



Abbreviated name	Raised blood glucose/diabetes among adults
Indicator name	Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years or on medication for raised blood glucose
Domain	Risk factors
Subdomain	NCDs and nutrition
Associated terms	Noncommunicable diseases
Definition	Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years or on medication for raised blood glucose (defined as fasting plasma glucose value ≥ 7.0 mmol/L (126 mg/dL) or on medication for raised blood glucose among adults aged 18+ years).
Numerator	Number of respondents aged 18+ years with fasting plasma glucose value ≥ 7.0 mmol/L (126 mg/dL) or on medication for raised blood glucose. Fasting blood glucose must be measured, not self-reported, and measurements must be taken after the person has fasted for at least eight hours.
Denominator	All respondents of the survey aged 18+ years.
Disaggregation/ additional dimension	Age, sex, other relevant sociodemographic stratifiers where available
Method of measurement	
Method of estimation	$(\text{Number of respondents aged 18+ years with fasting plasma glucose value } \geq 7.0 \text{ mmol/L [126 mg/dL] or on medication for raised blood glucose}) / (\text{number of survey respondents aged 18+ years}) \times 100.$
Measurement frequency	At least every 5 years
Monitoring and evaluation framework	Outcome
Preferred data sources	Population-based (preferably nationally representative) survey. There are two main blood chemistry screening methods – dry and wet chemistry. Dry chemistry uses capillary blood taken from a finger and is used in a rapid diagnostic test. Wet chemistry uses a venous blood sample with a laboratory-based test. Either method is acceptable.
Other possible data sources	
Further information and related links	<p>Draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases, including a set of indicators. Agenda item A66/8, Sixty-sixth World Health Assembly, 20–28 May 2013. Geneva: World Health Organization; 2013 (http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_8-en.pdf?ua=1, accessed 29 March 2015).</p> <p>Levitan EB, Song Y, Ford ES, Liu S. Is nondiabetic hyperglycemia a risk factor for cardiovascular disease? A meta-analysis of prospective studies. <i>Arch Intern Med.</i> 2004;164(19):2147–55.</p>