Clinical suspicion of diabetes

**URGENT**
If patient significantly symptomatic/unwell perform immediate finger capillary glucose and send venous blood sample for laboratory random glucose & U&E’s. If glucose >11.0 mmol/L DM likely (high risk of T1DM if <30yrs, weight loss, ketones +ve); consider same day referral to specialist diabetes team.

**Non-urgent**

**HBA1C**
However use glucose NOT HbA1c if: suspected Type 1 DM; pregnancy; anaemia; CKD 4/5; B12/folate/iron deficiency or replacement; recent major blood loss; blood donation; EPO therapy; haemoglobinopathy; treated for cancer; HIV; Hep C; alcoholism; severe hyperlipidaemia; high dose Vitamin C or E; chronic liver disease.

- **HbA1c <42 mmol/mol**
  - If symptoms persist use glucose to confirm glycaemic status else:
    - **Annual HbA1c & lifestyle intervention**
    - Recheck HbA1c in 3 years or earlier if clinically indicated. Risk reduction lifestyle advice/intervention.

- **HbA1c 42 - 47 mmol/mol**

- **HbA1c ≥48 mmol/mol**
  - Symptoms
    - **High risk of DM**
      - Repeat HbA1c in 6 - 12 months or sooner if symptomatic
      - Repeat HbA1c in 3 years or earlier if clinically indicated. Risk reduction lifestyle advice/intervention.
  - **No symptoms**
    - **Diabetes Mellitus**
      - ≥48 mmol/mol
    - **Repeat HbA1c within 2 weeks**
    - **Low Risk** (bottom 25% of rank)
      - Lifestyle advice
      - Reassess risk at 5 years
    - **Intermediate Risk** (risk score intermediate 25%)
      - **High Risk** (risk score top 50% of rank)
      - **Use Leicester Practice Risk Score to calculate risk on all adults on practice register of ≥40yrs**
      - http\www.diabetes.org.uk/riskscore
      - http\www.diabetes.org.uk/Professionals/Risk-score-assessment-tool/

*Use this pathway in systematic screening GP population for undiagnosed DM or for high risk patients.*