

Diabetes Diagnosis (WHO criteria)

For patients who come for DM consultation, check for DM signs and symptoms.

- If symptomatic, only a single test is needed for diagnosis.
- If asymptomatic, TWO tests must be performed on different days, ideally at least 2 weeks apart, one of which should be a fasting sample.

TEST	PRE-DIABETES	DIABETES	COMMENT
Fasting Glucose	110-125 mg/dL (6.1-6.9 mmol/L)	≥126 mg/dl (7mmol/L)	Eat/ drink only water for 8 hours before the test. Most accurate test
Random Glucose	n/a	≥200 mg/dL (11.21 mmol/l)	Least accurate
Glycosylated Haemoglobin (HbA1C)	> 38-47 mmol/mol (5.7-6.4%)	> 48 mmol/mol (6.5%)	Reflects glucose control over the past 6-8 weeks. The result will not be reliable in the following conditions: children/young people, pregnancy, acutely ill patients, suspected Type 1 diabetes, haemolytic anaemia, haemoglobinopathy, iron deficiency anaemia, pancreatic damage, or renal failure.

Oral Glucose Tolerance Test (only reliable in pregnancy)	> 140-199 mg/dL (7.8-11.0 mmol/L)	>=200 mg/dL (11.1 mmol/L)	The results given are 2 hours after a 75g glucose load. This is the ideal test for the diagnosis of gestational diabetes. Fasting Glucose is an alternative but will miss up to 30% of cases of gestational diabetes.
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With a history of diabetes:

- If they have not had any medication for their diabetes within the last 7 days,
 - treat them in the same way as a newly diagnosed patients, that is, confirm the diagnosis with a single FBS if symptomatic, or two tests (one of which should be fasting) on different days if asymptomatic.
 - We should also check Creatinine Clearance, and ALT before starting them on metformin if indicated.
- If they have taken medication for their diabetes within the last 7 days,
 - check FBS, Creatinine Clearance, ALT, and Total Cholesterol, and
 - continue their current dose of metformin until results are back and
 - we can review their dosage regimen according to MAM SOP. If they are on a sulphonylurea, use gliclazide at an equivalent dose.

Laboratory investigations

All patients with diagnosed diabetes should receive the following investigations.

Urine dipstick	:	Baseline and annually (for protein, blood, glucose)
Creatinine Clearance	:	Baseline and annually and if needed
ALT	:	Baseline and annually and if needed
Blood sugar	:	Baseline (FBS/RBS) and every follow up (FBS/ 2HPP)

HbA1C	:	Annually (not at the baseline)
Total cholesterol	:	Baseline if not performed within the last 6 months and annually.
Chest X-ray	:	Baseline, annually and if needed
Electrocardiogram (ECG) only if a specific cardiac condition is suspected		