

# Summary of AMERICAN DIABETES ASSOCIATION'S CRITERIA FOR TESTING FOR DIABETES IN ASYMPTOMATIC INDIVIDUALS

## ADULTS

Testing should be considered in all adults who are overweight (BMI  $\geq$  25 kg/m<sup>2\*</sup>) and have additional risk factors. **(See Table 1)**

\*May not be correct for all ethnic groups.

**Table 1 Risk Factors for Type 2 Diabetes in Adults**

Have a first-degree relative with diabetes (i.e., parents or siblings)  
Physical inactivity  
High-Risk Race/ethnicity (e.g., African American, Latino, Native American, Asian American and Pacific Islander)  
Women diagnosed with GDM or delivery of a baby weighing > 9 lbs  
Hypertension ( $\geq$  140/90 mmHg or on therapy for hypertension)  
HDL cholesterol level <35 mg/dl (0.90 mmol/l) and/or triglyceride level >250 mg/dl (2.82 mmol/l)  
Women with polycystic ovarian syndrome (PCOS)  
IGT or IFG on previous testing  
Other clinical conditions associated with insulin resistance (e.g., severe obesity and acanthosis nigricans)  
History of cardio vascular disease (CVD)

\*At-risk BMI may be lower in some ethnic groups

In the absence of the above criteria, testing for pre-diabetes and diabetes should begin at age 45 years. If results are normal, testing should be repeated at least at 3-year intervals, with consideration of more frequent testing depending on initial results and risk status.

## CHILDREN AND ADOLESCENTS

Testing should be considered for overweight children (see *Table 2*) starting at age 10 years (or at the onset of puberty if it occurs at a younger age) **and** have any two of the risk factors listed in *Table 3*. Repeat testing every 2 years. Fasting Plasma Glucose Preferred Test.

**Table 2 Definitions of Overweight for Children & Adolescents**

1. BMI >85<sup>th</sup> percentile for age and sex, or
2. Weight for height >85<sup>th</sup> percentile, or
3. Weight >120% of ideal (50<sup>th</sup> percentile) for height.

**Table 3 Risk Factors for Type 2 Diabetes in Children and Adolescents**

1. Family history of type 2 diabetes in first- or second-degree relative
2. Race/ethnicity (e.g., African American, Latino, Native American, Asian American and Pacific Islander)
3. Signs of insulin resistance or conditions associated with insulin resistance (acanthosis nigricans, polycystic ovary syndrome, or small-for-gestational-age birthweight, hypertension or dyslipidemia).
4. Maternal history of diabetes or Gestational Diabetes during the child's gestation.

NOTE: Clinical judgment should be used to test for diabetes in high-risk patients who do not meet these criteria.

**Summary of  
AMERICAN DIABETES ASSOCIATION  
CRITERIA FOR THE DIAGNOSIS OF DIABETES**

<b>Normoglycemia</b>	<b>Pre-Diabetes (IFG or IGT)</b>	<b>Diabetes*</b>
		Symptoms of diabetes and a casual plasma glucose > 200 mg/dl (11.1 mmol/l). <u>Symptoms:</u> (polyuria, polydipsia and unexplained weight loss) Casual is defined as any time of day without regard to time since last meal)
FPG < 100 MG/DL	FPG $\geq$ 100 AND < 126 MG/DL	<b>or</b> FPG $\geq$ 126 MG/DL (7.0 mmol/l) (Fasting is defined as no caloric intake for at least 8 hours.)
<b>or</b> 2-h PG** < 140 MG/DL	<b>or</b> 2-h PG** $\geq$ 140 and < 200 mg/dl	<b>or</b> 2-h PG > 200 mg/dl (11.1 mmol/l) during an OGTT. Test should be performed as described by the World Health Organization, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.*

Notes:

\*In the absence of unequivocal hyperglycemia, these criteria should be confirmed by repeat testing on a subsequent day,

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A consensus statement and algorithm for the initiation and adjustment of therapy can be found in Diabetes Care, Volume 32, Number 1, January 2009, page 193.

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