

CASE DEFINITION FOR NON-TYPE 1 DIABETES MELLITUS

Please report any new or revised* diagnosis of non-type 1 diabetes (NT1DM) in a patient less than 18 years of age with clinical features that are **not** consistent with classic type 1 diabetes (defined as a child with symptomatic acute hyperglycemia).

* A revised diagnosis occurs when a child previously diagnosed with type 1 diabetes mellitus receives a "revised" diagnosis of non-type 1 diabetes based on clinical progression and/or results of investigations.

Diabetes is defined based on the Canadian Diabetes Association Guidelines:

- Fasting plasma glucose (FPG) ≥ 7.0 mmol/L[†] or
- Random plasma glucose ≥ 11.1 mmol/L[†] or
- Two-hour plasma glucose ≥ 11.1 mmol/L[†] after a standard oral glucose tolerance test

[†] Requires a second, confirmatory test if child is asymptomatic

Clinical features suggestive of non-type 1 diabetes mellitus are listed below:

- a) Obesity (body mass index $>95^{\text{th}}$ percentile for age and gender)
- b) Family history of type 2 diabetes in a first- or second-degree relative(s)
- c) Belonging to a high-risk ethnic group (e.g., Aboriginal, Black, Latin American, South-Asian)
- d) A history of exposure to diabetes *in utero* (diagnosed before or during pregnancy)
- e) *Acanthosis nigricans*
- f) Polycystic ovarian syndrome
- g) Diabetes in a person with a syndrome often associated with type 2 diabetes (Prader-Willi syndrome)
- h) Diabetes in a non-obese patient with at least one first-degree relative with diabetes
- i) Diabetes diagnosed in a neonate/infant less than 6 months of age
- j) Minimal or no insulin requirement with a normal or near normal A1c level (4–6%) one year after diagnosis
- k) A diagnosis of diabetes while on medical therapy with a known diabetogenic medication (e.g., glucocorticoids, L-asparaginase, cyclosporine, tacrolimus, atypical antipsychotic, anticonvulsant)

Exclusion criteria

Do not report patients with cystic fibrosis-related diabetes, pregnant teenagers with gestational diabetes, and patients in critical care settings requiring **short-term** insulin therapy for stress hyperglycemia.