderly, frail and asymptomatic, please consider whether screening is appropriate.)



**\* Not suitable for HbA<sub>1c</sub>**

**1) Rapid onset of diabetes**

- a. Suspected T1DM – see symptomatic patient flowchart
- b. Drug-induced: steroids, anti-psychotics, immunosuppressants – a fasting glucose may not be sufficient.
- c. Pancreatic disease

Seek diabetes team advice

**2) Conditions affecting Hb turnover / HbA<sub>1c</sub> assay**

- a. Haemoglobinopathy
- b. Anaemia (especially haemolytic)
- c. Severe blood loss, Blood transfusion
- d. Splenomegaly / Splenectomy
- e. Renal dialysis +/- erythropoietin
- f. Anti-retrovirals, ribavirin, dapsone

**3) Children**

**\* Pregnancy** - see [local guidelines](#) for screening/referral

- a. HbA<sub>1c</sub> may be used to screen for pre-existing diabetes, but should **NOT** be used to screen for Gestational Diabetes (GDM)
- b. Note that the OGTT for GDM uses lower cut-offs:  
Fasting glucose ≥5.1 mmol/L, 2-hr glucose ≥8.5 mmol/L

**At risk of DM groups include:**  
 IFG = impaired fasting glucose  
 IGT = impaired glucose tolerance  
 HbA<sub>1c</sub> 42-47 mmol/mol  
 Consider lifestyle advice & annual HbA<sub>1c</sub> check for these groups

**Diagnosis must be based on laboratory glucose measurements**