About 13% of U.S. adults have type 2 diabetes while more than one-third meet criteria for prediabetes. Yet only 15% of people with prediabetes report being told by a health professional that they had this condition. That is why physicians should take note of key changes in the new recommendation from the U.S. Preventive Services Task Force (USPSTF). These changes allow for earlier detection, diagnosis and more treatment options, ultimately improving health outcomes.

The USPSTF commissioned a systematic review to evaluate screening for prediabetes and type 2 diabetes in asymptomatic, nonpregnant adults and preventive interventions for those with prediabetes. The new recommendation emphasizes the need to screen for prediabetes in all adults between the ages of 35 and 70 who are overweight or have obesity, even if they have no symptoms of type 2 diabetes.

“One big change in the task force recommendations is the age screening has been lowered from 40 to 35,” said Tannaz Moin, MD, an endocrinologist and associate professor of medicine at the David Geffen School of Medicine at University of California, Los Angeles. Dr. Moin co-authored the JAMA editorial, “New USPSTF Recommendations for Screening for Prediabetes and Type 2 Diabetes: An Opportunity to Create National Momentum,” which accompanied the release of these new recommendations.

Additionally, “the task force now also recommends metformin as an effective prevention intervention, but that recommendation wasn’t there five years ago,” she added.
The AMA’s Diabetes Prevention Guide supports physicians and health care organizations in defining and implementing evidence-based diabetes prevention strategies. This comprehensive and customized approach helps clinical practices and health care organizations identify patients with prediabetes and manage the risk of developing type 2 diabetes, including referring patients at risk to a National DPP lifestyle-change program based on their individual needs.

**Start prediabetes screening earlier**

“The task force should really be applauded for the direction they’re heading” because of the inclusion of a “broader segment of the population in whom we should be thinking about screening,” said Dr. Moin. The recommendation notes that physicians “can even consider screening at a younger age—even below 35—in individuals who have additional risk factors.”

For example, “there are certain racial and ethnic groups who have higher prevalence and incidence of diabetes. And the task force comments on … even screening at an earlier age if someone is of Asian American, Pacific Islander, Black, Latinx, Hispanic, Alaskan or Native American background,” she said. And “if patients have a family history of diabetes or of women with gestational diabetes or polycystic ovarian syndrome should probably be screened earlier too.”

Discover what doctors wish patients knew about a prediabetes diagnosis.

**Use metformin for prevention**

Data that emerged from a diabetes prevention program (DPP) study “showed metformin is definitely an effective option for diabetes prevention,” Dr. Moin said.

With the new metformin recommendation, the USPSTF is now more aligned with guidelines from the American Diabetes Association.

“If you’re younger than age 60, if you have higher BMI or higher levels of dysglycemia, or if you’re a woman with history of gestational diabetes, then metformin is actually quite effective in terms of reducing your risk of developing type 2 diabetes,” Dr. Moin said.

Listen to this JN Learning interview about the screening for prediabetes recommendation with Chien-Wen Tseng, MD, a USPSTF member and co-author of the recommendation statement.
Recommend appropriate interventions

“We’re seeing more and more patients screened, but then that’s where things really deteriorate because prediabetes awareness is still quite low,” said Dr. Moin. “If you’re ordering a test and you get a positive result, and you’re not talking with your patients about it, that’s really problematic.”

“The second big hurdle is really getting individuals who screen positive to do something about their risk and the gold standard is DPP-based intensive lifestyle interventions,” she said. “And for some individuals who are at higher risk for developing type 2 diabetes, metformin is an important consideration as well.”

All patients with prediabetes and an elevated body mass index can join a lifestyle-change program. There are virtual options available which may make participation even easier, even during disruptions like those experienced with the pandemic.

Read about how COVID-19 boosted enrollment in a diabetes prevention program.