

**U.S. Preventive Services Task Force (USPSTF) Screening Recommendation  
for Abnormal Glucose and Type 2 Diabetes  
October 30, 2015**

CDC is pleased that the United States Preventive Services Task Force (USPSTF) has released a final recommendation for screening for abnormal blood glucose and type 2 diabetes. The new recommendation now includes abnormal glucose (prediabetes) in addition to type 2 diabetes. The final recommendation reinforces the critical importance and efficacy of evidence-based behavioral programs proven to prevent or delay the onset of type 2 diabetes, such as the National Diabetes Prevention Program (National DPP).

***General Talking Points***

- On October 27, 2015, the U.S. Preventive Services Task Force (USPSTF) issued a final recommendation on diabetes screening in asymptomatic adults.
- The new recommendation supports screening for abnormal blood glucose as part of a cardiovascular risk assessment in adults aged 40-70 who are overweight or obese. The recommendation also requires clinicians to offer or refer patients with abnormal glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. This could include a CDC-recognized lifestyle change program for individuals with glucose levels in the prediabetes range or diabetes self-management education for those diagnosed with type 2 diabetes.
- The new recommendation updates a 2008 USPSTF recommendation supporting screening for type 2 diabetes in asymptomatic adults with hypertension (defined as sustained blood pressure of >135/80 mm Hg) (B recommendation).
- Compared to the previous draft version, the final recommendation narrows the age range for suggested diabetes screening, suggests screening only in overweight and obese patients and recommends screening as part of a CVD risk assessment.
- Clinicians should consider earlier screening in persons with 1 or more of the following characteristics, as they may be at increased risk for diabetes at a younger age or at a lower body mass index.
  - Persons who have a family history of diabetes
  - Persons who have a history of gestational diabetes or polycystic ovarian syndrome
  - Persons who are members of certain racial and ethnic groups (that is, African Americans, American Indians or Alaskan Natives, Asian Americans, Hispanics or Latinos, or Native Hawaiians or Pacific Islanders)
- There is limited evidence on the best time to rescreen adults with an initial normal glucose test result, though cohort and modeling studies suggest rescreening every 3 years may be a reasonable approach.
- Since the previous recommendation, 6 new lifestyle intervention studies have shown the consistent benefit of lifestyle modifications to prevent or delay progression to diabetes and longer-term follow-up has increased confidence that such interventions can improve clinical outcomes.
- This new body of evidence led the USPSTF to conclude that there is a moderate net benefit to measuring blood glucose in adults who are at increased risk for type 2 diabetes.

## Screening Guidelines

- Glucose abnormalities can be detected by measuring HbA<sub>1c</sub> or fasting plasma glucose or with an oral glucose tolerance test.
- The diagnosis of impaired fasting glucose (IFG), impaired glucose tolerance (IGT), or type 2 diabetes should be confirmed; repeat testing with the same test on a different day is the preferred method of confirmation.
- Test values for normal glucose metabolism, IFG/IGT, and a type 2 diabetes diagnosis are as follows:

Test	Normal	IFG/IGT	Type 2 Diabetes
<b>Hemoglobin A<sub>1c</sub> level, %</b>	<5.7	5.7-6.4	≥6.5
<b>Fasting plasma glucose level</b> <i>mmol/L</i> <i>mg/dL</i>	<5.6	5.6-6.9 100-125	≥ 7.0 ≥ 126
<b>OCTT results(after 2 hours)</b> <i>mmol/L</i> <i>md/dL</i>	7.8	7.8-11.0 140-199	≥ 11.1 ≥ 200

### Additional Resources:

[Annals of Internal Medicine, October 27, 2015: Screening for Abnormal Blood Glucose and Type 2 Diabetes Mellitus: U.S. Preventive Services Task Force Recommendation Statement](#)

[Press Release: American Diabetes Association](#)