Change of HbA_{1c} reporting to the new SI units

To the Editor: The position statement by Jones and colleagues regarding the change of HbA_{1c} reporting to the new Système International (SI) units — which has been recommended by the Australasian Association of Clinical Biochemists, the Australian Diabetes Educators Association, the Australian Diabetes Society and the Royal College of Pathologists of Australasia — provides a comprehensive summary of the rationale behind the proposed change and suggests a 2-year period of dual reporting.[1]

However, Jones et al did not specify targets for children and adolescents, and we believe that it is important to do so. The incidence of type 1 diabetes in Australian children and adolescents is among the highest in the world[2] and, in New South Wales, type 2 diabetes represents at least 10% of cases of new-onset diabetes in adolescents.[3] National evidence-based clinical care guidelines for type 1 diabetes in children, adolescents and adults[4] include age-specific targets for HbA_{1c}, while recognising that such targets are predominantly consensus based.

HbA_{1c} targets for young people with type 1 diabetes are higher, with a level of < 7.5% recommended for children and adolescents in the Australian guidelines[4] and in those produced by the International Society for Pediatric and Adolescent Diabetes (ISPAD).[5] Jones et al note that "Achievement of HbA_{1c} targets must be balanced against risk of severe hypoglycaemia, especially among older people";[1] this is also the case for young people. For children and adolescents with type 2 diabetes, the ISPAD guidelines recommend an HbA_{1c} target of < 7%.[5]

The move to SI units represents a major change in the established, widely recognised outcome measure of glycaemia; during the transition period, the specific needs of young people with diabetes must not be forgotten.

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Competing interests: No relevant disclosures.

doi: 10.5694/mja11.11018

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In reply: We appreciate Craig and colleagues' comments regarding the importance of reporting general HbA_{1c} targets for children and adolescents with type 1 and type 2 diabetes. In our position statement, the headings of Box 2 and Box 3 indicated that the targets listed were for adults with type 1 diabetes and adults with type 2 diabetes, respectively.[1] While it is not possible to highlight every clinical situation, we agree that providing general HbA_{1c} targets for children and adolescents will add value to our article, and we have updated it accordingly,[1] recognising the differences in these targets for type 1 diabetes (⩽ 58 mmol/mol, ⩽ 7.5%) and type 2 diabetes (⩽ 53 mmol/mol, ⩽ 7.0%).[2-4] In the interests of uniformity and simplicity, the paediatric targets expressed as "<"[2-4] have been adjusted to "⩽", which represents differences of less than 1.5% of the target values.

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Competing interests: No disclosures other than those listed previously.[1]

doi: 10.5694/mja11.11131

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