

Reference Interval:

| <u>RESULT</u> | <u>Comment</u> |
|------------------|--|
| mmol/mol | |
| ≤40mmol/mol | If used as a screening test, diabetes is virtually excluded. If diabetic and treated with insulin/sulphonylureas, the risk for hypoglycaemia is increased. |
| 41 – 49mmol/mol | If used as screening test, this result suggests impaired glucose tolerance; CVD assessment and lifestyle changes recommended with annual follow up. If diabetic and treated with insulin/sulphonylureas, control is excellent but the risk for hypoglycaemia is increased. |
| 50 - 54mmol/mol | Supports diagnosis of diabetes but confirmation is required in asymptomatic patients. If diabetic and treated with insulin/sulphonylureas, control is good but the risk for hypoglycaemia is increased. |
| 55 - 64mmol/mol | Diabetes control may be acceptable in many individuals but HbA1c is higher than ideal. Microvascular complication risk increases markedly above 55mmol/mol. |
| 65- 79mmol/mol | Suboptimal glycaemic control. Consider more intensive treatment. Microvascular complication risk increases markedly above 55mmol/mol. |
| 80 – 99 mmol/mol | Poor glycaemic control. More intensive treatment recommended. Microvascular complication risk increases markedly above 55mmol/mol. |
| ≥100mmol/mol | Very poor glycaemic control. Warrants immediate action. |

Reference Interval for Antenatal Women:

| <u>RESULT</u> | <u>Comment</u> |
|-----------------|--|
| ≤40mmol/mol | Unlikely to have pre-existing glucose intolerance/diabetes, but can develop gestational diabetes. Follow local guidelines. |
| 40 – 49mmol/mol | May reflect glucose intolerance. Follow the local guidelines, or offer a 75g oral GTT at 24-28 weeks. |
| ≥50mmol/mol | Levels consistent with pre-existing diabetes. Refer to the local Diabetes in Pregnancy service. |