

# Diabetes Risk, Referral and Diagnostic Criteria

## Endocrinology Contact Information:

On-Call Physician: 202.476.5000

Endocrinology Department: 202.476.2121

(same number for referrals to pre-diabetes and type 2 diabetes clinic)

In order to expedite the services offered to our patients, we have developed the following criteria for children referred with obesity and concerns for prediabetes or type 2 diabetes (*please note these categories are for scheduling purposes only. The actual American Diabetes Association definitions for prediabetes and diabetes are included below*):

Prediabetes and Type 2 Diabetes Referrals	
Patients with HbA <sub>1c</sub> between 5.7-6%	<ul style="list-style-type: none"> <li>• These patients have prediabetes according to HbA<sub>1c</sub>.</li> <li>• Fasting and/or post-prandial blood glucose in the prediabetes range is needed to confirm the diagnosis. If the fasting glucose is &gt;100 mg/dL or post-prandial &gt;140 mg/dL, consider referral to prediabetes clinic.</li> <li>• Regardless of the blood glucose, we recommend that these patients receive counseling for lifestyle changes.</li> <li>• Referral to a nutritionist or the IDEAL program for weight management is recommended as first step.</li> </ul>
Patients with HbA <sub>1c</sub> 6%-7.0%.	<ul style="list-style-type: none"> <li>• These patients have a higher risk of having true prediabetes or diabetes.</li> <li>• We will schedule an appointment for these patients in the prediabetes clinic.</li> </ul>
Patients with HbA <sub>1c</sub> > 7.0%	<ul style="list-style-type: none"> <li>• This patient's HbA<sub>1c</sub> is in the diabetes range and will be scheduled in the type 2 diabetes clinic.</li> </ul>
Significantly Elevated Blood Glucose or HbA <sub>1c</sub>	<ul style="list-style-type: none"> <li>• Urgent referral, call on-call physician</li> </ul>

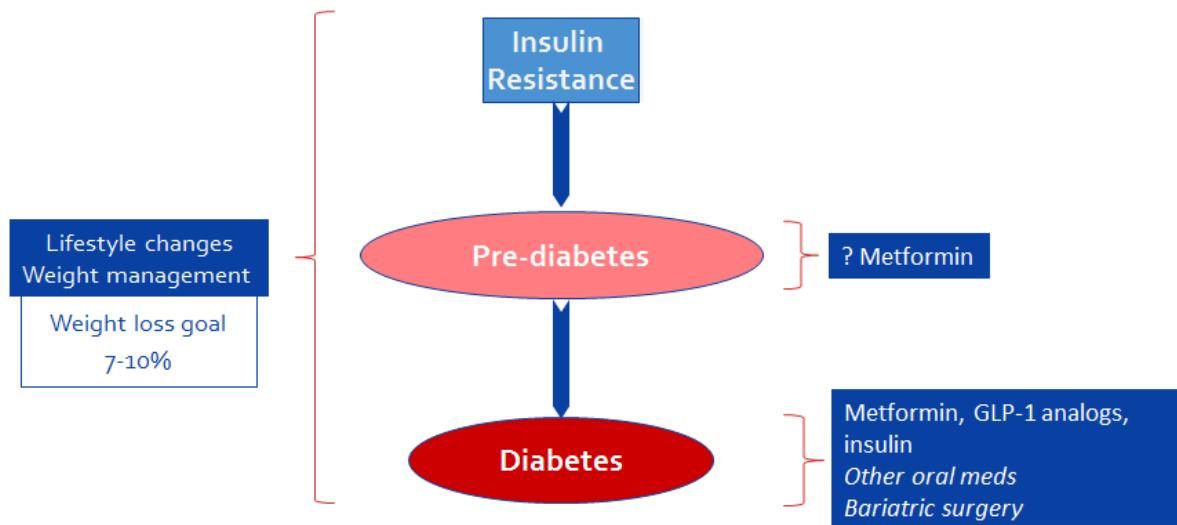
## Criteria for Diagnosis of Prediabetes and Diabetes ADA Position Statement 2018

Test	Pre-Diabetes		Diabetes
	Impaired Fasting Glucose (IFG)	Impaired Glucose Tolerance (IGT)	
Fasting Glucose	100-126 mg/dl		≥126 mg/dl
2-hr OGTT		140-200 mg/dl	≥200 mg/dl
Random Glucose			>200 mg/dl plus symptoms
HbA <sub>1c</sub>	5.7-6.4%		≥6.5%

# Diabetes Risk, Referral and Diagnostic Criteria

**Risk-based Screening guidelines for type 2 diabetes in children with BMI  $\geq 85\%$ , plus one or more additional risk factors:**

Risk Factors	
<ul style="list-style-type: none"> <li>Maternal diabetes during child's gestation</li> <li>Family history of type 2 diabetes in first or second-degree relative</li> <li>High risk race/ethnicity (Native American, African American, Latino, Asian American, Pacific Islander)</li> </ul>	Signs or conditions associated with insulin resistance: <ul style="list-style-type: none"> <li>Acanthosis nigricans</li> <li>HTN</li> <li>Dyslipidemia</li> <li>PCOS</li> <li>SGA</li> </ul>



Metformin	
<ul style="list-style-type: none"> <li>First line therapy</li> <li>GI side effects</li> <li>50% treatment failure within 1 year</li> </ul>	Increase dose by 500 mg increments: <ul style="list-style-type: none"> <li>1000 mg po BID</li> <li>2,000 mg xtended release QD or</li> </ul> Monitor yearly: <ul style="list-style-type: none"> <li>CBC, ALT, AST, creatinine</li> <li>Stop metformin:               <ul style="list-style-type: none"> <li>Macrocytic anemia</li> <li>AST/ALT <math>&gt; 2.5 \times</math> upper normal</li> <li>Creatinine <math>&gt; 1.0</math></li> </ul> </li> </ul>