

This HbA_{1c} believes that glycated haemoglobin should be used to diagnose diabetes ?

For the motion – Nick Wareham



Russian scientist, Professor Figu Posakoff, had discovered a method of "harnessing the latent energy of the atmosphere," the energy displayed in thunderstorms and other atmospheric catastrophes. Harnessing this energy would allow the Soviets to hurl objects "of any weight almost unlimited distances."



Disease

“The anatomic, biochemical, physiologic, or psychologic derangement whose etiology (if known) , maladaptive mechanisms, presentation, prognosis, and management we read about in medical texts.”

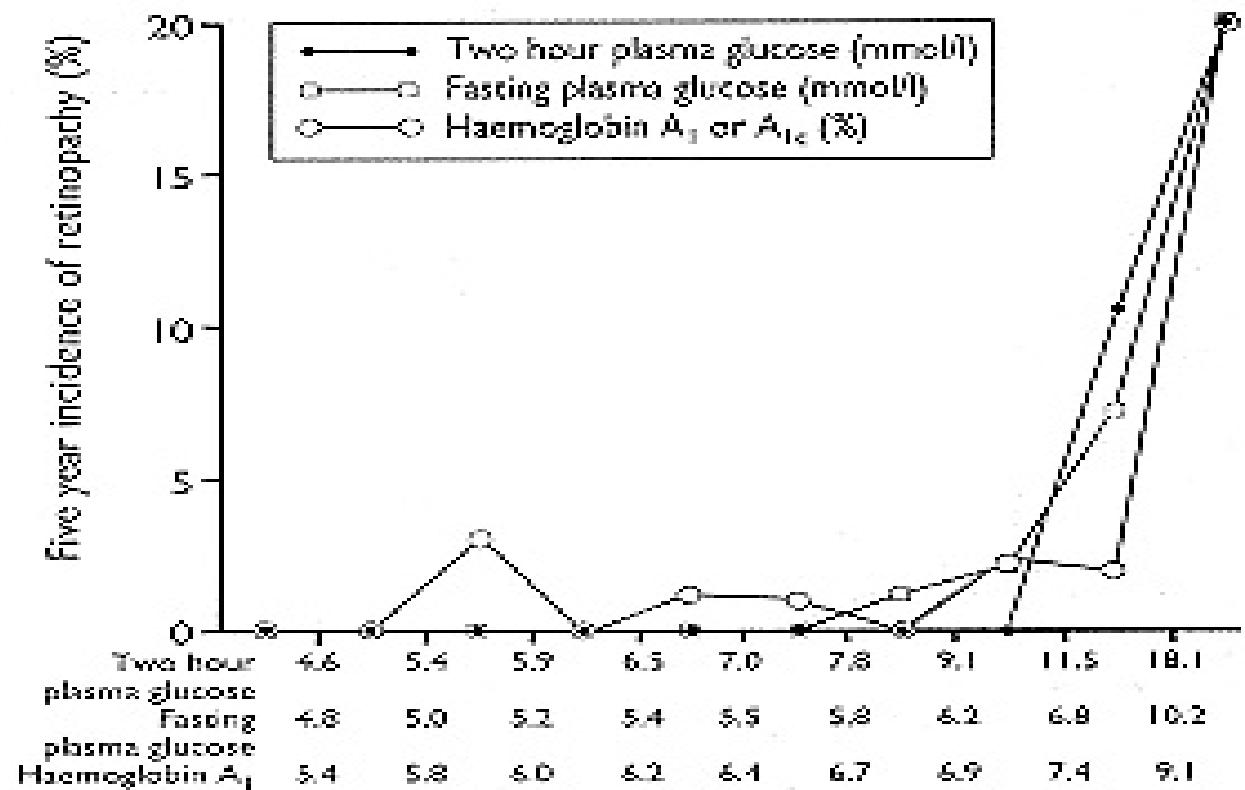
Definitions of "normal" in common clinical use

Property	Term	Consequences
Distribution of diagnostic test results has a certain shape	Gaussian	Ought to occasionally obtain minus values
Lies within a preset percentile of previous diagnostic test results	Percentile	All diseases have the same prevalence. Patients are normal only until they are "worked up"
Carries no additional risk of morbidity or mortality	Risk factor	Assumes that altering a risk factor alters risk
Socially or politically aspired to	Culturally desirable	Confusion over the role of medicine in society
Range of test results beyond which disease is, with known probability, present or absent	Diagnostic	Need to know predictive values that apply in your specific practice
Range of test results beyond which treatment does more good than harm	Therapeutic	Need to keep up with knowledge about treatment

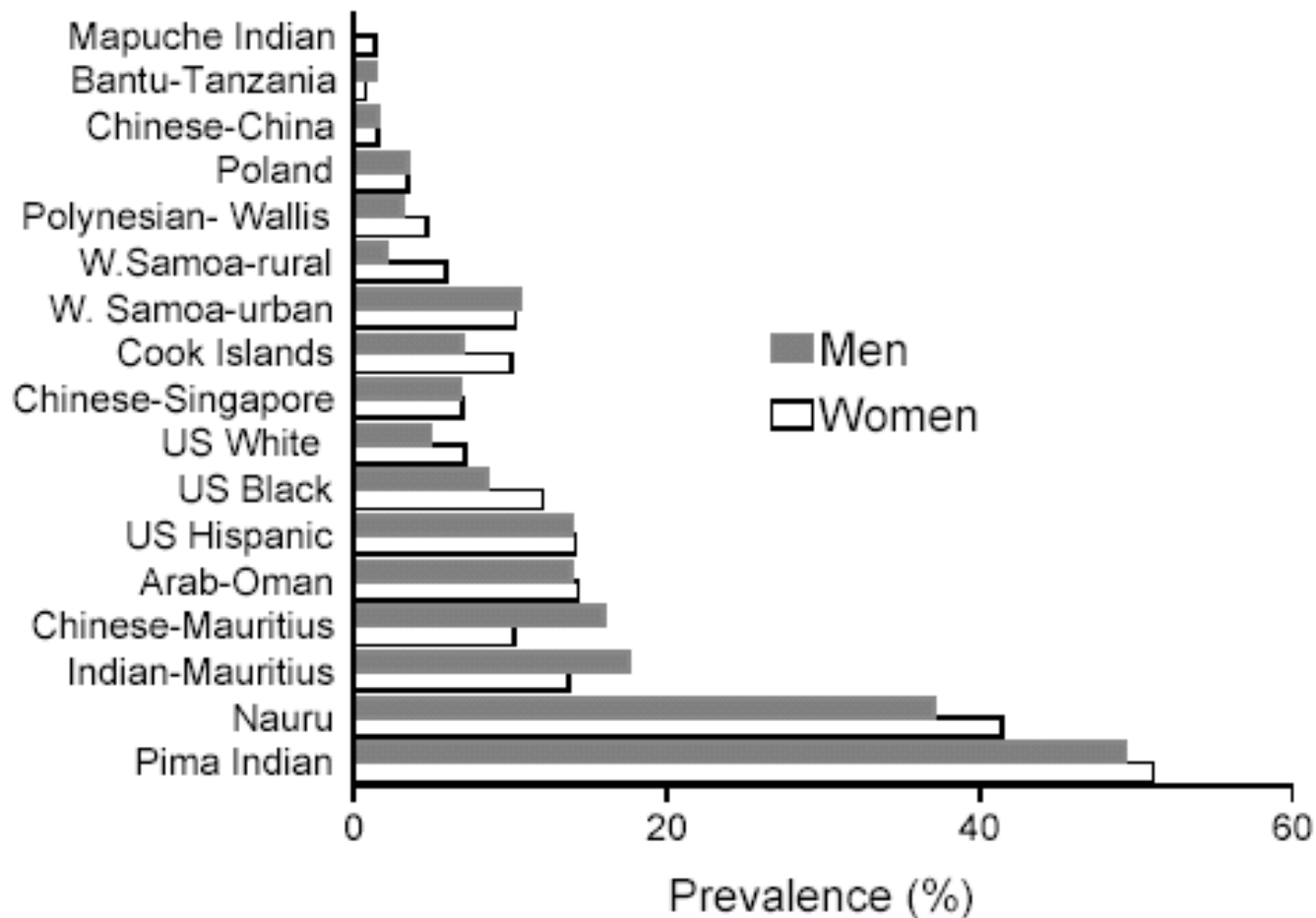
Source: Sackett et al, Clinical Epidemiology: a basic science for clinical medicine



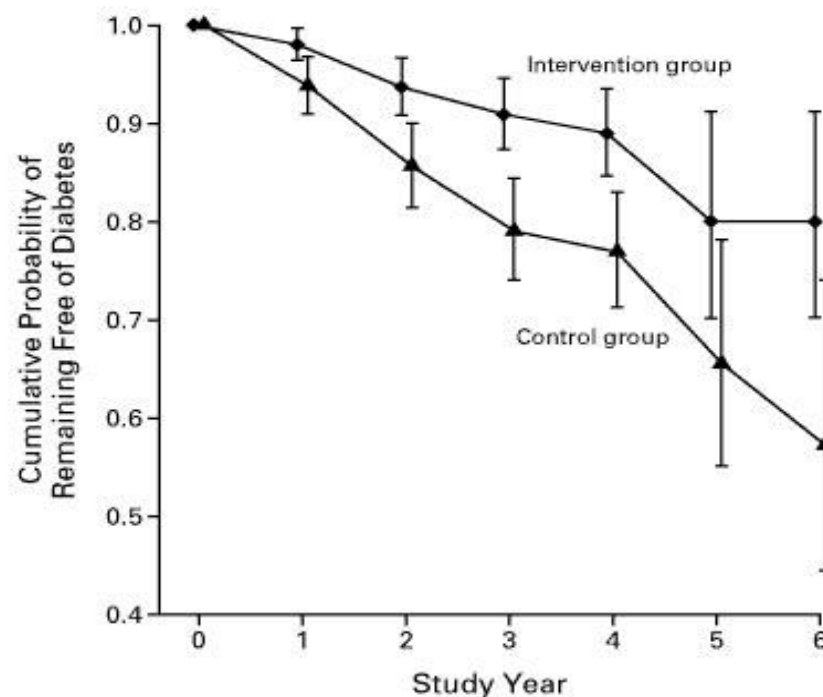
Classical justification for considering diabetes a categorical state



Global variation in T2DM risk



The Finnish Prevention Study

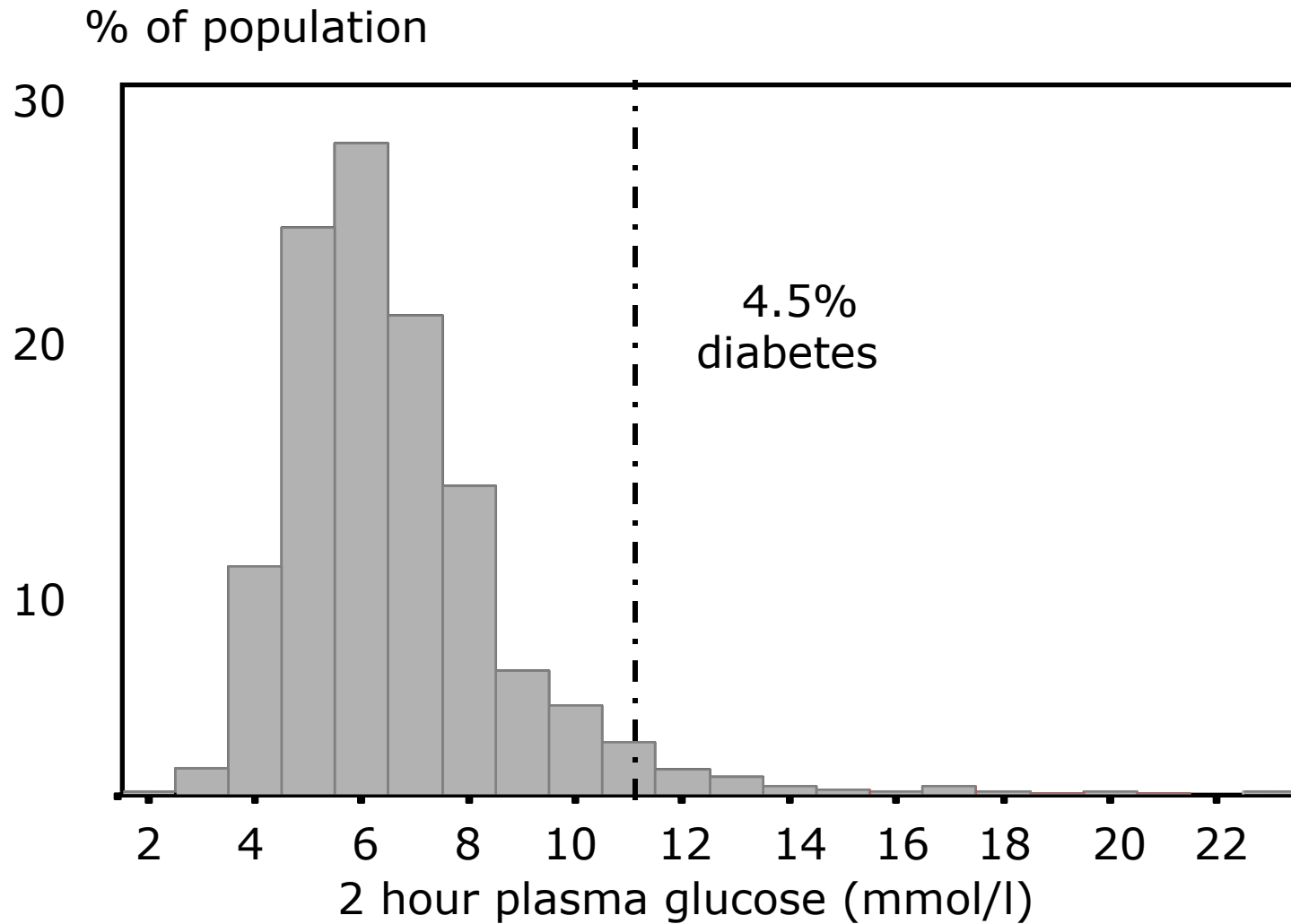


SUBJECTS AT RISK

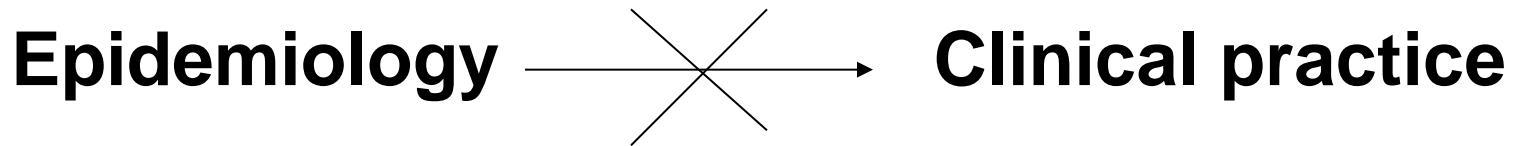
Total no.	507	471	374	167	53	27
Cumulative no. with diabetes:						
Intervention group	5	15	22	24	27	27
Control group	16	37	51	53	57	59

Source: Tuomilhetto et al. New England J Med 2001

Population Distribution of 2-Hour Glucose in a Previously Unscreened Population: Ely Study

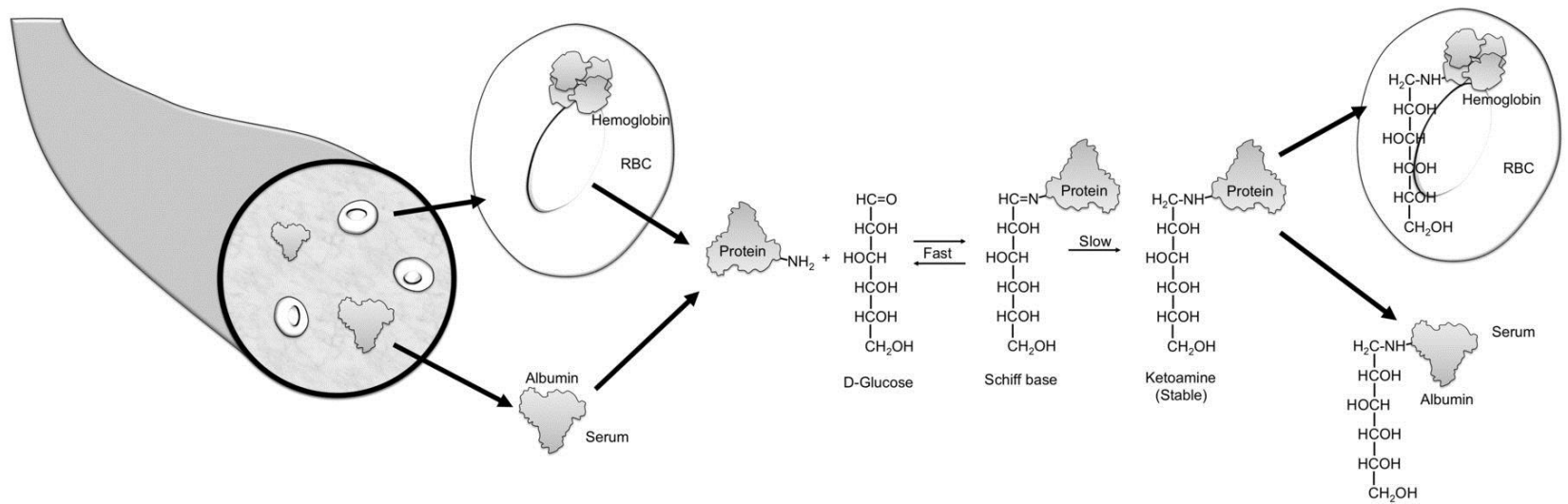


- The purpose of a diagnostic label is to inform action, either by the practitioner or by the patient



Disconnect between research,
epidemiology and clinical practice

Formation of glycated protein.



Kerry J. Welsh et al. Dia Care 2016;39:1299-1306

Committee on Diagnosis of Diabetes

Advantages of A1C vs FPG or 2HPG

The HbA1c assay (standardized and aligned to the DCCT/UKPDS assay) has the following advantages compared with the currently used laboratory measurements of glucose:

1. Better index of overall glycemic exposure
2. At least as good at predicting risk for long-term complications (retinopathy)
3. Similar standardization
4. Substantially less pre-analytic instability
5. Substantially less biologic variability

Committee on Diagnosis of Diabetes

Advantages of A1C vs FPG or 2HPG (cont.)

The HbA1c assay (standardized and aligned to the DCCT/UKPDS assay) has the following advantages compared with the currently used laboratory measurements of glucose:

6. No need for fasting or timed samples
7. Relatively unaffected by acute (e.g. stress or illness-related) perturbations in glucose levels
8. Used to guide management and adjust therapy

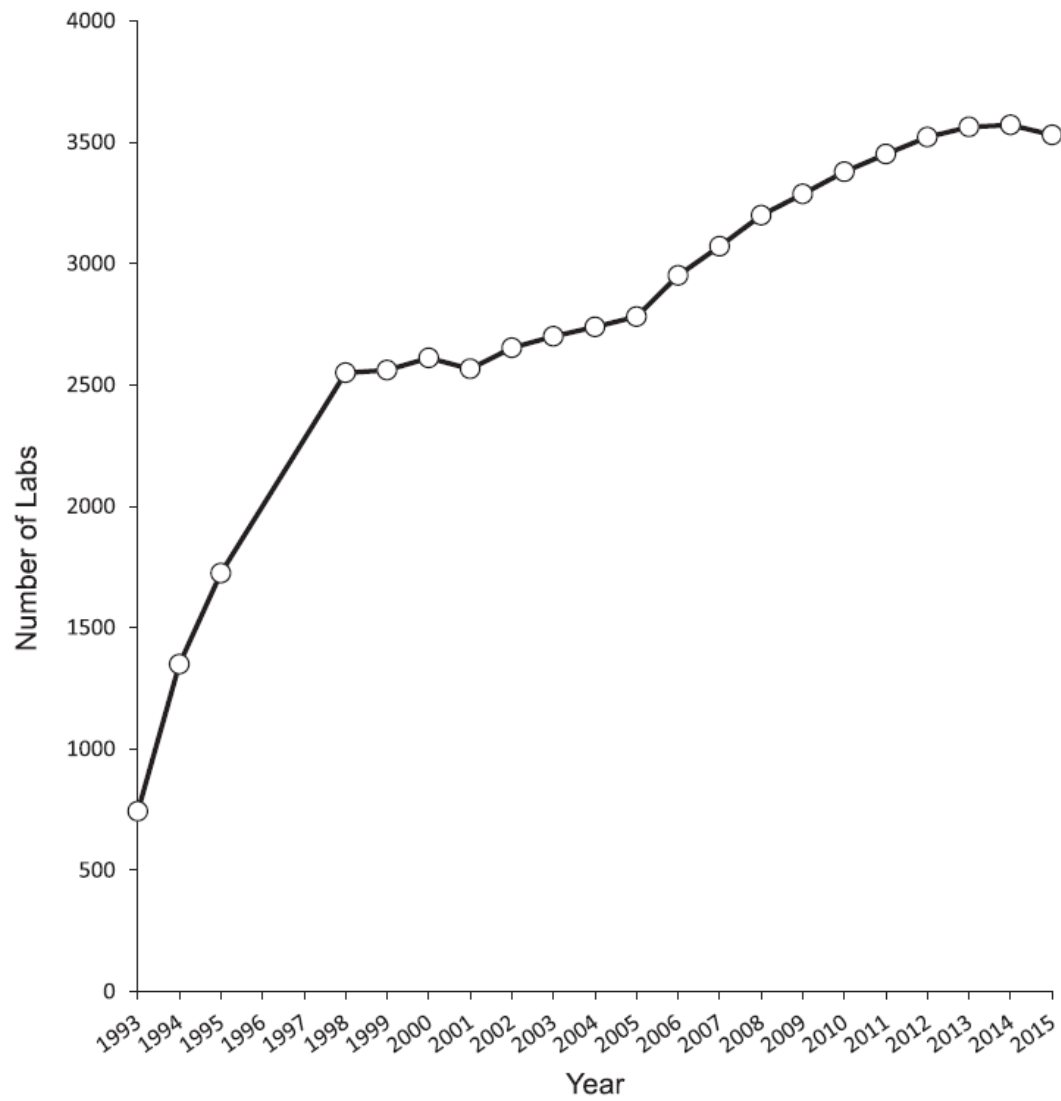
Limitations

- A1C may not be easily available or affordable in some parts of the world
- Interfering factors (e.g. hemoglobinopathies) may require use of specific methods
- Conditions that affect red cell turnover may cause spurious results
- Clinicians should be aware of these limitations and should use the traditional means of diagnosis (e.g. FPG) when an A1C can't be performed

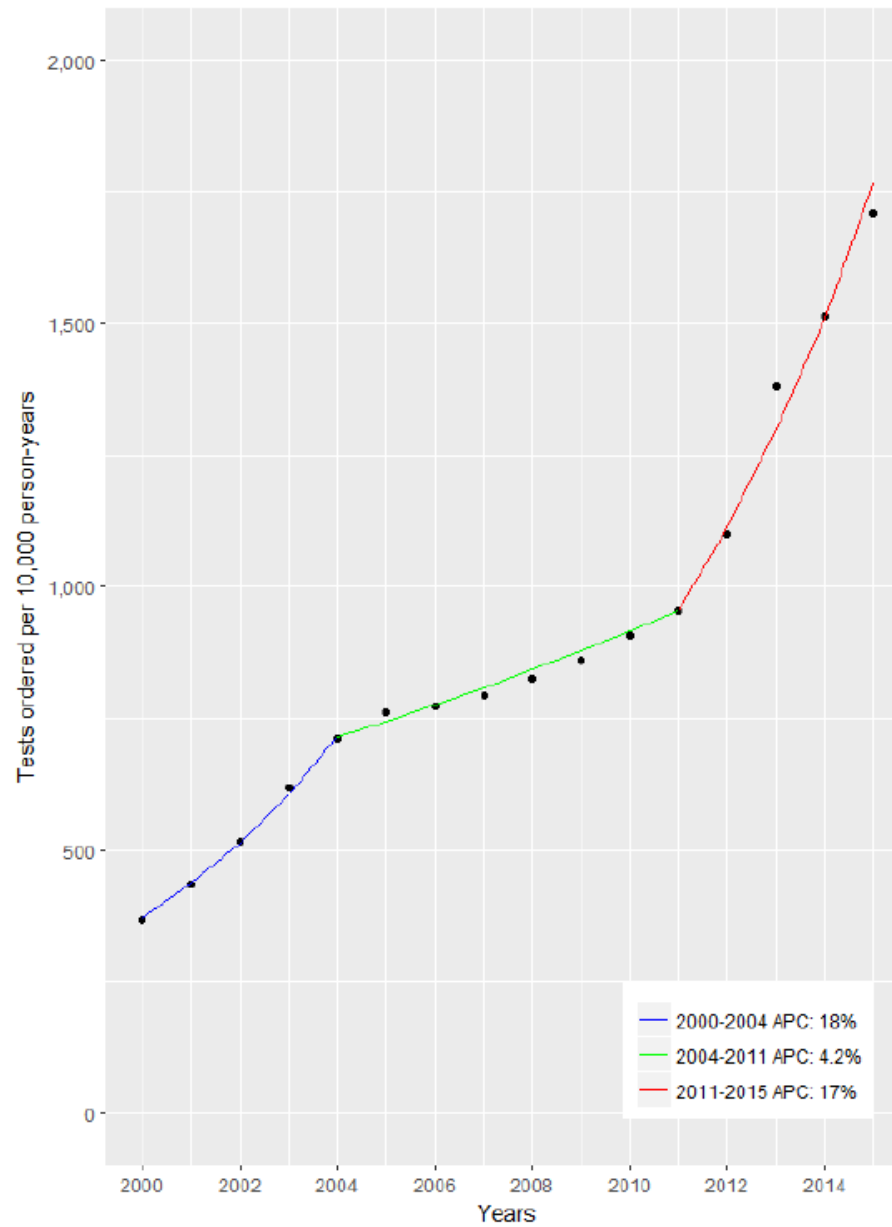
Expert Committee on Diagnosis of Diabetes

Conclusions: Diagnosis of diabetes

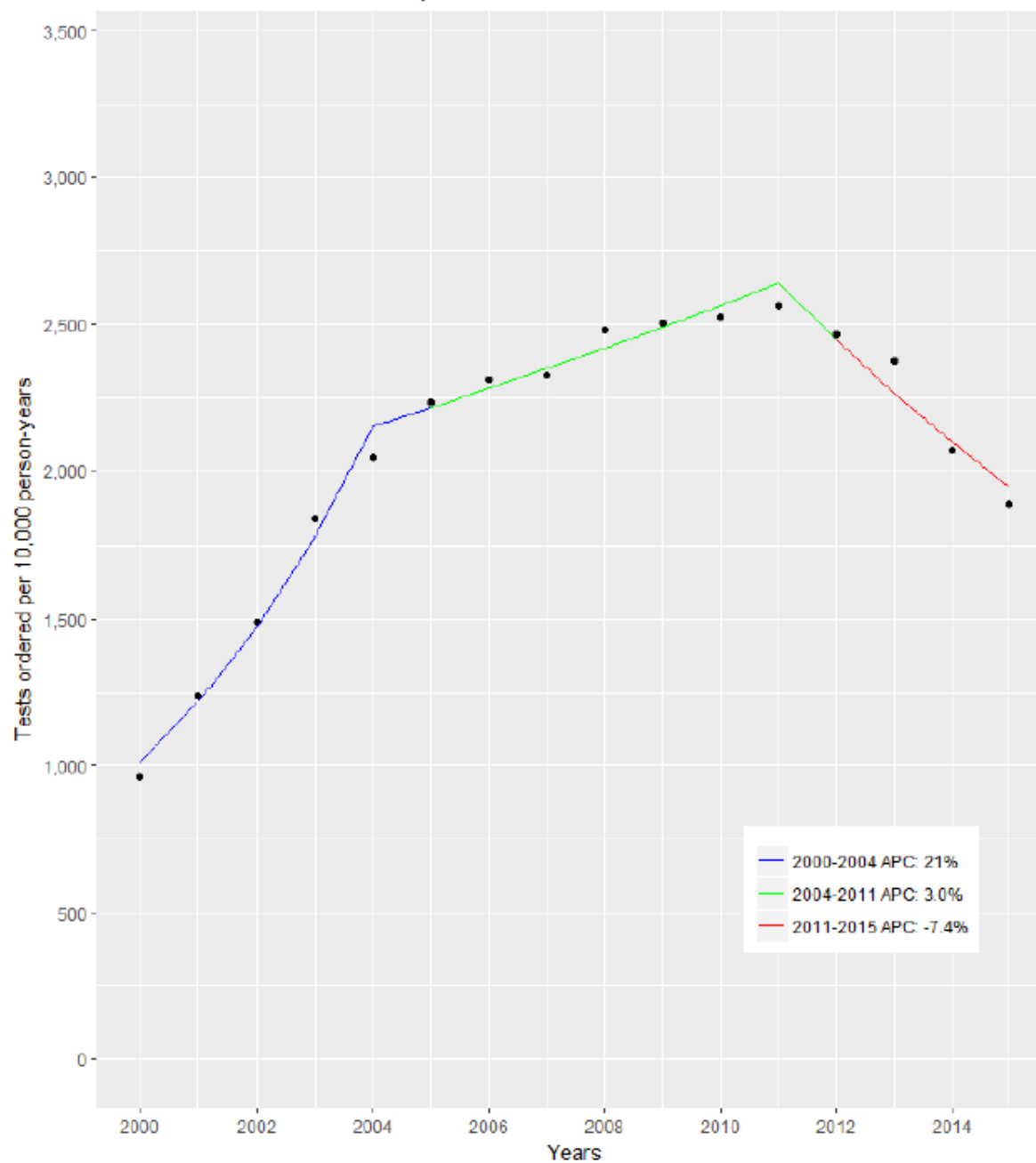
- The A1C assay is an accurate, precise measure of chronic glycemia and correlates well with risk of developing chronic complications
- The A1C assay has numerous advantages compared with laboratory measures of glucose



Temporal trends in HbA1c use



Temporal trends in Glucose test use



Comparison of tests without reference to the “truth” is a barren exercise

Efficacy and effectiveness of screen and treat policies in prevention of type 2 diabetes: systematic review and meta-analysis of screening tests and interventions

Eleanor Barry,¹ Samantha Roberts,¹ Jason Oke,¹ Shanti Vijayaraghavan,² Rebecca Normansell,³ Trisha Greenhalgh¹

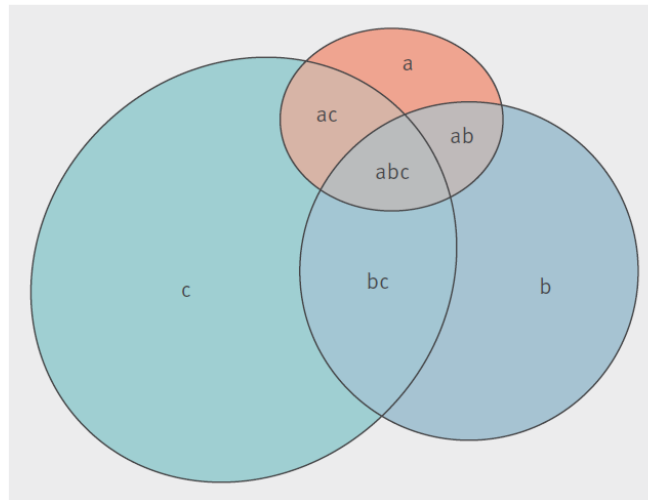


Fig 4 | Prevalence of pre-diabetes by diagnostic test with IEC and WHO criteria, showing overlap with all three tests. Prevalence of pre-diabetes was 27%. Of those with abnormal results, a=4.7% isolated IFG; b=24.4% isolated IGT; c=47.8% isolated HbA_{1c}; ab=2.9% IFG+IGT; ac=4.1% IFG+HbA_{1c}; bc=12.2% IGT+HbA_{1c}; abc=3.9% IFG+IGT+HbA_{1c}; d (area outside ellipse)=72% (normal result)

Table 1—Nonglycemic factors that may influence HbA_{1c}

Factors that may influence interpretation of HbA_{1c}

1. Physiological (e.g., age, race)
2. Chronic renal failure
3. Iron-deficiency anemia
4. Erythrocyte life span
5. Glycation “phenotypes”
6. Drugs (e.g., dapsone, antiretroviral)
7. Other (e.g., vitamin C, vitamin E)

Factors that may interfere with HbA_{1c} measurement

1. Uremia
 2. Hemoglobin variants
 3. Drugs (e.g., opiates)
 4. Other (e.g., bilirubin, triglyceride, alcohol)
-

Table 2—Adjusted hazard ratios (95% CI)* of cardiovascular and all-cause mortality according to categories of HbA_{1c} and fasting glucose† at baseline in persons without diagnosed diabetes, by race/ethnicity group, U.S. adults aged 18 years or older (NHANES III, 1988–1994), *N* = 12,722

	HbA _{1c} <5.0%	HbA _{1c} 5.0–5.6%	HbA _{1c} 5.7–6.5%	HbA _{1c} ≥6.5%
Cardiovascular mortality, <i>n</i> = 804 deaths				
Non-Hispanic white	0.74 (0.38–1.41)	1 (ref)	1.13 (0.83–1.53)	1.39 (0.77–2.51)
Non-Hispanic black	0.94 (0.45–1.96)	1 (ref)	1.10 (0.78–1.56)	2.25 (0.89–5.64)
Mexican American	0.60 (0.18–1.98)	1 (ref)	1.15 (0.63–2.10)	3.90 (1.86–8.17)
All-cause mortality, <i>n</i> = 3,415 deaths				
Non-Hispanic white	1.18 (0.91–1.54)	1 (ref)	1.12 (0.96–1.32)	1.50 (1.09–2.05)
Non-Hispanic black	1.27 (0.88–1.81)	1 (ref)	1.14 (0.98–1.32)	2.00 (1.40–2.85)
Mexican American	0.99 (0.60–1.63)	1 (ref)	1.15 (0.84–1.58)	1.74 (1.13–2.67)

	Fasting glucose <90 mg/dL	Fasting glucose 90–99 mg/dL	Fasting glucose 100–125 mg/dL	Fasting glucose ≥126 mg/dL
Cardiovascular mortality, <i>n</i> = 363 deaths [†]				
Non-Hispanic white	0.96 (0.51–1.80)	1 (ref)	1.43 (0.87–2.35)	1.82 (0.98–3.36)
Non-Hispanic black	0.77 (0.29–2.05)	1 (ref)	0.97 (0.45–2.07)	1.60 (0.42–6.13)
Mexican American	1.96 (0.86–4.47)	1 (ref)	1.11 (0.55–2.24)	1.22 (0.39–3.84)
All-cause mortality, <i>n</i> = 1,536 deaths [†]				
Non-Hispanic white	0.96 (0.76–1.21)	1 (ref)	1.16 (0.97–1.38)	1.47 (1.04–2.08)
Non-Hispanic black	1.09 (0.71–1.66)	1 (ref)	1.16 (0.85–1.59)	2.40 (1.50–3.84)
Mexican American	0.84 (0.46–1.53)	1 (ref)	0.97 (0.61–1.52)	1.48 (0.69–3.17)

*Adjusted for age, sex, lipids, BMI, waist-to-hip ratio, education, smoking status, hypertension, and physical activity; [†]Subsample of 5,676 participants who attended the morning examination and had measurements of fasting plasma glucose.



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Glycohemoglobin (HbA1c, A1c)

Test Overview

A glycohemoglobin test, or hemoglobin A1c, is a blood test that checks the amount of sugar (glucose) bound to the [hemoglobin](#) in the red blood cells. When hemoglobin and glucose bond, a coat of sugar forms on the hemoglobin. That coat gets thicker when there's more sugar in the blood. A1c tests measure how thick that coat has been over the past 3 months, which is how long a red blood cell lives. People who have diabetes or other conditions that increase their blood glucose levels have more glycohemoglobin (sugar bound to hemoglobin) than normal.

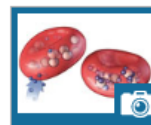
An A1c test can be used to diagnose prediabetes or diabetes. The A1c test checks the long-term control of blood glucose levels in people with diabetes. Most doctors think checking an A1c level is the best way to check how well a person is controlling his or her diabetes. This test may not be appropriate for everyone because many things can affect the life span of red blood cells, such as the second or third trimester of pregnancy, a recent blood loss or a blood transfusion, sickle cell disease, hemodialysis, or erythropoietin (ESA) medicine.

A home blood glucose test measures the level of blood glucose only at that moment. Blood glucose levels change during the day for many reasons, including medicine, diet, exercise, and the level of insulin in the blood.

It is useful for a person who has diabetes to have information about the long-term control of

Media Gallery

(1 picture)



[Learn more about Hemoglobin](#)

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We hold these truths to be self-evident

