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American Diabetes Association's New Clinical Practice Recommendations Promote A1C as Diagnostic Test for Diabetes

Faster, Easier Test Could Help Reduce Number of Undiagnosed

Also, End Stage Renal Disease Declines Among People With Diabetes

ALEXANDRIA, VA--(Marketwire - December 29, 2009) - The [American Diabetes Association's](#) new Clinical Practice Recommendations being published as a supplement to the January issue of [Diabetes Care](#) call for the addition of the A1C test as a means of diagnosing diabetes and identifying pre-diabetes. The test has been recommended for years as a measure of how well people are doing to keep their blood glucose levels under control.

"We believe that use of the A1C, because it doesn't require fasting, will encourage more people to get tested for type 2 diabetes and help further reduce the number of people who are undiagnosed but living with this chronic and potentially life-threatening disease. Additionally, early detection can make an enormous difference in a person's quality of life," said Richard M. Bergenstal, MD, President-Elect, Medicine & Science, American Diabetes Association. "Unlike many chronic diseases, type 2 diabetes actually can be prevented, as long as lifestyle changes are made while blood glucose levels are still in the pre-diabetes range."

A1C is measured in terms of percentages. The test measures a person's average blood glucose levels over a period of up to three months and previously had been used only to determine how well people were maintaining control of their diabetes over time. A person without diabetes would have an A1C of about 5 percent. Under the new recommendations, which are revised every year to reflect the most current available scientific research, **an A1C of 5.7 - 6.4 percent would indicate that blood glucose levels were in the prediabetic range**, meaning higher than normal but not yet high enough for a diagnosis of diabetes. That diagnosis would occur once levels rose to an A1C of 6.5 percent or higher.

The American Diabetes Association recommends that most people with diabetes maintain a goal of keeping A1C levels at or below 7 percent in order to properly manage their disease. Research shows that controlling blood glucose levels helps to prevent serious diabetes-related complications, such as kidney disease, nerve damage and problems with the eyes and gums.

The A1C would join two previous diagnostic tests for diabetes, FPG (Fasting Plasma Glucose) and the OGTT (Oral Glucose Tolerance Test), both of which require overnight fasting. Because the A1C is a simple blood test and does not require fasting, allowing patients this option could increase willingness to get tested, thereby reducing the number of people who have type 2 diabetes but don't yet know it. According to the Centers for Disease Control and Prevention, one-fourth of all Americans with diabetes, or 5.7 million people, don't realize they have it. Another 57 million have pre-diabetes and 1.6 million new diagnoses are made every year.

To obtain a copy of the Standards of Medical Care in Diabetes, please contact dkern@diabetes.org.