

**Question from the Clinic:** In addition to the labs that are considered “best practice” for all persons with diabetes, what OTHER labs do you find useful for diabetes management?

<u>ADA Recommended Labs<sup>1</sup></u>	<u>Frequency After Initial Visit/Assessment</u>
HbA1C	Every follow up visit
Lipid Profile: LDL, HDL, TG	Annually in persons with dyslipidemia and after initiation or medication dose changes
Liver Function Tests AST/ALT and FIB-4 Index	Annually and after initiation or medication dose changes FIB-4 – calculated from age, AST/ALT and platelet count
Kidney Function Tests: <ul style="list-style-type: none"> <li>• Serum creatinine and eGFR</li> <li>• Urine albumin-to-creatinine ratio</li> </ul>	Annually – or more frequently in CKD or with changes in medications that affect kidney function Urine: if elevated, collect again in 3 months to confirm
Serum Potassium	Annually or more in persons with CKD, or taking ACE-inhibitors, ARBs, or diuretics
CBC with platelets	Annually
Vitamin B12	Annually for persons taking metformin for > 5 years
Calcium, Vitamin D, phosphorous	Annually when appropriate
TSH	Persons with Type 1 diabetes: Annually and after initiation or medication dose changes

**Useful Labs to help differentiate type of diabetes and to better target treatment strategies:**

<u>Lab</u>	<u>Usefulness in Diabetes Management:</u>																								
C-Peptide	Very low levels indicate a lack of insulin production by beta cells. Can be helpful to <b>diagnose</b> Type 1 diabetes or LADA (Latent-Autoimmune-Diabetes-of-Adulthood).																								
GAD-antibodies	High levels <b>Indicate</b> Type 1 diabetes: Autoimmune disease GAD is the primary antibody measured; can also use IA-2 and/or ZnT8 where available <sup>2</sup>																								
Fasting Insulin Test <sup>3-5</sup> (goal < 15)	Helpful to monitor <b>INSULIN RESISTANCE</b> , hypoglycemia or variant diabetes <sup>3-5</sup> Use <i>with a glucose level</i> drawn at the same time to calculate a HOMA-IR Score: (Fasting insulin x fasting glucose)/22.5 = HOMA-IR <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>HOMA-IR Test Score</th> <th>Interpretation</th> </tr> </thead> <tbody> <tr> <td>&lt; 1</td> <td>Insulin Sensitive</td> </tr> <tr> <td>1-2.9</td> <td>Insulin Resistance</td> </tr> <tr> <td>&gt; 2.9</td> <td>Significant Insulin Resistance</td> </tr> </tbody> </table>	HOMA-IR Test Score	Interpretation	< 1	Insulin Sensitive	1-2.9	Insulin Resistance	> 2.9	Significant Insulin Resistance																
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Fructosamine <sup>6</sup> (Instead of A1C)	Measures the amount of glucose attached to proteins in the blood to assess glucose changes in the past 2-4 weeks (vs 3-4 months for an A1C based on life of erythrocytes) Can be used in place of A1C when there is a need to respond more quickly to therapy changes (pre-surgery, pregnancy), or when A1C is not accurate due to erythrocyte disorders (chronic anemia, major blood loss, hemolysis, uremia, pregnancy, smoking, and various infections) <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Glucose (mg/dL)</th> <th>Fructosamine (µmol)</th> <th>A1C %</th> </tr> </thead> <tbody> <tr><td>97</td><td>212.5</td><td>5</td></tr> <tr><td>126</td><td>250</td><td>6</td></tr> <tr><td>154</td><td>287.5</td><td>7</td></tr> <tr><td>183</td><td>325</td><td>8</td></tr> <tr><td>212</td><td>362.5</td><td>9</td></tr> <tr><td>240</td><td>400</td><td>10</td></tr> <tr><td>269</td><td>437.5</td><td>11</td></tr> </tbody> </table>	Glucose (mg/dL)	Fructosamine (µmol)	A1C %	97	212.5	5	126	250	6	154	287.5	7	183	325	8	212	362.5	9	240	400	10	269	437.5	11
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## References:

1. American Diabetes Association Professional Practice Committee; 4. Comprehensive Medical Evaluation and Assessment of Comorbidities: Standards of Care in Diabetes—2025. *Diabetes Care* 1 January 2025; 48 (Supplement\_1): S59–S85. <https://doi.org/10.2337/dc25-S004>
2. American Diabetes Association Professional Practice Committee; 2. Diagnosis and Classification of Diabetes: Standards of Care in Diabetes—2025. *Diabetes Care* 1 January 2025; 48 (Supplement\_1): S27–S49. <https://doi.org/10.2337/dc25-S002>
3. González-González JG, Violante-Cumpa JR, Zambrano-Lucio M, Burciaga-Jimenez E, Castillo-Morales PL, Garcia-Campa M, Solis RC, González-Colmenero AD, Rodríguez-Gutiérrez R. HOMA-IR as a predictor of Health Outcomes in Patients with Metabolic Risk Factors: A Systematic Review and Meta-analysis. *High Blood Press Cardiovasc Prev.* 2022 Nov;29(6):547-564. doi: 10.1007/s40292-022-00542-5. Epub 2022 Oct 1. PMID: 36181637.
4. HOMA-IR: <https://www.mdcalc.com/calc/3120/homa-ir-homeostatic-model-assessment-insulin-resistance#when-to-use>
5. <https://www.sciencedirect.com/topics/medicine-and-dentistry/homeostatic-model-assessment#:~:text=HOMA%2DIR%20values%20between%200.5,%2Dcell%20function%20%5B157%5D>.
6. Nathan DM, et al. (2008). "Translating the A1C Assay Into Estimated Average Glucose Values." *Diabetes Care*, 31(8):1473-1478. (DOI: 10.2337/dc08-0545)