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Latent Autoimmune Diabetes in Adults: Diagnosis and Treatment

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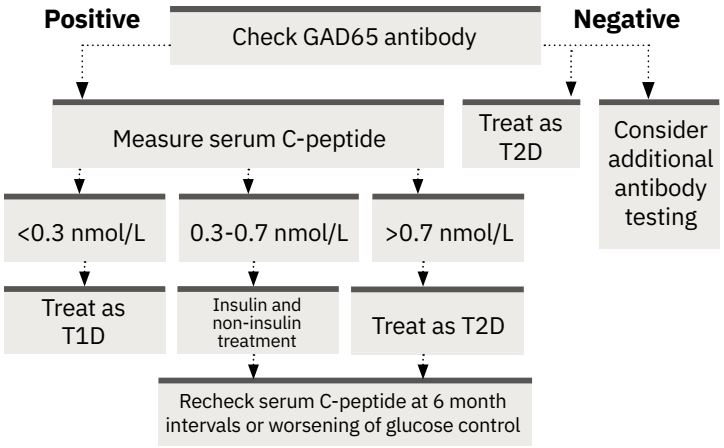
Latent autoimmune diabetes in adults (LADA) is thought to be a form of type 1 diabetes (T1D), but it can have features of both T1D and type 2 diabetes (T2D).[1] More than 40% of patients with T1D presenting after age 30 are initially misclassified and treated as patients with T2D.[2]

Patients with LADA:

- Are typically younger and leaner and require insulin sooner in their treatment course than patients with T2D.[3]
- Have a higher risk of microvascular complications than patients with T2D, due to differences in glycemic control.[3]

Figure 1. Diagnostic Algorithm for Type 1 Diabetes in Adults



Adapted from *Management of latent autoimmune diabetes in adults: a consensus statement from an international expert panel.*[4]

Screening

Screening recommendations for LADA differ by organization but should be considered, particularly, in younger patients (<35 years at onset) or those who have a BMI <25 kg/m^2.

LADA can be identified by testing patients for one or more autoantibodies, such as glutamic acid decarboxolase (GAD65).[4]

- GAD65 should be the first antibody tested.
- If negative, test for islet tyrosine phosphatase 2 (IA2) and/or zinc transporter 8 (ZNT8), depending on the degree of suspicion.[2]

Treatment Options

- Treatment of LADA may be guided by serum C-peptide measurement every 6 months or worsening of glucose control (Figure 1).[4]
- In less severe cases, patients may respond to noninsulin therapies, but sulfonylureas should be avoided as they may accelerate beta-cell failure.[2,4]
- Insulin therapy is often required and should not be delayed, particularly if the c-peptide is low or if the patient is markedly symptomatic or has severe hyperglycemia.
- LADA may share features with T2D; lifestyle modifications should also be recommended.[4]

For more information, access Cardi-OH's expanded resource on diabetes management.

References

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