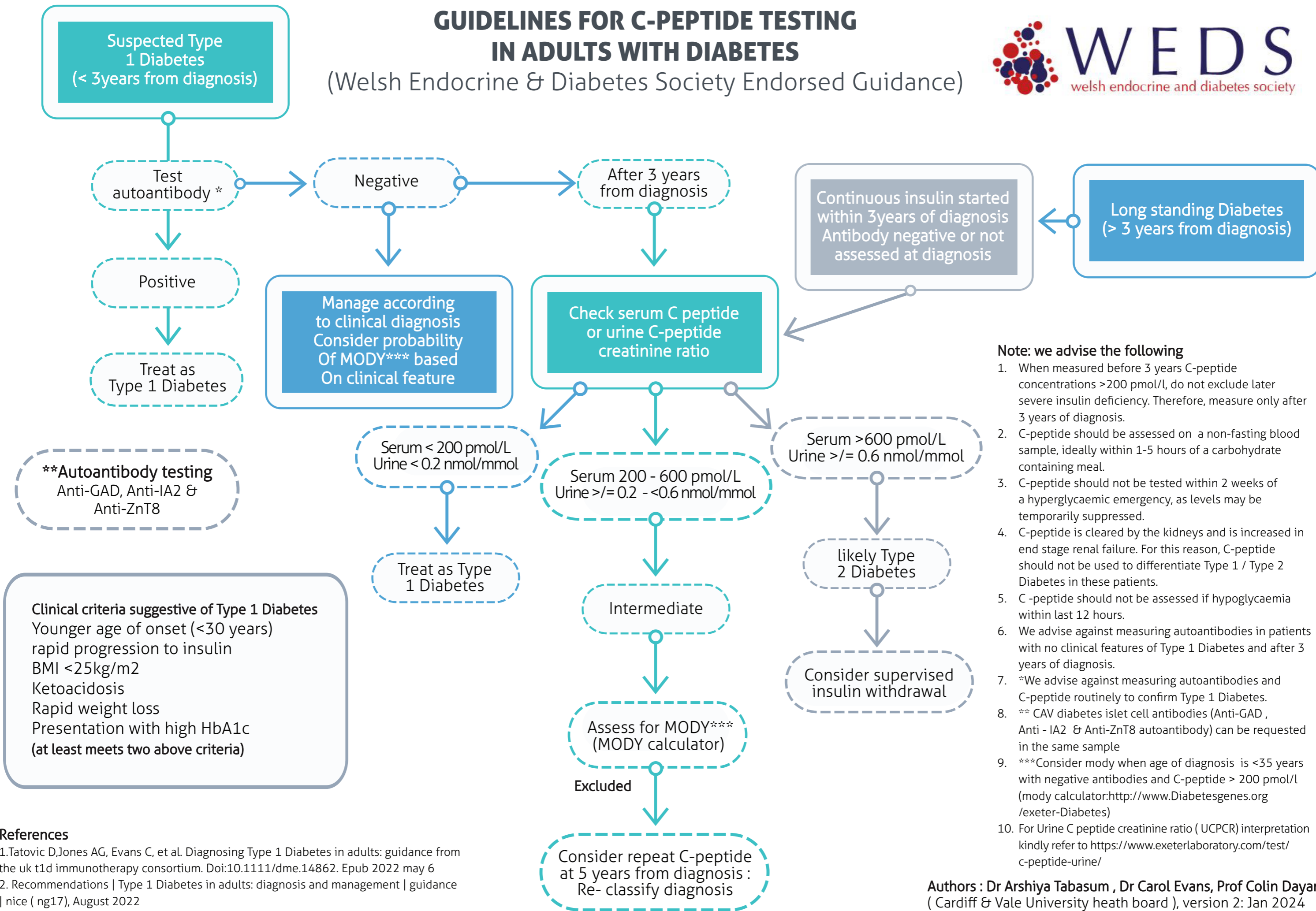


GUIDELINES FOR C-PEPTIDE TESTING IN ADULTS WITH DIABETES

(Welsh Endocrine & Diabetes Society Endorsed Guidance)



- Note: we advise the following**
1. When measured before 3 years C-peptide concentrations >200 pmol/L, do not exclude later severe insulin deficiency. Therefore, measure only after 3 years of diagnosis.
 2. C-peptide should be assessed on a non-fasting blood sample, ideally within 1-5 hours of a carbohydrate containing meal.
 3. C-peptide should not be tested within 2 weeks of a hyperglycaemic emergency, as levels may be temporarily suppressed.
 4. C-peptide is cleared by the kidneys and is increased in end stage renal failure. For this reason, C-peptide should not be used to differentiate Type 1 / Type 2 Diabetes in these patients.
 5. C-peptide should not be assessed if hypoglycaemia within last 12 hours.
 6. We advise against measuring autoantibodies in patients with no clinical features of Type 1 Diabetes and after 3 years of diagnosis.
 7. *We advise against measuring autoantibodies and C-peptide routinely to confirm Type 1 Diabetes.
 8. ** CAV diabetes islet cell antibodies (Anti-GAD , Anti - IA2 & Anti-ZnT8 autoantibody) can be requested in the same sample
 9. ***Consider mody when age of diagnosis is <35 years with negative antibodies and C-peptide > 200 pmol/l (mody calculator:<http://www.Diabetesgenes.org/exeter-Diabetes>)
 10. For Urine C peptide creatinine ratio (UCPCR) interpretation kindly refer to <https://www.exeterlaboratory.com/test/c-peptide-urine/>

References

1. Tatovic D, Jones AG, Evans C, et al. Diagnosing Type 1 Diabetes in adults: guidance from the UK T1D Immunotherapy Consortium. *Diabetologia*. 2022;65(5):775-782. doi:10.1007/s00125-022-05488-1
2. Recommendations | Type 1 Diabetes in adults: diagnosis and management | guidance | nice (ng17), August 2022

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