ADA Recommendations: Screening for Diabetes or Prediabetes in Asymptomatic Adults

1. Testing should be considered in overweight or obese (BMI ≥25 kg/m2 or ≥23 kg/m2 in Asian Americans) adults who have one or more of the following risks factors:
   - First degree relative with diabetes
   - High-risk race/ethnicity (e.g. African American, Latino, American Indian, Alaska People, Asian American, Pacific Islander)
   - History of CVD
   - Hypertension (>140/90 mmHg or on therapy for hypertension)
   - HDL Cholesterol Level <35 mg/dL (0.90 mmol/L) and/or a triglyceride level >250 mg/dL (2.82 mmol/)
   - Women with polycystic ovary syndrome
   - Physical inactivity
   - Other clinic conditions associated with insulin resistance (e.g., severe obesity, acanthosis nigricans)

2. Patients with prediabetes (A1C >5.7% [39mmol/mol], IGT, or IFG) should be tested yearly.

3. Women who were diagnosed with gestational diabetes should have lifelong testing at least every 3 yrs.

4. For all other patients, testing should begin at age 45 years.

5. If results are normal, testing should be repeated at a minimum of 3-year intervals, with consideration of more frequent testing depending on initial results and risk status.

Risk-based screening for type 2 diabetes or prediabetes in asymptomatic children and adolescents in a clinical setting

1. Testing should be considered in youth* who are overweight (≥85% percentile) or obese (≥95 percentile) A and who have one or more additional risk factors based on the strength of their association with diabetes:
   - Maternal history of diabetes or GDM during the child’s gestation A
   - Family history of type 2 diabetes in first- or second-degree relative A
   - Race/ethnicity (Native American, African American, Latino, Asian American, Pacific Islander) A
   - Signs of insulin resistance or conditions associated with insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome, or small-for-gestational-age birth weight) B

* After the onset of puberty or after 10 years of age, whichever occurs earlier. If tests are normal, repeat testing at a minimum of 3-year intervals, or more frequently if BMI is increasing, is recommended.
If Screening for Prediabetes or Diabetes is positive

DM Screening

Results: BG <100 or A1C <5.7% WNL
- Discuss results with patient, stress risk factors if present to decrease risk and prevent DM
- Schedule apt with Health Education (1)
- Rescreen min every 3 yrs.

FBG 100-125 or A1C 5.7-6.4% or Impaired Glucose Tolerance (IGT) Prediabetes
- Discuss Results w/ patient – Stress importance of lifestyle change to reduce risk factors
- Schedule apt with Health Education (2)
- Retest in 1 year

FBG ≥126 or A1C ≥6.5% Possible Diabetes
- Repeat a screening test for diabetes, if this is also above threshold then Diagnosis of DM is made
- Schedule apt with Health Education (3)
- Refer to ADA Diabetes Standards of Care

(1) Health Education
Pts who are WNL, but have 1 or more RFs
- DM & risk reduction overview for prevention
- DM Nutrition prevention education
- Exercise Education for prevention of DM
- Who is at risk for DM and why

(2) Health education
Pt with IGT/IFG=Prediabetes
- Prevention of DM &/or reversal of IGT/IFG
- Risk Reduction
- Exercise Education
- Nutrition Education for DM
- Psychosocial Education
- Health Habits Education
- What is DM education: who is at risk?
- DM Wellness Gathering

(3) Health Education
Pt with Diabetes DX
- Glucometer education
- Medication education
- Exercise education
- Nutrition education for DM
- Long term complications
- Foot care & Health habits
- Interpretation of BG review
- Psychosocial Education
- DM Wellness Gathering

Results:
- BG <100 or A1C <5.7% WNL
- FBG 100-125 or A1C 5.7-6.4% or Impaired Glucose Tolerance (IGT) Prediabetes
- FBG ≥126 or A1C ≥6.5% Possible Diabetes

https://care.diabetesjournals.org/content/42/Supplement_1.cover-expansion
References