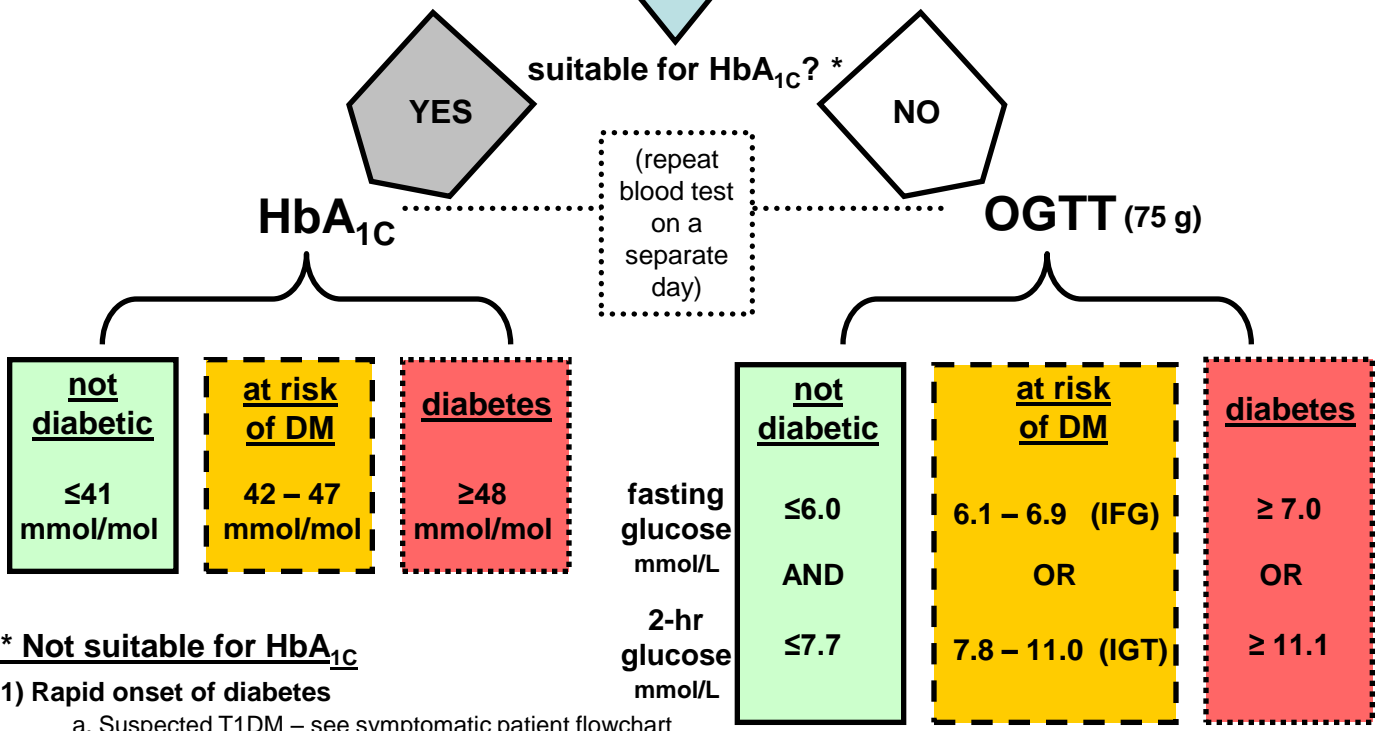
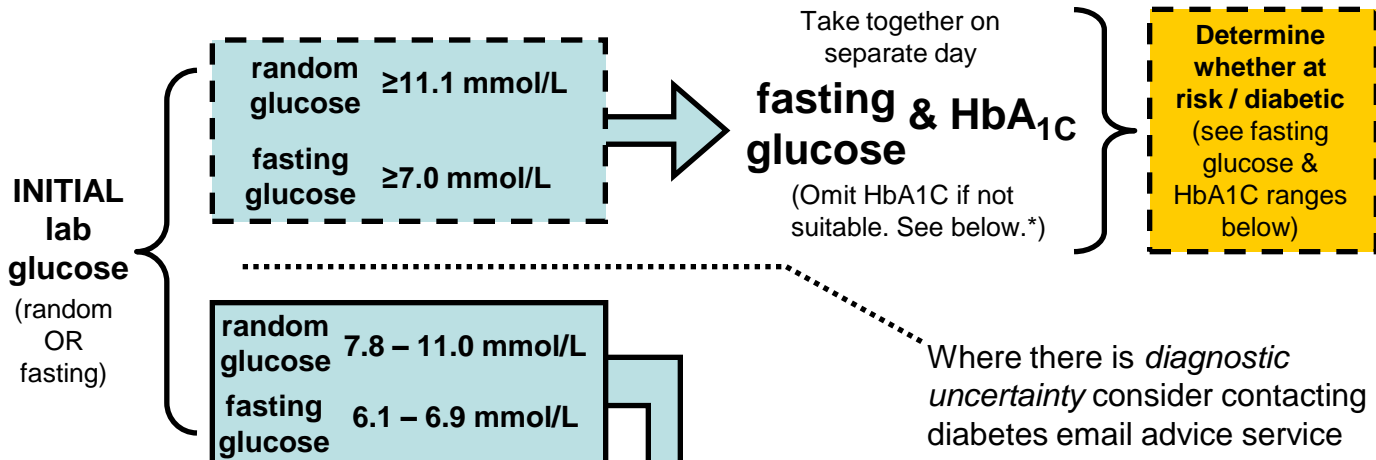


# Diagnosis of diabetes mellitus in ASYMPTOMATIC adults

(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

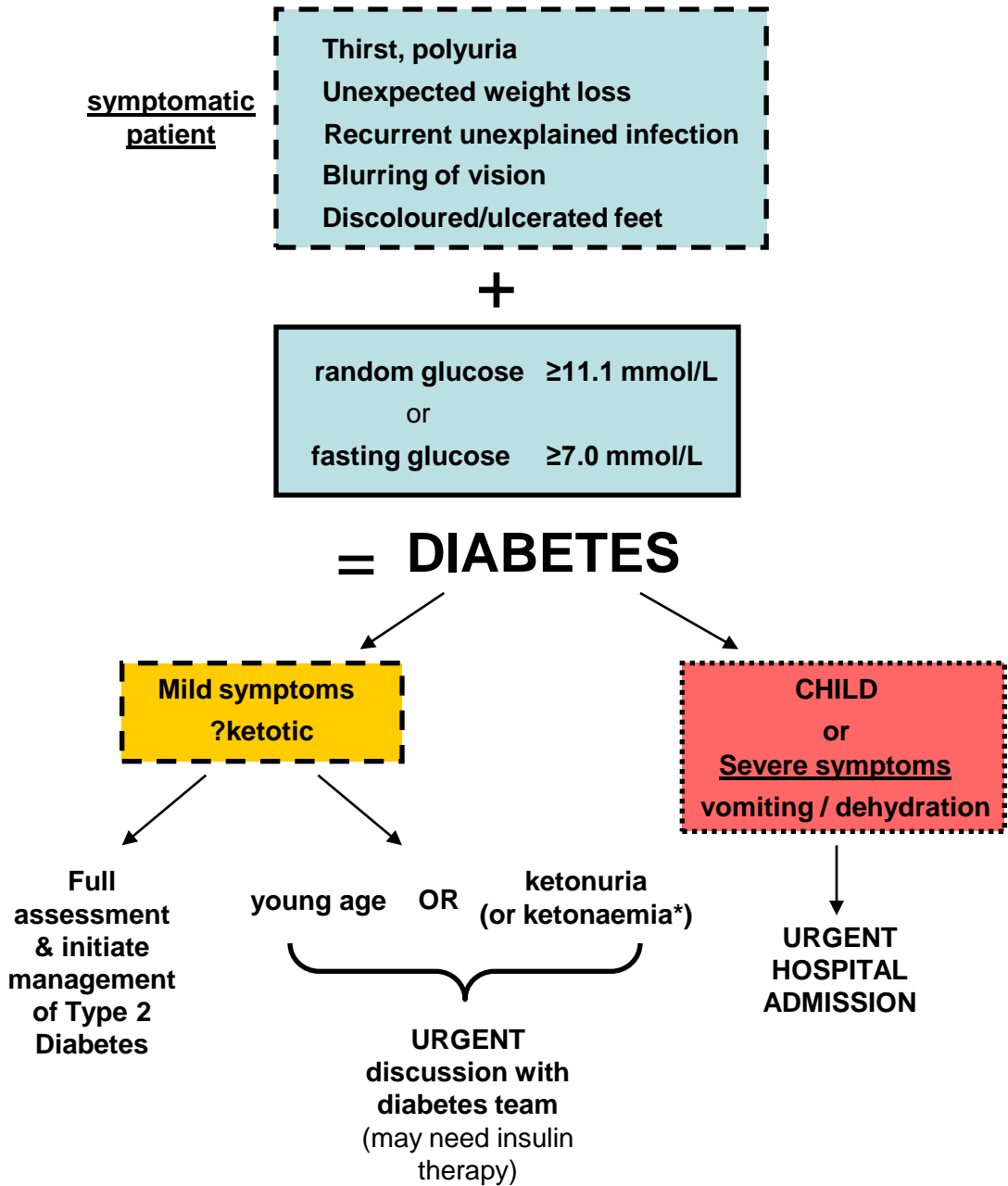
**3) Children**

- \* Pregnancy** - see [local guidelines](#) for screening/referral
- HbA<sub>1c</sub> may be used to screen for pre-existing diabetes, but should **NOT** be used to screen for Gestational Diabetes (GDM)
  - 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**

# Diagnosis of diabetes mellitus in **SYMPTOMATIC** patients



\*ketones can be measured on some glucose meters