

## **FOR IMMEDIATE RELEASE**

### **Guidance regarding the use of HbA<sub>1c</sub> for diagnosis of diabetes mellitus**

The use of glycated haemoglobin (HbA<sub>1c</sub>) for diagnosis of diabetes mellitus has been accepted by Medicare for reimbursement. This is a great advance for patients and medical practitioners. A position statement of the Australian Diabetes Society (ADS) was published in the MJA on 20 July 2015 (MJA 203 (2) – 20 July 2015) as a guide to the appropriate use of this test in diagnosis.

Like any test, the use of HbA<sub>1c</sub> for the diagnosis of diabetes mellitus has its strengths and weaknesses. It is important for practitioners to be aware of its potential short comings as well as correctly interpreting a positive and a negative result. The aim of this position paper is to provide a succinct summary of how to optimally use the test to diagnose patients. The test represents an important advance and it is hoped that the guidance provided by this position statement will assist health practitioners to use the test effectively.

An HbA<sub>1c</sub> value of 48 mmol/mol (6.5%) or more constitutes a positive result, suggesting the diagnosis of diabetes mellitus. The test provides an alternative to traditional glucose-based methods of diagnosis, however, it does not replace them. HbA<sub>1c</sub> assessment should be considered in asymptomatic patients at high risk of developing diabetes (AUSDRISK score  $\geq$  12 or pre-existing medical condition or ethnic background associated with high rates of type 2 diabetes). The test will predominantly be used for the diagnosis of type 2 diabetes mellitus.

The Medicare Benefits Schedule (MBS) entry for item 66841 describes the test as the “Quantitation of HbA<sub>1c</sub> (glycated haemoglobin) performed for the diagnosis of diabetes in asymptomatic patients at high risk”. When used for this purpose, the cost of the test can be reimbursed only once during a 12-month period. The brevity of the MBS description raised certain questions and the position statement provides some further advice on these issues.

HbA<sub>1c</sub> assessment may not be appropriate in all patients especially those with significant chronic medical disease, anaemia or abnormalities of red blood cell structure. Health practitioners should be aware of conditions that may invalidate the test results.

This recently published position statement of the Australian Diabetes Society is endorsed by the Royal College of Pathologists of Australasia and the Australasian Association of Clinical Biochemists.

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