

**Troponin positive ACS patients with previously undiagnosed diabetes:
guidance for primary care at time of discharge.**

Patients referred to the Diabetes Inpatient Team because of acute glycaemic issues will be managed on an individual basis during admission, and follow up arranged accordingly. For all other patients the following guidance applies:

Fasting Plasma Glucose in hospital	Advice to GP (on IDL)
Normal: ≤ 6.0 mmol/L	Follow Local Diabetes Network Guidelines* for the screening and diagnosis of diabetes: rpt. FPG 3-5 yearly (* http://www.hey.nhs.uk/ShowContent.aspx?PageID=202)
IFG: 6.1- 6.9mmol/L	<p style="text-align: center;">Repeat FPG at 6 weeks:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>≤ 6.0mmol/L</p> <p>↓</p> <p>Rpt. FPG*3-5 yrly</p> </div> <div style="text-align: center;"> <p>≥ 6.1mmol/L</p> <p>↓</p> <p>OGTT</p> </div> </div> <p style="text-align: center;">*Local Diabetes Network Guidelines for the screening and diagnosis of diabetes (see link above)</p>
Diabetes: ≥ 7.0 mmol/L	<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Rpt. FPG 4 weeks' after discharge or earlier if patient very symptomatic in which case check urinary ketones. Refer to diabetes team for advice if required.</p> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>≥ 7.0mmol/L</p> <p>↓</p> <p>Diagnosis confirmed</p> </div> <div style="text-align: center;"> <p>6.1- 6.9mmol/L</p> <p>↓</p> <p>OGTT</p> </div> <div style="text-align: center;"> <p>≤ 6.0mmol/L</p> <p>↓</p> <p>Rpt FPG 3-5yrly*</p> </div> </div>

A1c testing is currently not part of the diagnostic algorithm for T2 diabetes. The Association of British Clinical Diabetologists (ABCD) has issued a position statement on the use of A1c testing - see [http://www.diabetologists.org.uk/Shared_Documents/position_papers/Position_Statement_on_HbA1c_for_diagnosis.pdf](http://www.diabetologists.org.uk/Shared_Documents/position_papers/Position_Statement_on_HbA1c_for_diabetes_diagnosis.pdf):

'ABCD recommends continuing to diagnose most patients with type 2 diabetes using existing glucose criteria, but can see a role in the UK for HbA1c to triage patients into those who do or do not need further glucose testing'.

The Diabetes Team do not currently recommend the use of A1c testing to triage patients. There is a risk that patients with other medical conditions which affect A1c interpretation, will be subject to either no testing (when it would be appropriate) or testing (when it is inappropriate). Patients with established CVS disease require screening for diabetes and so it is appropriate that they are offered glucose testing periodically as indicated above. (E Walker, BJ Allan Dec 2010)