



Addendum

Addendum. 2. Classification and Diagnosis of Diabetes: Standards of Care in Diabetes—2023. Diabetes Care 2023;46(Suppl. 1):S19–S40

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Section 2, “Classification and Diagnosis of Diabetes,” of the *Standards of Care in Diabetes—2023* has been updated to refine the diagnostic criteria for type 1 diabetes based on recent U.S. Food and Drug Administration approval of a new drug to delay the incidence of type 1 diabetes.

The online version of the article (<https://doi.org/10.2337/dc23-S002>) reflects the changes described below.

Jason L. Gaglia, of Joslin Diabetes Center and Harvard Medical School, Boston, MA, has been added as an author due to his expertise in immunology and type 1 diabetes. The author list and disclosures table (p. S281) have been updated accordingly.

In the section “Type 1 Diabetes,” Recommendations 2.5 and 2.6 have been revised to reflect current U.S. Food and Drug Administration guidance on the therapies to delay the occurrence of type 1 diabetes.

Recommendation 2.5 (p. S22) has been revised to read as follows:

“**2.5** Screening for presymptomatic type 1 diabetes may be done by detection of autoantibodies to insulin, glutamic acid decarboxylase (GAD), islet antigen 2, or zinc transporter 8. **B**”

Recommendation 2.6 (p. S23) has been revised to read as follows:

“**2.6** Multiple confirmed islet autoantibodies is a risk factor for clinical diabetes. Testing for dysglycemia may be used to further forecast near-term risk. When multiple islet autoantibodies are identified, referral to a specialized center for further evaluation and/or consideration of a clinical trial or approved therapy to potentially delay development of clinical diabetes should be considered. **B**”

The last paragraph of the section has been revised to read as follows:

“Several screening programs are available in Europe (e.g., Fr1da, gppad.org) and the U.S. (e.g., trialnet.org, askhealth.org, cascadekids.org). Family history of autoimmune diabetes and personal or family history of allergic diseases or other autoimmune diseases increases risk of autoimmune diabetes compared with the general population. Individuals who test autoantibody positive should be either provided with or referred for counseling about the risk of developing diabetes, diabetes symptoms, DKA prevention, and consideration of additional testing as applicable to help determine if they meet criteria for intervention aimed at delaying progression.”

References

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