

Dual reporting of HbA_{1c} laboratory results has ended

As of 1 October 2011, laboratories are reporting HbA_{1c} results in millimoles per mole (mmol/mol) only. For the preceding two years, results have been reported in both percentages (%) and mmol/mol to allow time for both practitioners and patients to become familiar with the mmol/mol system.

The reason for the change in units is due to a decision made by the International Federation of Clinical Chemistry (IFCC), which will make it easier to compare HbA_{1c} results from different laboratories and trials throughout the world.¹

New Zealand guidelines recommend that people with diabetes should aim for a target HbA_{1c} range of 50–55 mmol/mol – or as individually agreed.²

There may be concern that glycaemic control will deteriorate in some cases if patients or carers become confused due to the new reporting method. General practitioners are advised to explain to their patients that

this is not a new method of testing, but an alternative way of reporting the same test results.


Table 1 shows the equivalency of HbA_{1c} mmol/mol and HbA_{1c} %.

Table 1: Equivalence of HbA_{1c} units²

HbA _{1c} mmol/mol (new units)	HbA _{1c} % (old units)
42	6.0
48	6.5
53	7.0
59	7.5
64	8.0
75	9.0
86	10.0
108	12.0

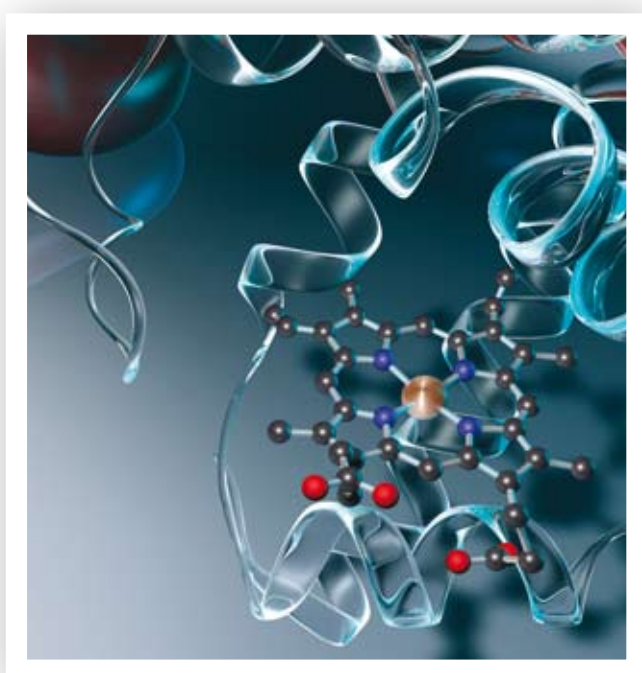
If an exact conversion from HbA_{1c} mmol/mol to % is required, the following formula can be used:³

$$\text{HbA}_{1c} \text{ (mmol/mol)} = (\text{HbA}_{1c} \text{ (%) - 2.15}) \times 10.929$$

 An electronic version of this tool is available on the bpac^{nz} website: www.bpac.org.nz

References

1. Hicks J. Muller M. Panteghini M. Consensus statement on the worldwide standardisation of the HbA_{1c} measurement. *Diabetologia*. 2007; 50:2042-3.
2. New Zealand Guidelines Group. Guidance on the management of type 2 diabetes 2011. Available from: www.nzgg.org.nz/search?search=diabetes (Accessed Sep, 2011)
3. Diabetes UK. National diabetes support team. HbA_{1c} Standardisation for laboratory professionals. Available from: www.acb.org.uk/docs/hba1clabprofessional.pdf (Accessed Sep, 2011)



New diabetes resources for primary care

New resources for primary care on the management of type 2 diabetes have been recently released by the New Zealand Guidelines Group (NZGG).

The resources focus on three priority areas:

1. Early identification of patients at high risk of diabetes-related complications
2. Management of blood pressure and microalbuminuria
3. Management of glycaemic control, including initiation of insulin treatment

In addition to the guidance document, the suite of resources produced by NZGG includes a primary care practitioner quick reference card, a presenter slide set to support CME and CNE, and a RNZCGP-accredited online CME unit. The content of these resources was developed by an Advisory Group, drawing on evidence from the Scottish Intercollegiate Guidelines Network (SIGN) Guideline 116: Management of Diabetes (2010).

The guidance document and all resources are now available to download at: www.nzgg.org.nz



“The capacity to blunder slightly is the real marvel of DNA. Without this special attribute, we would still be anaerobic bacteria and there would be no music.” — Lewis Thomas

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