

Time to step up screening for prediabetes and type 2 diabetes

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As we continue to learn more about the link between type 2 diabetes and the increased risk of severe illness and death following a COVID-19 infection, the need to identify and address this devastating disease has never been greater.

What we already know is cause for deep concern. Ongoing studies suggest that people with type 2 diabetes are at a higher risk of death from a COVID-19 infection. Among this group, people with uncontrolled diabetes likely run the highest risk for severe illness or death, not only because the disease impairs the ability of their immune systems to combat this—or any other—virus, but also because those with type 2 diabetes often struggle with comorbidities such as hypertension, obesity and cardiovascular disease.

Additional research is underway to determine why those with type 2 diabetes suffer worse outcomes from COVID-19, and to pin down a possible link between contracting the virus and subsequently developing type 2 diabetes.

Taking on chronic conditions

Addressing chronic disease by identifying precursors and emphasizing early diagnosis and treatment remains a top priority for our AMA. Nearly 90% of all U.S. health care spending involves people living with one or more chronic medical conditions, according to the Centers for Disease Control and Prevention (CDC). Physicians know that detecting and treating chronic conditions such as type 2 diabetes, hypertension, heart disease, cancer and stroke before they trigger debilitating consequences offers our best and most cost-effective path toward optimal health.

Emphasizing collaboration, our AMA continues to partner with several of the nation's most influential health care organizations and leaders to prevent two of our nation's most common and most deadly chronic diseases: type 2 diabetes and heart disease.

These initiatives are producing positive results. For example, the ongoing “Do I Have Prediabetes?” campaign launched in 2016 with the CDC and the Ad Council has prompted nearly 4 million people to learn their status through online risk assessment and risk test videos.

Additionally, since the AMA and American Heart Association (AHA) launched Target: BP™, designed to reduce the number of adult patients with uncontrolled hypertension, more than 2,600 health care organizations have joined the movement to make heart health a priority—sharing a common goal to improve health outcomes associated with heart disease.

And “Release the Pressure,” our collaboration with the AHA, the National Medical Association and others that was launched in 2020 with a special focus on reaching Black women, has convinced more than 55,000 adults to pledge action protecting heart health.

Diabetes is devastating. About one in 10 Americans has diabetes, the majority of whom have type 2 diabetes, and about 20% are unaware of that fact. Even more troubling, more than one in three adults in our nation has prediabetes—and more than 80% of them do not know it. Add the potential risk of COVID-19 infection to this situation, and it is starkly evident that screening for prediabetes and type 2 diabetes is more important than ever, especially for patients 35 to 70 with overweight or obesity.

Impact on people of color

Health inequities play a huge role as well. Studies have thoroughly demonstrated that diabetes is more prevalent in Black and Latinx populations, and that a lack of access to quality care results in poorer rates of control in these communities and also higher rates of complications, including chronic kidney disease, amputations and blindness.

Physicians can help through greater consideration of screening patients from groups that have experienced a higher prevalence of diabetes, including those of Asian American, Native American, Black, Hispanic or Pacific Islander background.

Preventing progression

Given the powerful role that lifestyle changes such as a healthier diet, weight loss and more physical activity can play, a prediabetes diagnosis does not mean that the onset of type 2 diabetes is inevitable. The AMA’s diabetes prevention guide offers a wealth of resources to implement a team-based approach to identify prediabetes and managing the risk of disease progression. And the Diabetes Prevention Program from First Mile Care, a Health2047 spinoff, provides coaching, support and other resources enabling people to live longer and healthier lives.

Additionally, the National Diabetes Prevention Program lifestyle-change program follows a CDC-approved curriculum led by specially trained lifestyle coaches. Participants learn how to improve their diets, incorporate physical activity into their daily schedules, reduce stress and stick with these positive changes going forward. The cost is often covered by employers or insurers, and is also available at no cost under Medicare Part B when certain requirements are met.

We know that losing a relatively small amount of weight, even just 5% to 10% of overall body weight, can dramatically decrease the risk of developing type 2 diabetes. Combine that level of weight loss with better nutrition and more physical activity, and you have a winning formula for a longer and healthier life.

More screening

While research continues into the relationship between COVID-19 and type 2 diabetes, the focus on higher frequency of diabetes screening and other measures to check the spread of chronic disease must be maintained. Proper management of blood glucose levels may not only lower the risk of COVID-related severe illness and death, but also slash the risk of vision problems, kidney disease and diabetes-related amputations.

The rapid development of telemedicine during the pandemic has accompanied long-overdue innovations in diabetes care, such as continuous glucose monitors and insulin pumps. Taken together, these advances hold the promise of halting the alarming growth of diabetes and diabetes-related complications in our nation and around the world. The AMA is eager to do everything in our power to make that goal a reality as a key part of our mission to improve public health.