

Diabetes by the Numbers

According to the American Diabetes Association, the diagnosis of Type 2 Diabetes can be made on the basis of any one of the following criteria:

- **A fasting blood glucose level ≥ 126 mg/dL.** Fasting in this case is defined as having had no caloric intake for at a minimum of eight hours. This is usually a first line screening method if your doctor suspects diabetes. It provides a “snapshot” of your blood glucose at a particular time. Your doctor may order additional testing for confirmation and in order to start treatment.

OR

- **A Hemoglobin A1C $\geq 6.5\%$.** This is perhaps the most popular test done as it provides your physician with a picture of your blood glucose over a three month time period. It is also used by your physician to adjust your diabetic medications. **An A1C between 5.7 and 6.4% is termed prediabetes**, which puts you at a greater risk for the development of diabetes.

OR

- **Two-hour plasma glucose ≥ 200 mg/dL** during an oral glucose tolerance test. Also not commonly done due to logistical purposes. Usually reserved for pregnant patients.

OR

- In a patient with symptoms of high blood glucose, **a random blood glucose value ≥ 200 mg/dL.** Symptoms of high blood glucose can be: profuse sweating, excess hunger or thirst, excess weight gain or loss, or excess urination. Also not the preferred method of diagnosis, usually reserved by doctors in patients where there is a need for immediate diagnosis or there is a concern about the patient’s ability to follow up for future care.

*Please consult with your clinical care provider for diagnosis and treatment. The above is only provided for informational purposes and should not substitute for the care and treatment of a medical professional.

Please see links below for references and additional resources:

<http://www.diabetes.org/>

<http://clinical.diabetesjournals.org/content/28/2/79>