BONUS DIGITAL CONTENT

U.S. Preventive Services Task Force

Screening for Prediabetes and Type 2 Diabetes

Screening for Prediabetes and Type 2 Diabetes: Clinical Summary of the USPSTF Recommendation

What does the USPSTF recommend?	Adults aged 35 to 70 years who have overweight or obesity: Screen for prediabetes and type 2 diabetes, and offer or refer patients with prediabetes to effective preventive interventions. Grade: B
To whom does the recommendation apply?	Nonpregnant adults aged 35 to 70 years who have overweight or obesity and no symptoms of diabetes.
What's new?	The USPSTF has lowered the starting age of screening from 40 to 35 years.
How to implement this recommendation?	 1. Assess risk: Obtain height and weight measurements to determine whether patient has overweight or obesity. Overweight and obesity are defined as a BMI ≥ 25 and ≥ 30, respectively. 2. Screen: If the patient is aged 35 to 70 years and has overweight or obesity. Consider screening at an earlier age if the patient is from a population with a disproportionately high prevalence of diabetes (American Indian/Alaska Native, Black, Hispanic/Latino, Native Hawaiian/Pacific Islander), and at a lower BMI (≥ 23) if the patient is Asian American. Screening tests for prediabetes and type 2 diabetes include measurement of fasting plasma glucose or HbA_{1c} level or an oral glucose tolerance test.
How often?	The optimal screening interval for adults with an initial normal glucose test result is uncertain. Screening every 3 years may be a reasonable approach for adults with normal blood glucose levels.
What are other relevant USPSTF recommendations?	The USPSTF has made a recommendation on behavioral weight loss interventions to prevent obesity-related morbidity and mortality in adults with a BMI \geq 30. This recommendation is available at www.uspreventiveservicestaskforce.org.
Where to read the full recommendation statement?	Visit the USPSTF website or the <i>JAMA</i> website (https://jamanetwork.com/collections/44068/ united-states-preventive-services-task-force) to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.
USPSTF = U.S. Preventive Ser	vices Task Force.

See related Putting Prevention into Practice on page 73.

but individualize decision-making to the specific patient or situation.

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This series is coordinated by Kenny Lin, MD, MPH, deputy editor.

A collection of USPSTF recommendation statements published in AFP is available at https://www.aafp.org/afp/uspstf.

The full recommendation statement is available at https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-for-prediabetes-and-type-2-diabetes.

Note: The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence

The USPSTF recommendations are independent of the U.S. government. They do not represent the views of the Agency for Healthcare Research and Quality, the U.S. Department of Health and Human Services, or the U.S. Public Health Service.