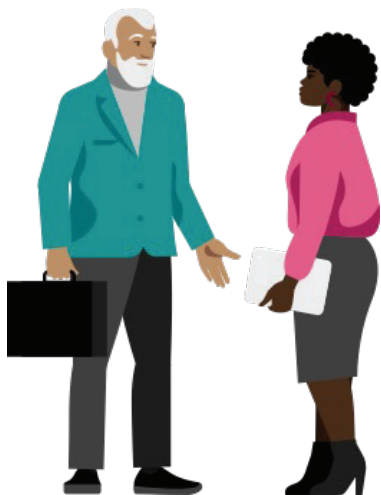


Monitoring Hemoglobin A1c (A1c) Can Improve Outcomes



About
1 in 10
U.S. adults have
diabetes.¹

Individuals at-risk for diabetes and diabetes complications...¹⁻²

- Diagnosed with diabetes or prediabetes
- Overweight
- Age 45+
- Family history
- Physically inactive
- History of gestational diabetes or delivered baby 9+ lbs
- Non-White ethnicity
- Non-alcoholic fatty liver disease



American Diabetes Association (ADA) recommended glycemic goal is < 7.0% A1c³⁻⁵

- A1c represents the average glycemic control over the past 2-3 months and is the primary tool for assessing glycemic status.³
- Every 1% decrease in A1c level lowers risk of complications.⁴
- ADA recommends individualizing A1c goals.⁵

Only
1 in 4
achieve the
recommended
A1c goal.⁵

ADA Standards of Care⁶

- For many people with diabetes, glucose monitoring, either using blood glucose monitoring (BGM) or continuous glucose monitoring (CGM) — **in addition to regular A1C testing** — can help achieve glycemic goals.
- For individuals prone to glycemic variability, especially people with type 1 diabetes or type 2 diabetes with severe insulin deficiency, glycemic status is best evaluated by the combination of results from BGM or CGM and A1C.

Point-of-Care A1c testing can be utilized to improve clinical outcomes in multiple ways.⁶



Improve access to testing



Increase testing frequency



Aid glycemic awareness and lifestyle changes



Facilitate patient engagement



Early diagnosis

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3. Schnell O, et al. *J Diabetes Sci Technol*. 2017 May;11(3):611-617.

4. Stratton IM, et al. *BMJ*. 2000;321(7258):405-412.

5. American Diabetes Association Professional Practice Committee; 6. Glycemic Goals and Hypoglycemia: Standards of Care in Diabetes—2024. *Diabetes Care* 1 January 2024; 47 (Supplement_1): S111-S125.

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