

JDRF Fact Sheet: What is LADA?

Latent Autoimmune Diabetes in Adults (LADA)

Latent Autoimmune Diabetes in Adults (LADA) also referred to as “Type 1.5” diabetes or ‘double diabetes’ is similar to type 1 diabetes, except that it develops over several years. In the 1970s doctors discovered LADA when testing the general population and type 2 patients for the presence of autoantibodies found in type 1 patients. As hypothesized, the general population did not have these autoantibodies, but a small percentage of type 2 patients tested positive, suggesting a new of category of diabetes.

The Difference between Type 1, LADA, and Type 2 Diabetes

Diabetes has been categorized as type 1 and type 2. While patients with type 1 diabetes have a rapid onset and sudden dependence on insulin, patients with LADA gradually become insulin dependent. LADA, like type 1 diabetes, is an autoimmune disease which can not be prevented.

Key Characteristics of Type 1, LADA, and Type 2 Diabetes

	Type 1	LADA	Type 2
Typical Age of Onset	Youth or Adult	Adult	Adult
Presence of Autoantibodies	Yes	Yes	No
Insulin Dependence	At Diagnosis	6-10 years after onset	Generally none
Insulin Resistance	No	Some	Yes
Progression to Insulin Dependence	Days to Weeks	Months to Years	Years

Diagnosis

Due to the age of onset, many individuals with LADA are diagnosed as type 2. However, they typically have a normal body mass index (BMI) and do not fit the phenotype of a type 2 diabetic. Today, scientists estimate 10% - 15% of type 2 patients have latent autoimmune diabetes and may be misdiagnosed and treated as a type 2 diabetes.

Because LADA is an autoimmune disease, diagnosis criteria require testing of several antibodies:

- Islet Cell Antibodies (ICA)
- Glutamic Acid Decarboxylase (GAD) Antibodies
- Insulin Antibodies (IAA)

Long-Term Complications

Patients with LADA are at the same risk for complications as type 1 and type 2 diabetic. This includes but is not limited to: Kidney Disease, Cardiovascular Disease (CAD), Nerve Damage, Stroke, and Eye Damage. The risk of complication is directly related to how well blood sugars are managed.