A1C (A-one-C) is now the preferred “short-hand” for referring to glycated hemoglobin (HbA1c). Using A1C avoids confusion with hematology tests (hemoglobin) and makes it easier for patients and clinicians to communicate.

The American Diabetes Association (ADA) recommends the use of a new term in diabetes management, estimated average glucose, eAG. Health care professionals can now report A1C results to patients using the same units (mg/dl or mmol/l that patients see routinely in blood glucose measurements. To access the ADA’s Glucose Calculator, visit http://professional.diabetes.org/glucosecalculator.aspx.

The relationship between A1C and eAG is described by the formula $28.7 \times \text{A1C} - 46.7 = \text{eAG}$.

### Causes of Unexpectedly Low A1C
- Hemolysis, acute or chronic blood loss
- Congenital spherocytosis
- Certain hemoglobinopathies (HbS, HbC, HbD)
- Treatment of low iron, folate, vitamin B12 (Associated with increased RBC turnover)
- Pregnancy
- Hypoglycemia unawareness
- Cirrhosis

### Implications
- Test if indicated
- Test if indicated
- Following A1C trend may be more valuable
- Review history and med list
- Follow specific guidelines for managing DM in pregnancy
- Careful history, review of patient’s glucose records
- Review history

### Causes of Unexpectedly High A1C
- Frequent hypoglycemia with rebound hyperglycemia
- Low iron, folate, vitamin B12 (Associated with decreased RBC turnover)
- End-stage renal disease
- Certain abnormal hemoglobins (HbF)
- Splenectomy
- Chronic excessive alcohol use
- Hypertriglyceridemia
- Polycythemia

### Implications
- Careful history, review of patient’s glucose records
- Test if indicated
- Following A1C trend may be more valuable
- Following A1C trend may be more valuable
- Review medical and surgical history
- Review history
- Review laboratory studies
- Review laboratory studies

For more information on eAG from the American Diabetes Association, visit http://professional.diabetes.org/glucosecalculator.aspx
Persons with uncontrolled diabetes are at increased risk for heart disease, kidney failure, blindness, neuropathy, limb amputation, sexual dysfunction, and premature death.

Studies have shown even high levels of A1C can be brought down to 7% or below with intensive therapy.

Reducing A1C by just 1 point (e.g. from 9% to 8%) reduces risk of microvascular complications by 25% in Type 1 diabetes (DCCT).

Reducing A1C by just 1 point (e.g. from 8% to 7%) reduces risk of microvascular complications by 35% in Type 2 diabetes (UKPDS).

Keeping A1C under 7% significantly reduces risk of retinopathy and nephropathy.

Lower A1C values are better for the health of patients with diabetes.

### Causes of Unexpectedly Low A1C

<table>
<thead>
<tr>
<th>Causes</th>
<th>Implications</th>
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<tbody>
<tr>
<td>Frequent hypoglycemia with rebound hyperglycemia</td>
<td>Taking a careful history and reviewing the patient’s home monitoring log can help resolve discrepancies between measured A1C, glucose levels, and clinical symptoms.</td>
</tr>
<tr>
<td>Hemolytic anemia, blood loss</td>
<td>Test if indicated.</td>
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<tr>
<td>Pregnancy</td>
<td>Follow specific guidelines for managing diabetes in pregnancy.</td>
</tr>
<tr>
<td>Certain hemoglobinopathies</td>
<td>Trending may be more valuable than absolute values.  Monitor symptoms and glucose testing records closely.</td>
</tr>
</tbody>
</table>

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