Glycosylated Haemoglobin (HbA1c) - upper limit of normal range

Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at http://meteor.aihw.gov.au

Identifying and Definitional Attributes

Data Dictionary: NHDD

Knowledgebase ID: 000825 Version number: 1

Metadata type: DATA ELEMENT

Registration NHIMG Admin status: SUPERSEDED

Authority: Effective date: 01-MAR-05

Definition: Laboratory standard for the value of Glycosylated Haemoglobin

(HbA1c) that is the upper boundary of the normal reference range.

Context: Public health, health care and clinical settings.

Relational and Representational Attributes

Datatype: Numeric

Representational QUANTITATIVE VALUE

form:

Representation NN.N

layout:

Minimum Size: 3 Maximum Size: 4

Data Domain: 99.9 Not stated/inadequately described

NOVAL Measured in % to one decimal place

Guide For Use: Record the upper limit of the HbA1c normal reference range from

the laboratory result.

Collection Methods: This value is usually notified in patient laboratory results and may

vary for different laboratories.

Related metadata: relates to the data element Glycosylated Haemoglobin (HbA1c) -

measured version 1

Administrative Attributes

Source Document: National Diabetes Outcomes Quality Review Initiative

(NDOQRIN) data dictionary.

Source Organisation: National Diabetes Data Working Group

Comments: The upper limit of normal range is the laboratory standard for the maximum level of HbA1c, which is still in normal range.

These figures vary between laboratories.

Glycated haemoglobin results vary between laboratories; use the same laboratory for repeated testing.

HbA1c is a measurement of long-term blood glucose control and is used to assess the effectiveness of treatment. It is a convenient way to obtain an integrated assessment of antecedent glycaemia over an extended period under real life conditions and is used as a standard for assessing overall blood glucose control. The target is to achieve an HbA1c within 1% of the upper limit of normal or achieve control as near to this target as possible without producing unacceptable hypoglycaemia as recommended from the Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus.

If HbA1c is 2% above the upper limit of normal, explore reasons for unsatisfactory control such as diet, intercurrent illness, appropriateness of medication, concurrent medication, stress, and exercise and review management:

- -review and adjust treatment
- -consider referral to diabetes educator
- -consider referral to dietitian
- -consider referral to endocrinologist or physician or diabetes centre.

Data Element Links

Information Model Entities linked to this Data Element
NHIM Service provision event

Data Agreements which include this Data Element

DSS - Diabetes (clinical)

From 01-Jan-03 to