

ADA Recommendations: Screening for Diabetes or Prediabetes in Asymptomatic Adults

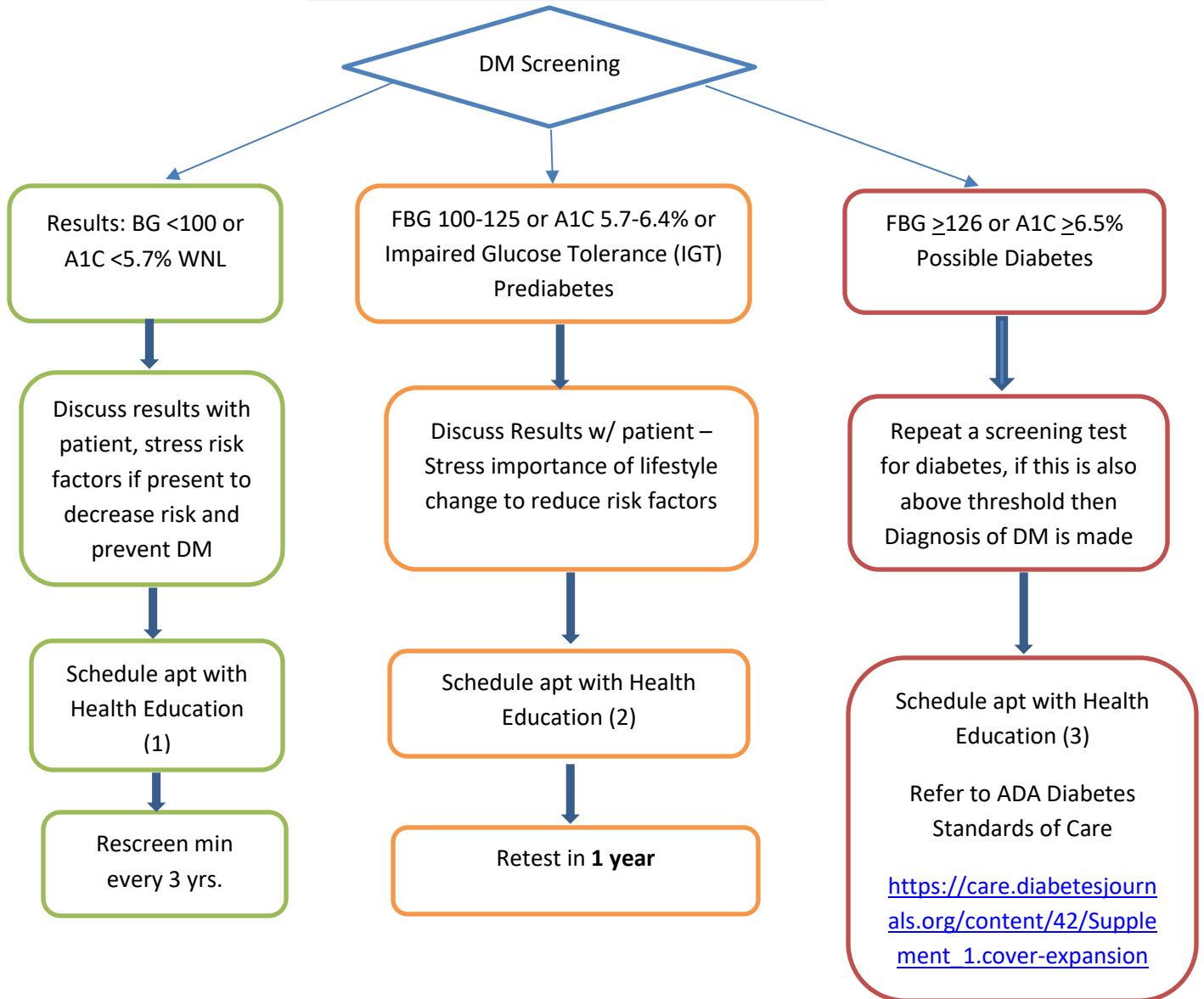
1. Testing should be considered in overweight or obese (BMI ≥ 25 kg/m² or ≥ 23 kg/m² in Asian Americans) adults who have one or more of the following risks factors:
 - First degree relative with diabetes
 - High-risk race/ethnicity (e.g. African American, Latino, American Indian, Alaska People, Asian 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 $\geq 5.7\%$ [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 ($\geq 85\%$ 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



(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 IGTT/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

References

1. American Diabetes Association. Diabetes Care 2019 Jan; 42(Supplement 1): S13-S28.<https://doi.org/10.2337/dc19-S002>