

6 tips to keep in mind when screening patients for prediabetes

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Diabetes is associated with increased risks of cardiovascular disease, and nonalcoholic fatty liver disease and steatohepatitis. It was also estimated to be the seventh leading cause of death in the U.S. in 2017. But the good news is that screening patients for prediabetes and type 2 diabetes may allow for earlier detection, diagnosis and treatment to improve health outcomes.

Last year, the U.S. Preventive Services Task Force (USPSTF) updated their recommendation for screening for prediabetes and type 2 diabetes, which was published in *JAMA*. The recommendation lowers the screening age for prediabetes from 40 to 35 years old for nonpregnant adults who have overweight or obesity.

Physicians should also consider screening patients from certain racial and ethnic groups who have higher prevalence and incidence of diabetes such as those who are of Asian American, Pacific Islander, Black, Hispanic, Alaskan or Native American background. A brisk, informative JAMA Network™ video, “Screening for Prediabetes,” details the evidence for screening for prediabetes and the updated USPSTF guidelines.

With the growing importance of diabetes prevention, here are a few tips to keep in mind when screening patients for prediabetes.

1 Start screening five years earlier

About 15% of U.S. adults have diabetes while more than one-third meet criteria for prediabetes. Yet only 19% 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 recommendation from the USPSTF. These changes allow for earlier

detection, diagnosis and more treatment options, ultimately improving health outcomes.

2 Follow measures to boost prevention

With health declining faster and higher costs of type 2 diabetes beginning at least five years before diagnosis, prevention is key. But physician practices and health systems across the country lack a standardized way to measure quality care for prediabetes. To help, the AMA convened a cross-specialty, multidisciplinary technical expert panel to identify and define quality measures for prediabetes.

These measures aim to support the prevention of type 2 diabetes in the U.S., focusing on increased screening and testing for prediabetes, referral for intervention, and follow-up testing.

3 Obtain actionable data to assess risk

During the patient's visit, assess relevant medical, social and family history, as well as other clinical data, such as history of gestational diabetes mellitus, previous laboratory test results and current body mass index. Physicians and health care team members should also use evidence-based guidelines to identify patients at risk for abnormal glucose based on available data. Order appropriate laboratory testing to diagnose patients with prediabetes or abnormal glucose and document the diagnosis.

4 Use the EHR to identify and refer

When the COVID-19 pandemic began, referral of patients to a National Diabetes Prevention Program (National DPP) lifestyle-change program had to go virtual. Resident physicians at Duke Health created a new electronic referral process to successfully identify and refer patients at risk for developing type 2 diabetes to a virtual DPP.

5 Include your entire team

With every one in three patients possibly having prediabetes, physicians may wonder how they will find time to address it. That is where teamwork comes into play. Whether it is a diabetes educator, nutritionist, pharmacist or medical assistant, these health professionals

can be part of a team that helps educate patients about prediabetes and how to avoid type 2 diabetes.

6

Address prediabetes in teens and young adults

In the last decade, the incidence and prevalence of type 2 diabetes in the U.S. adolescent population has increased. And now with the rise in prediabetes among adolescents and young adults, it is important for physicians to advance the conversation. Physicians might not routinely screen for risk in younger patients, but the increase in prediabetes among teens signals a need to screen earlier.

The *AMA 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.