

Normal values of Hemoglobin A_{1c} (Hb A_{1c}) in non-diabetic adults

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Abstract- Background:At present, there are no studies done to investigate the normal values of Hb A_{1c} in Sudanese population. The level of Hb A_{1c} for Sudanese population is borrowed from international references.

Objectives: The objective of this article is to investigate the normal levels of Hb A_{1c}, and the factors that may affect its value.

Methods: Extensive internet search has been done on research regarding the normal values of Hemoglobin A_{1c} and factors affecting them in non-diabetic Adults.

Result: Normal level of Hb A_{1c} obtained from all previous studies showed a value of 3.6% as minimum and 6.5 % as maximum value. Significant racial/ethnic differences in Hb A_{1c} levels were observed; these differences are significantly higher in people from African descent than in Caucasians.

Discussion: Hb A_{1c} is influenced by many risk factors; these include BMI, physical activity, age, ethnicity, diet and smoking.

Conclusion: Normal level of Hb A_{1c} from all previous studies showed a value of 3.6% as minimum and 6.5 % as maximum value and seemed to be affected by many risk factors.

Index Terms- Hb A_{1c}, Normal value, non-diabetic Adults

I. INTRODUCTION

Currently, there are no known studies conducted to investigate the normal reference range of Hb A_{1c} in Sudanese population. These normal reference ranges of Hb A_{1c} for our population in the clinical practice are taken from non-Sudanese subjects depending on the international American and British Guidelines.

Most of the studies about the normal Hb A_{1c} were done in Western countries. For these countries the different environment, ethnic groups, nutritional habits and body mass indices, play a significant role in determining the Hb A_{1c} levels compared to Sudan.

II. METHODS

An extensive internet search regarding the normal values as well as the factors affecting Hemoglobin A_{1c} in non-diabetic Adults, has been conducted.

Consulting the following Web site: National Center for Biotechnology Information NCBI, PubMed, Google Scholar and using the following key words: Normal Hb A_{1c}, Normal Hb A_{1c} in non-diabetics, physiological factors affecting Hb A_{1c}.

The search covered the past 28 years and 13 papers were located and retrieved.

III. RESULTS

IV.

| <u>First author</u> | <u>Type of study – country</u> | <u>Sample size</u> | <u>Date</u> | <u>Results and main conclusion</u> |
|------------------------|--------------------------------|--------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Modan ¹ | Cross section – Israel | 648 | 1988 | Correlation of Hb A _{1c} with daily caloric intake and physical exercise was not established. No significant correlation between BMI and Hb A _{1c} was observed. A small, yet significant elevation in Hb A _{1c} was related with smoking (7.1 vs. 6.8%, P < .01) |
| Simon ² | Cross section - United Kingdom | 3240 | 1989 | Mean of normal distribution of Hb A _{1c} in men is 5.03% with mean (SD) of (0.53) Obese persons (defined as BMI > 28 kg/m ²) were found to have higher level of Hb A _{1c} ; however after adjustment for age, the correlation between the two values (BMI and Hb A _{1c}) was no longer significant. |
| K. Wiener ³ | Cross section - Liverpool, UK | 399 | 1999 | No significant correlation between Hb A _{1c} and age; hence, they cannot see the need for age-specific reference ranges for Hb A _{1c} . |

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|---------------------------------------------------------------------------------------------|--------------------------------|------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Boltri ⁴ | Cross section - USA | 4880 | 1999 - 2000 | Hb A _{1c} level showed significant racial/ethnic dependency where it was significantly higher in Blacks and Hispanics. |
| Boeing ⁵ | cross section - Germany | 1773 | 2000 | There is a direct relationship between risk of increased Hb A _{1c} and the intake of high energy and energy-adjusted saturated fats. Hb A _{1c} levels did not correlate with physical activity. Obesity was related with higher Hb A _{1c} levels. |
| Sargeanta ⁶ | Cross section - Cambridge - UK | 2704 | 2000 | A dose-response relationship between HbA _{1c} levels and the daily smoked cigarettes was observed. A positive association with total smoking exposure as measured by pack-years was detected as well. |
| Gulliford ⁷ | Cross section - England | 9772 | 2001 | The study detected a Hb A _{1c} mean of normal distribution in general population to be 6.34 % with mean (SD) of (0.85). Found a 0.180% lower Hb A _{1c} in participants who exercise compared to those with no or little physical activity; Hb A _{1c} seemed to be correlating with the level of physical activity. Smoking had a direct association with higher Hb A _{1c} levels. |
| Pani ⁸ | Cross section - UK | 2473 | 200-2004 | They stated that the results established clearly an Hb A _{1c} increment in correlation with age, despite the multivariate adjustments for sex, fasting, and 2-hour post-load glucose; and suggested that other factors not related to glycaemia may weigh in the relationship of Hb A _{1c} with age. |
| International Expert Committee ⁹ | cross section | - | 2009 | Hb A _{1c} is helpful diagnostic value in diabetes the diagnose can be established when the Hb A _{1c} level is 6.5% and more. |
| International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) ¹⁰ | Cross section | | 2009 | The non-diabetic 'normal' range being 4-6%. |
| Ziemer ¹¹ | Cross section - USA | 1581 | 2010 | Hb A _{1c} levels were found to be higher in people from African descent than in Caucasian people across the full spectrum of glycaemia after adjustments for plasma glucose and other factors known to correlate with Hb A _{1c} levels. |
| Nathan ¹² | Cross section - London - UK | 78 | 2011 | Normal range of Hb A _{1c} test for non-diabetic people is between 3.6 - 5.5 %. |
| WHO report ¹³ | - | - | 2011 | Hb A _{1c} of 6.5% was recommended as the diagnostic cut-off point for diabetes. |

V. DISCUSSION

From all the studies done about normal level of Hb A_{1c} the minimum value was 3.6 % and the maximum value was 6.5 %.^(2,7,10,12)

There are significant racial/ethnic differences in Hb A_{1c} levels, which are significantly higher in Blacks than white.^(4,11)

Hb A_{1c} increased with all the known risk factors for diabetes (e.g obesity)^(2,5) and decrease with increase in physical activity⁽⁷⁾, but the age, diet and smoking appeared as a factor influencing Hb A_{1c} independently.^(1,2,3,5,6,7,8)

VI. CONCLUSION

By reviewing all the previous studies, blood levels of Hb A_{1c} demonstrated values of 3.6% as minimum and 6.5 % as maximum value.^(2,7,10,12)

REFERENCES

- [1] Modan M, Meytes D, Rozeman P, Yosef SB, Sehayek E, Yosef NB, Significance of high Hb A_{1c} levels in normal glucose tolerance. *Diabetes Care* 1988 05;11(5):422-428.
- [2] Simon D, Senan C, Garnier P, Saint-Paul M, Papoz L. Epidemiological features of glycosylated haemoglobin A_{1c} distribution in a healthy population. *The Telecom Study. Diabetologia* 1989 12;32(0012-186; 12):864-869.
- [3] K.Wiener, N.B.Roberts - Age does not influence levels of HbA_{1c} in normal subject, DOI: [dx.doi.org/10.1093/qjmed/92.3.169](https://doi.org/10.1093/qjmed/92.3.169) - 169-173 First published online: 1 March 1999
- [4] Boltri JM, Okosun IS, Davis-Smith M, Vogel RL - Hemoglobin A_{1c} levels in diagnosed and undiagnosed black, Hispanic, and white persons with diabetes. *Ethn Dis.* 1999-2000.
- [5] Boeing H, Weisgerber UM, Jeckel A, Rose HJ, Kroke A. Association between glycosylated hemoglobin and diet and other lifestyle factors in a nondiabetic population: cross-sectional evaluation of data from the Potsdam cohort of the European Prospective Investigation into Cancer and Nutrition Study. *Am J Clin Nutr* 2000 May;71(5):1115-1122.
- [6] Sargeant LA, Khaw KT, Bingham S, Day NE, Luben RN, Oakes S. Cigarette smoking and glycaemia: the EPIC-Norfolk Study. *European Prospective Investigation into Cancer. Int J Epidemiol* 2001 Jun;30(3):547-554.

- [7] Gulliford MC, Ukoumunne OC. Determinants of glycated haemoglobin in the general population: associations with diet, alcohol and cigarette smoking. *Eur J Clin Nutr* 2001 Jul;55(7):615-623.
- [8] Pani LN, Korenda L, Meigs JB, Driver C, Chamany S, Fox CS. Effect of aging on A_{1c} levels in individuals without diabetes: evidence from the Framingham Offspring Study and the National Health and Nutrition Examination Survey 2001-2004. *Diabetes Care* 2008 Oct;31.
- [9] International Expert Committee report on the role of the A_{1c} assay in the diagnosis of diabetes. *Diabetes Care* 2009; 32(7): 1327-34. DOI:10.2337/dc09-9033. PMC 2699715.PMID 19502545.
- [10] Weykamp C, John WG, Mosca A. A Review of the Challenge in Measuring Hemoglobin A_{1c}. *J Diabetes Sci Technol* 2009; 3(3): 439-45.
- [11] Ziemer DC, Kolm P, Weintraub WS, Vaccarino V, Rhee MK, Twombly JG, et al. Glucose-independent, black-white differences in hemoglobinA_{1c} levels: a cross-sectional analysis of 2 studies. *Ann Intern Med* 2010 Jun 15;152(12):770-777.
- [12] Nathan R. Hill, Nick S. Oliver, Pratik Choudhary, Jonathan C. Levy, Peter Hindmarsh, and David R. Matthews. *Diabetes Technology & Therapeutics*. August 2011, 13(9): 921-928. doi:10.1089/dia.2010.0247.
- [13] Use of Glycated Haemoglobin (Hb A_{1c}) in the Diagnosis of Diabetes Mellitus: Abbreviated Report of a WHO Consultation. World Health Organization 2011.

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