Diabetes screening in asymptomatic children

OLOL Children's Health Endocrinology



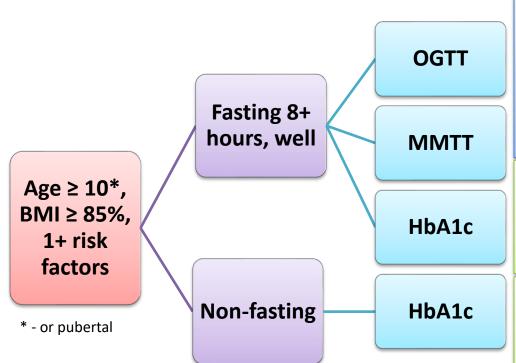
- 1. 1° or 2° relative w/ DM2
- 2. Race/Ethnicity: AA, HA, API, AI
- 3. Maternal h/o gestational DM
- Signs of insulin resistance (PCOS, acanthosis, HTN, dyslipidemia, h/o SGA)

#### **OGTT = Oral Glucose Tolerance Test**

After 8+ hr fast, check fasting BG, drink 1.75g/kg glucola max 75g, check 2 hour BG Venous lab draws – more accurate

### **MMTT = Mixed Meal Tolerance Test**

After 8+ hr fast, check fasting BG, eats regular meal, check 2 hour BG
POC testing – less accurate



# Normal

- fasting < 100 and/or
- 2 hour < 140 and/or
- HbA1c < 5.7%

# **Prediabetes**

- fasting 100-125 and/or
- 2 hour 140-199 and/or
- HbA1c 5.7-6.4%

## Diabetes

- fasting ≥ 126 and/or
- 2hour ≥ 200 and/or
- HbA1c ≥ 6.5%

If equivocal results, then repeat testing

ADA. (2021). Standards of Medical Care in Diabetes - 2021. Diabetes Care, S15-33, 180-199

#### OLOL Children's Health Diabetes screening in asymptomatic children Endocrinology Normal (euglycemia) **Prediabetes** Lifestyle counseling Diabetes Same as euglycemia Comorbid screening Same as euglycemia Consider metformin **Nutrition Consult** Start metformin Refer to diabetes education\* **Endocrine** referral Call endo immediately if Starting Metformin Comorbid screening • Lipids\*\* • 500 mg PO BID with • A1c above 8% food AST/ALT Abnormal A1c but 1 week increase to non-obese PCOS

OSA

1000 mg PO BID as

Switch to XR if GI s/e

tolerated

symptoms of

hyperglycemia

Concern for T1D\*\*\*

<sup>\* -</sup> in lieu of nutrition. Inside the referral order, refer internally to "LALK DIABETES & NUTRITION"

<sup>\*\* -</sup> as part of AAP cardiovascular health guidelines https://doi.org/10.1542/peds.2009-2107C

<sup>\*\*\* -</sup> discuss with endo on measuring antibodies, if concern of DKA, send to peds ED