

Glycated Haemoglobin	
Description	Glycated Haemoglobin (HbA1c) is used for long term monitoring the glycaemic control in Diabetes Mellitus as it correlates to the average glucose level and duration of exposure of the red blood cells to glucose.
Indication	Monitoring glycaemic control in Diabetes Mellitus.
Additional Info	Results are expressed in mmol HbA1c/ mol Hb (IFCC). HbA1c can appear falsely low in patients with variant haemoglobin (haemoglobinopathy) or in haemolytic anaemia/increased red cell fragility.
Concurrent Tests	Fasting glucose
Dietary Requirements	N/A
Interpretation	HbA1c levels reflect the glucose control over a period of 10-12 weeks. A number of factors can alter alter HbA1c results. Below is a briefly summary: Increased HbA1c: Iron and vitamin B12 deficiency, erythropoiesis, alcoholism, chronic kidney disease, splenectomy. Decreased HbA1c: administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease, drugs (aspirin, vitamin C and E and antiretroviral drugs, ribavirin and dapsone) Altered Haemaglobin: Haemaglobinopathies, HbF, Methaemoglobin may increase or decrease HbA1c.
Collection Conditions	Fasting is not required.
Frequency of testing	2–6 monthly intervals (tailored to individual needs), until the blood glucose concentration is stable on unchanging therapy; use a measurement made at an interval of less than 3 months as an indicator of direction of change, rather than as a new steady state Six monthly intervals once the blood glucose concentration and glucose lowering therapy are stable. Source: NICE CG66 Type 2 diabetes