

JULY 2023 - CAPSULE 34

Diagnosing Maturity-Onset Diabetes of the Young

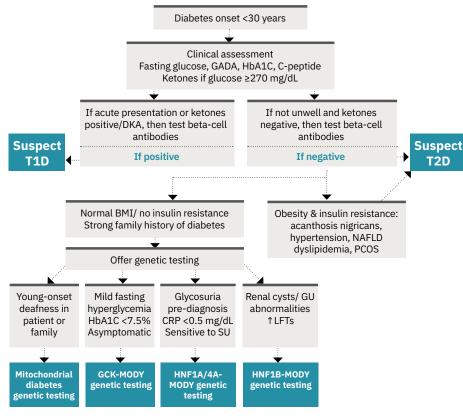
CONTRIBUTING AUTHORS: Craig Nunemaker, PhD, Ohio University; Ryan Farrell, MD, Case Western Reserve University; Rose Gubitosi-Klug, MD, PhD, Case Western Reserve University, on behalf of Team Best Practices



Maturity-onset diabetes of the young (MODY) is a heterogeneous group of disorders with autosomal dominant inheritance that occurs irrespective of body mass index and is usually diagnosed before 25 years of age.¹ MODY accounts for an estimated 1–2% of all diabetes.² As cases of diabetes rise among youth, clinicians should consider MODY when diagnosing diabetes in youth and young adults.

A molecular diagnosis is essential to ensure the most appropriate treatment and, consequently, the most optimal long-term prognosis. Approximately 80% of patients with MODY are misclassified as type 1 diabetes (T1D) or type 2 diabetes (T2D), and there is often a delay of more than 10 years between the onset of diabetes and molecular diagnosis.² Youth and young adults presenting with hyperglycemia but without key features of T1D or T2D should have additional testing for MODY.¹ Figure 1 provides an algorithm for identifying key features of T1D

Figure 1. Diagnostic Algorithm for MODY²



BMI=body mass index, CRP=C-reactive protein, DKA=diabetic ketoacidosis, GADA=glutamic acid dehydrogenase antibodies, GCK=glucokinase GU=genitourinary, LFTs=liver function tests, NAFLD=non-alcoholic fatty liver disease, PCOS=polycystic ovarian syndrome, SU=sulfonylurea, T1D=type 1 diabetes, T2D = type 2 diabetes.

Adapted from When to consider a diagnosis of MODY at the presentation of diabetes: aetiology matters for correct management

(autoantibodies) and T2D (obesity, insulin resistance) before testing for MODY.2

SEARCH for Diabetes in Youth, the first systematic study of MODY prevalence, found that 8% of children with diabetes who were autoantibody negative and C-peptide positive had mutations in HNF1A, HNF4A, or glucokinase (GCK); these mutations account for 95% of all MODY cases.³ Of the 47 MODY-mutation carriers, only 3 (6%) were correctly diagnosed.³

Familial inheritance and genetic testing play a critical role in correctly diagnosing, managing, and treating MODY.¹ For example, HNF1A- or HNF4A-MODY are typically treated with sulfonylureas, except when contraindicated during pregnancy.^{3,4} GCK-MODY often does not require lifelong treatment, except for consideration of insulin therapy during pregnancy.⁴

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

Reference

- ElSayed NA, Aleppo G, Aroda VR, et al. 2. Classification and diagnosis of diabetes: Standards of Care in Diabetes-2023. Diabetes Care. 2023;46(Suppl 1):S19-S40. doi:10.2337/dc23-S002.
- Juszczak, A, Pryse R, Schuman A, Owen KR. When to consider a diagnosis of MODY at the presentation of diabetes: aetioloy matters for correct management. Br J Gen Pract. 2016; 66(647):e457-459. doi: 10.3399/bjgp16X685537.
- Pihoker C, Gilliam LK, Ellard S, et al. Prevalence, characteristics and clinical diagnosis of maturity onset diabetes of the young due to mutations in HNF1A, HNF4A, and glucokinase: results from the SEARCH for Diabetes in Youth. J Clin Endocrinol Metab. 2013; 98(10):4055–4062. doi: 10.1210/jc.2013-1279.
- Delvecchio M, Pastore C, Giordano P. Treatment options for MODY patients: a systematic review of literature. Diabetes Ther. 2020;11(8):1667-1685. doi:10.1007/s13300-020-00864-4.

The Ohio Cardiovascular and Diabetes Health Collaborative is funded by the Ohio Department of Medicaid and administered by the Ohio Colleges of Medicine Government Resource Center. The views expressed in this document are solely those of the authors and do not represent the views of the state of Ohio or federal Medicaid programs.

For more information head to Cardi-OH.org.

© 2023 Cardi-OH