

Online Table A. Screening for Type 2 Diabetes Mellitus in Adults: Clinical Summary of the USPSTF Recommendation

Population	Asymptomatic adults with sustained blood pressure greater than 135/80 mm Hg	Asymptomatic adults with sustained blood pressure of 135/80 mm Hg or lower
Recommendation	Screen for type 2 diabetes mellitus Grade: B	No recommendation Grade: I (Insufficient evidence)
Risk assessment	<p>These recommendations apply to adults with no symptoms of type 2 diabetes or evidence of possible complications of diabetes.</p> <p>Blood pressure measurement is an important predictor of cardiovascular complications in persons with type 2 diabetes.</p> <p>The first step in applying this recommendation should be measurement of blood pressure.</p> <p>Adults with treated or untreated blood pressure greater than 135/80 mm Hg should be screened for diabetes.</p>	
Screening tests	<p>Three tests have been used to screen for diabetes:</p> <ul style="list-style-type: none"> • Fasting plasma glucose • Two-hour postload plasma glucose • A1C <p>The ADA recommends screening with fasting plasma glucose; defines diabetes as fasting plasma glucose of 126 mg per dL (6.99 mmol per L) or greater; and recommends confirmation with a repeat screening test on a separate day.</p>	
Screening intervals	<p>The optimal screening interval is not known. The ADA, on the basis of expert opinion, recommends an interval of every three years.</p>	
Suggestions for practice regarding insufficient evidence	<p>When blood pressure is 135/80 mm Hg or lower, screening may be considered on an individual basis when knowledge of diabetes status would help inform decisions about CHD prevention strategies, including consideration of lipid-lowering agents or aspirin. To determine whether screening would be helpful, information about 10-year CHD risk must be considered. For example, if a patient's CHD risk is 17 percent without diabetes and greater than 20 percent with diabetes, screening for diabetes would be helpful because diabetes status would determine lipid treatment. However, if the patient's risk is 10 percent without diabetes and 15 percent with diabetes, screening would not affect the decision to use lipid-lowering treatment.</p>	
Other relevant information from the USPSTF and the Task Force on Community Preventive Services	<p>Evidence and USPSTF recommendations regarding blood pressure, diet, physical activity, and obesity are available at http://www.preventiveservices.ahrq.gov.</p> <p>The reviews and recommendations of the Task Force on Community Preventive Services may be found at http://www.thecommunityguide.org.</p>	

ADA = American Diabetes Association; CHD = coronary heart disease; USPSTF = U.S. Preventive Services Task Force.

A summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents are available at <http://www.preventiveservices.ahrq.gov>.