An Overview of Recommendations

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Screening for Type 2 Diabetes Mellitus in Adults

What Does the USPSTF Recommend?

The U.S. Preventive Services Task Force (USPSTF) concludes that the evidence is insufficient to recommend for or against routinely screening asymptomatic adults for type 2 diabetes, impaired glucose tolerance, or impaired fasting glucose. The USPSTF recommends screening adults who have hypertension or hyperlipidemia for type 2 diabetes.

Who Can Benefit from Diabetes Screening?

Evidence is lacking about the benefits of screening all patients for type 2 diabetes. There is insufficient evidence that earlier treatment of diabetes, as a result of early detection through screening, produces important benefits compared with starting treatment after diabetes is diagnosed clinically.

Patients at increased risk for cardiovascular disease may benefit most from screening for type 2 diabetes, since identifying diabetes can help guide treatments that reduce the risk for cardiovascular events. Screening for diabetes in patients who have hypertension or hyperlipidemia should be part of an integrated approach to reducing cardiovascular risk because recommended treatment for these diseases is more intensive in people with diabetes.

What Are The Potential Harms of Screening?

Screening for type 2 diabetes in patients who have no symptoms could cause anxiety and a negative change in self-perception; a diagnosis of diabetes could lead to loss of insurability. Early detection through screening could subject patients to the potential risks of

treatment for a longer period of time than would be the case if the diagnosis was made clinically, and has uncertain benefits. False-positive results could contribute to psychological distress.

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The Importance of Diabetes Prevention

All patients should be encouraged to exercise, eat a healthy diet, and maintain a healthy weight to reduce the risk for developing type 2 diabetes. More aggressive interventions to establish and maintain these behaviors should be considered for patients who are at increased risk for diabetes, namely those

What's New from the U.S. Preventive Services Task Force is a series of fact sheets based on recommendations of the USPSTF. The USPSTF systematically reviews the evidence of effectiveness of a wide range of clinical preventive services—including screening, counseling, and chemoprevention (the use of medication to prevent disease)—to develop recommendations for preventive care in the primary care setting. This fact sheet presents highlights of USPSTF recommendations on this topic and should not be used to make treatment or policy decisions.

More detailed information on this subject is available in the Systematic Evidence Review, Summary of the Evidence, and USPSTF Recommendations and Rationale, which can be found on the Agency for Healthcare Research and Quality's (AHRQ) Web site (http://www.preventiveservices.ahrq.gov) and through the National Guideline Clearinghouse (http://www.guideline.gov). The Summary of the Evidence and the USPSTF Recommendations and Rationale are available in print through the AHRQ Clearinghouse (1-800-358-9295, or ahrqpubs@ahrq.gov).

www.ahrq.gov

who are overweight, have a family history of diabetes, or are of certain racial and ethnic backgrounds, such as American Indians.

Exercise, eating a healthy diet, and maintaining a healthy weight are important for diabetes prevention.

How Do These Recommendations Differ from Previous Task Force Recommendations?

The current USPSTF has adopted a more positive recommendation than it had in the past for targeted diabetes screening. Although widespread routine screening has not been endorsed either by the current or the previous USPSTF, the current Task Force recommends that patients with hypertension or hyperlipidemia be screened.

For more information on diabetes screening, contact the following organizations:

healthfinderTM

http://www.healthfinder.gov

National Institute of Diabetes and Digestive and Kidney Diseases National Institutes of Health http://www.niddk.nih.gov



U.S. Department of Health and Human Services





U.S. Preventive Services Task Force

Members of the USPSTF represent the fields of family medicine, gerontology, obstetrics-gynecology, pediatrics, nursing, prevention research, and psychology. Members of the USPSTF are:

Alfred O. Berg, MD, MPH Chair

Janet D. Allan, PhD, RN, CS *Vice-chair*

Paul S. Frame, MD

Charles J. Homer, MD, MPH*

Mark S. Johnson, MD, MPH

Jonathan D. Klein, MD, MPH

Tracy A. Lieu, MD, MPH*

C. Tracy Orleans, PhD

Jeffrey F. Peipert, MD, MPH*

Nola J. Pender, PhD, RN*

Albert L. Siu, MD, MSPH

Steven M. Teutsch, MD, MPH

Carolyn Westhoff, MD, MSc

Steven H. Woolf, MD, MPH

*Members of the USPSTF at the time the recommendation on diabetes screening was finalized.