

International Experts Outline Diabetes Remission Diagnosis Criteria

ARLINGTON, Va. (August 30, 2021) – People with type 2 diabetes should be considered in remission after sustaining normal blood glucose (sugar) levels for three months or more, according to a new consensus statement from the American Diabetes Association® (ADA), the Endocrine Society, the European Association for the Study of Diabetes and Diabetes UK jointly published in *Diabetes Care*, the *Journal of Clinical Endocrinology & Metabolism*, *Diabetologia*, and *Diabetic Medicine*, respectively.

About [10% of the U.S. population has diabetes](#), and these numbers continue to rise. People with type 2 diabetes can achieve “remission” by sustaining normal blood glucose levels for at least three months without taking diabetes medication. There is still a lot of uncertainty around how long remission will last and what factors are associated with a relapse. Continued follow up with the healthcare team is warranted for ongoing monitoring of glucose changes and diabetes complications. The long-term effects of remission on mortality, heart health and quality of life are not well understood

“Our international group of experts suggest an HbA1c (average blood glucose) level of less than 6.5% at least three months after stopping diabetes medication as the usual diagnostic criterion for diabetes remission,” said statement author and Editor in Chief of the ADA’s *Diabetes Care*, Matthew Riddle of Oregon Health & Science University in Portland, Ore. Riddle is chair of the Diabetes Remission Consensus writing group that developed the statement. “We also made suggestions for clinicians observing patients experiencing remission and discussed further questions and unmet needs regarding predictors and outcomes.”

The authors developed the following criteria to help clinicians and researchers evaluate and study diabetes remission using more consistent terminology and methods:

1. Remission should be defined as a return of HbA1c to less than 6.5% that occurs spontaneously or following an intervention and that persists for at least three months in the absence of usual glucose-lowering pharmacotherapy.
2. When HbA1c is determined to be an unreliable marker of long-term glycemic control, fasting plasma glucose of less than 126 mg/dL (<7.0 mmol/L) or estimated HbA1c less than 6.5% calculated from continuous glucose monitoring values can be used as alternate criteria.
3. Testing of HbA1c to document a remission should be performed just prior to an intervention and no sooner than three months after initiation of the intervention or withdrawal of any glucose-lowering pharmacotherapy.
4. Subsequent testing to determine long-term maintenance of a remission should be done at least yearly, together with the testing routinely recommended for potential complications of



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diabetes.

“Diabetes remission may be occurring more often due to advances in treatment,” said Amy Rothberg of the University of Michigan in Ann Arbor, Mich. Rothberg represents the Endocrine Society as a member of the Diabetes Remission Consensus writing group. “More research is needed to determine the frequency, duration and effects on short- and long-term medical outcomes of remission of type 2 diabetes using available interventions.”

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Other authors of the study include: William Cefalu of the National Institutes of Health in Bethesda, Md.; Philip Evans of the University of Exeter in Exeter, U.K.; Hertzell Gerstein of McMaster University and Hamilton Health Sciences in Hamilton, Ontario, Canada; Michael Nauck of Ruhr University Bochum in Bochum, Germany; William Oh of Icahn School of Medicine at Mount Sinai in New York, N.Y.; Amy Rothberg of the University of Michigan; Carel le Roux of University College Dublin in Dublin, Ireland; Francesco Rubino of King’s College London in London, U.K.; Philip Schauer of the Pennington Biomedical Research Center in Baton Rouge, L.A.; Roy Taylor of Newcastle University in Newcastle upon Tyne, U.K.; and Douglas Twenefour of Diabetes UK in London, U.K.

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About the American Diabetes Association

Every day more than 4,000 people are newly diagnosed with diabetes in America. More than 122 million Americans have diabetes or prediabetes and are striving to manage their lives while living with the disease. The American Diabetes Association (ADA) is the nation’s leading voluntary health organization fighting to bend the curve on the diabetes epidemic and help people living with diabetes thrive. For 81 years the ADA has been driving discovery and research to treat, manage and prevent diabetes, while working relentlessly for a cure. We help people with diabetes thrive by fighting for their rights and developing programs, advocacy and education designed to improve their quality of life. Diabetes has brought us together. What we do next will make us Connected for Life. To learn more or to get involved, visit us at diabetes.org or call 1-800-DIABETES (1-800-342-2383). Join the fight with us on Facebook ([American Diabetes Association](https://www.facebook.com/AmericanDiabetesAssociation)), Twitter ([@AmDiabetesAssn](https://twitter.com/AmDiabetesAssn)) and Instagram ([@AmDiabetesAssn](https://www.instagram.com/AmDiabetesAssn)).

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Diabetes Care, a monthly journal of the American Diabetes Association® (ADA), is the highest-



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