Onset diabetes after transplantation (NODAT)

NODAT is a well-recognised phenomenon. Risk factors/precipitants include medications especially steroids, CNIs & sirolimus; previous impaired glucose tolerance; and family history of diabetes. An HbA1c >6.5% (IFCC>48) may be suggestive of NODAT.

It is recommended to screen for NODAT:

- weekly for 4 weeks
- every 3 months for 1 year
- annually thereafter

Where confirmed with either a diagnostic fasting blood sugar (>7 mmol/L) or with a positive glucose tolerance test (>11.1mmol/L 2 hours after 75g glucose), patients should be referred to a hospital diabetic clinic for further assessment and education. Where sugar levels are not controlled with avoidance of high sugar food, oral hypoglycaemic agents may be started by the transplant clinic or preferably the General Practitioner or Diabetes clinic.

Medications especially immunosupressent drugs should be reviewed in the Transplant clinic and consideration given to steroid withdrawal and/or CNI/sirolimus dose reduction. Such decisions should be made on a case by case basis with a full assessment of risk of rejection, including discussion with Consultant H&I Clinical Scientists and review of previous episodes of rejection with Consultant Pathologist.