



Diabetes: Tests to Watch for Complications

Table of Contents

- Overview
- Credits

Overview

These are the tests you may need and how often you should have them. The tests may vary depending on whether you have type 1 or type 2 diabetes.

A1c blood test.

This test shows the average level of blood sugar over the past 2 to 3 months. It helps your doctor see whether blood sugar levels have been staying within your target range.

- **How often:** Every 3 to 6 months
- **Goal:** A blood sugar level in your target range

Blood pressure test.

This test measures the pressure of blood flow in the arteries. Controlling blood pressure can help prevent damage to nerves and blood vessels.

- **How often:** Every 3 to 6 months
- **Goal:** A blood pressure level in your target range

Cholesterol test.

This test measures the amount of a type of fat in the blood. It is common for people with diabetes to also have high cholesterol. Too much cholesterol in the blood can build up inside the blood vessels and raise the risk for heart attack and stroke.

- **How often:** At the time of your diabetes diagnosis, and as often as your doctor recommends after that
- **Goal:** A cholesterol level in your target range

Albumin-creatinine ratio test.

This test checks for kidney damage by looking for the protein albumin (say "al-BYOO-mun") in the urine. Albumin is normally found in the blood. Kidney damage can let small amounts of it (microalbumin) leak into the urine.

- **How often:** Once a year

- **Goal:** No protein in the urine

Blood creatinine test/estimated glomerular filtration (eGFR).

The blood creatinine (say "kree-AT-uh-noon") level shows how well your kidneys are working. Creatinine is a waste product that muscles release into the blood. Blood creatinine is used to estimate the glomerular filtration rate. A high level of creatinine and/or a low eGFR may mean your kidneys are not working as well as they should.

- **How often:** Once a year
- **Goal:** Normal level of creatinine in the blood. The eGFR goal is greater than 60 mL/min/1.73 m².

Complete foot exam.

The doctor checks for foot sores and whether any sensation has been lost.

- **How often:** Once a year
- **Goal:** Healthy feet with no foot ulcers or loss of feeling

Dental exam and cleaning.

The dentist checks for gum disease and tooth decay. People with high blood sugar are more likely to have these problems.

- **How often:** Every 6 months
- **Goal:** Healthy teeth and gums

Complete eye exam.

High blood sugar levels can damage the eyes. This exam is done by an ophthalmologist or optometrist. It includes a dilated eye exam. The exam shows whether there's damage to the back of the eye (diabetic retinopathy).

- **How often:** Once a year. If you don't have any signs of diabetic retinopathy, your doctor may recommend an exam every 2 years.
- **Goal:** No damage to the back of the eye

Thyroid-stimulating hormone (TSH) blood test.

This test checks for thyroid disease, which is especially common for people with type 1 diabetes. Having too little or too much thyroid hormone can make it hard to manage your blood sugar.

- **How often:** As part of your diabetes diagnosis, and as often as your doctor recommends after that
- **Goal:** Normal level of TSH in the blood

Credits

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