

# Prediabetes is rising in kids, but hold off on screening—for now

DEC 7, 2022

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A lot has been made of the prevalence of prediabetes among U.S. adults in the last 20 years, but it wasn't until earlier this year that evidence emerged showing just how much it affects kids too. That's when a study, published in *JAMA Pediatrics*, found that, among youths 12–19, the overall rate has grown nearly 2.5 times since the turn of the century—from 11.6% in 1999–2002 to 28.2% in 2015–2018.

Authors of that study noted, “The U.S. Preventive Services Task Force (USPSTF) recently released a recommendation on screening for prediabetes and type 2 diabetes among adults, but no recommendation has been issued for youths to date.”

The USPSTF has now studied the issue and published, in *JAMA*, an evidence report and a corresponding recommendation statement. The upshot of it all: There's not enough evidence to make a recommendation about screening asymptomatic children for type 2 diabetes.

Read more about how prediabetes doesn't only affect adults—kids are impacted too.

## What's at stake

The Centers for Disease Control and Prevention has estimated that 210,000 people younger than 20 in the U.S. had diabetes as of 2018, and some 23,000 of them had the type 2 variety. Having type 2 diabetes carries with it an increased prevalence of associated chronic comorbid conditions, including hypertension, dyslipidemia and nonalcoholic fatty liver disease.

And while the incidence of type 2 diabetes has risen in every subgroup of U.S. children—no matter their weight, ratio of income to poverty or level of food security—most of the increase has been found in American Indian or Alaska Native, Black and Hispanic or Latino kids.

## A dearth of research

To develop its position, the USPSTF conducted a systematic review of evidence on screening for prediabetes and type 2 diabetes in asymptomatic, nonpregnant persons under 18. The review focused on evidence of the benefits and harms of screening and of interventions for screen-detected prediabetes and type 2 diabetes or recently diagnosed type 2 diabetes.

Researchers also tried to look at the effects of screening and interventions on a multitude of health outcomes—including mortality, cardiovascular morbidity and quality of life—as well as evidence of the effectiveness of interventions for prediabetes to delay or prevent progression to type 2 diabetes.

The problem is there was little research to work with. The USPSTF found no studies on the direct benefits of screening for type 2 diabetes and prediabetes on health outcomes in asymptomatic children or on addressing the harms of that screening.

“There is a lack of evidence on the effect of screening for, and early detection and treatment of, type 2 diabetes on health outcomes in youth, and the balance of benefits and harms cannot be determined,” wrote the statement’s authors, who include Carol M. Mangione, MD, MSPH, chair of the USPSTF and chief of the Division of General Internal Medicine and Health Services Research at the David Geffen School of Medicine at the University of California, Los Angeles.

## Where to look next

More research is needed, the authors noted, in several key areas, including the effects of:

- Screening American Indian or Alaska Native, Black, Hispanic or Latino, and Native Hawaiian or Pacific Islander youth.
- Screening kids at higher risk, such as those who have overweight, obesity or a family history of diabetes.
- Lifestyle interventions, pharmacotherapy or both, particularly in racial and ethnic groups who have a higher prevalence of diabetes than white children.

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 Diabetes Prevention Program lifestyle change program based on their individual needs.