

## WHAT IS THIS BLOOD TEST?



Glucose binds to haemoglobin in the blood, forming HbA1c. HbA1c reflects the average blood glucose level over the past 2-3 months, which corresponds to the lifespan of red blood cells.

## WHY USE IT?

For diagnosing type 2 diabetes:

2x HbA1c's  $\geq 48$  mmol/mol (6.5%) confirms diabetes diagnosis in people with no symptoms.

If symptoms; one test required.

HbA1c 42-47 mmol/mol (6.0-6.4%): "at risk of diabetes" (refer NDPP)

For monitoring diabetes:

Check HbA1c every 3 to 6 months until HbA1c stable

Check every 6 months once stable on unchanging therapy.

## HBA1C TARGETS: INDIVIDUALISE

- Aim for: 48-53 mmol/mol (6.5-7.0%) in younger onset of diabetes (<40yrs) and/or to reduce risk of complications (if not at risk of hypoglycaemia).
- Aim for: 53-59mmol/mol (7.0-7.5%) if on multiple therapies, longer duration of disease and comorbidities.
- Aim for: 59 to 69 mmol/mol (7.5-8.5%) if limited life expectancy, advanced complications, poor tolerability of medications, frailty.

QOF target:  $\leq 59$ mmol/mol (7.5%) without frailty,  $\leq 75$ mmol/ml (9%) with frailty.

## WHEN IS HBA1C NOT APPROPRIATE?

- Disturbed erythrocyte turnover or abnormal haemoglobin type. (use capillary or continuous blood glucose monitoring and/or fructosamine estimation).
- Diagnosing Type 1 diabetes (use venous fasting/random blood glucose and 4T's).
- Diagnosing Gestational diabetes (refer to specialist and use Glucose Tolerance Test).

\*Investigate unexplained discrepancies between HbA1c and other glucose measurements. Seek advice from specialist diabetes team or clinical biochemistry.

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