



COMMUNITY ORGANISATIONS FOR DIABETES ACTION

POLICY

Interpretation of Capillary Blood Glucose Values

Outcome: Effective, accurate and consistent interpretation of results occurs when community Diabetes screening is being conducted by CODA members with appropriate use of agreed followup pathways.

References:

- New classification and criteria for the diagnosis of diabetes mellitus; Coleman PG, Thomas DW, Zimmet PZ et al
- Report of the Expert Committee on the Diagnosis and classification of Diabetes Mellitus 1997
- Screening for Type 2 Diabetes in Asymptomatic non pregnant adults in NZ, T Kenealy, R Scragg, G Braatvedt, 2002
- Definition, diagnosis & Classification of Diabetes Mellitus. Provisional report of a WHO consultation. 1998
- CODA Policies "Who to screen", "Safety Precautions in Screening", "Privacy & Confidentiality", "Competencies for Screening"

Recommendations:

Community screening to identify individuals at risk of diabetes requires careful interpretation of results by properly qualified personnel who have specialist diabetes knowledge. There is a need for consistency in allocating into which category the results belong and following of established pathways for a range of findings. It is vital also to remember that the 'finger prick test' is not the focus of any screening activity, but part of a situation which includes the opportunity for raising risk awareness, personal education and encouragement of health behaviours.

It should be reinforced that no person performing community screening can say whether or not an individual has diabetes. They can only state whether the test is within normal range or outside it and urge followup through the appropriate referral.

Consideration must be given to the method of informing the individual if the result appears to be abnormal, recognising that this is potentially very productive of anxiety and possibly distress. This is one reason the development of a relationship through discussion prior to the blood test is so important.

The following guide has been put together using current recommendations

If the test is a random glucose > 2hours after meal (community meter screening – NOT diagnosis)

A value of	Indicates	Action required
5.5mmol/l or less	Probably normal glycaemia	Retest in 3 years, 1 year if previous IGT, IGF or Gestational Diabetes. Provide risk reduction education.
Between 5.6mmol/l & 10.9mmol/l	Increased risk of IGT or diabetes	Further investigation required. Refer to primary carer. Recommend OGTT. Provide risk reduction education.
11mmol or greater	Possible evidence of diabetes	Refer to primary carer for follow up / ongoing care

NOTE: All results MUST be considered in conjunction with risk factors, possible margin of error in community screening technique, and consideration of presence of medical conditions / medications. A person with blood glucose of <5.5mmol/l may be referred to GP for risk reduction input should this be needed.

If the test is a fasting glucose (laboratory test)

A value of	Indicates	Action required
5.5 mmol/l or less	Normal glycaemia	Retest in 3 years, 1 year if previous IGT, IFG or Gestational Diabetes.
Between 5.6mmol/l and 6.9mmol/l	Impaired fasting glucose	Investigate further.
7mmol/l or greater	Evidence of diabetes	Diabetes Treatment required.

If the test is an Oral Glucose Tolerance Test – 2 hour post loading reading

A value of	Indicates	Action required
7.8mmol/l or less	Normal glycaemia	Retest in 3 years, 1 year if previous IGT, IFG or Gestational Diabetes.
Between 7.9mmol/l and 11.1mmol/l	Impaired glucose tolerance	Investigate further.
11.2mmol/l or greater	Evidence of diabetes	Diabetes Treatment required.