

Figure. Screening for type 2 diabetes mellitus in adults: clinical summary of a U.S. Preventive Services Task Force (USPSTF) recommendation statement.

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Screening for Type 2 Diabetes Mellitus in Adults  
Clinical Summary of U.S. Preventive Services Task Force Recommendation

Population	Asymptomatic Adults with Sustained Blood Pressure greater than 135/80 mm Hg	Asymptomatic Adults with Sustained Blood Pressure 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 mellitus or evidence of possible complications of diabetes.</p> <p>Blood pressure measurement is an important predictor of cardiovascular complications in people with type 2 diabetes mellitus. The first step in applying this recommendation should be measurement of blood pressure (BP). Adults with treated or untreated BP &gt;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"> <li>• Fasting plasma glucose (FPG)</li> <li>• 2-hour postload plasma</li> <li>• Hemoglobin A<sub>1c</sub></li> </ul> <p>The American Diabetes Association (ADA) recommends screening with FPG, defines diabetes as FPG ≥126 mg/dL, and recommends confirmation with a repeated screening test on a separate day.</p>
Screening intervals	The optimal screening interval is not known. The ADA, on the basis of expert opinion, recommends an interval of every 3 years.
Suggestions for practice regarding insufficient evidence	<p>When BP is ≤135/80 mm Hg, screening may be considered on an individual basis when knowledge of diabetes status would help inform decisions about coronary heart disease (CHD) preventive strategies, including consideration of lipid-lowering agents or aspirin.</p> <p>To determine whether screening would be helpful on an individual basis, information about 10-year CHD risk must be considered. For example, if CHD risk without diabetes was 17% and risk with diabetes was &gt;20%, screening for diabetes would be helpful because diabetes status would determine lipid treatment. In contrast, if risk without diabetes was 10% and risk with diabetes was 15%, 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 <a href="http://www.preventiveservices.ahrq.gov">www.preventiveservices.ahrq.gov</a>.</p> <p>The reviews and recommendations of the Task Force on Community Preventive Services may be found at <a href="http://www.thecommunityguide.org">www.thecommunityguide.org</a>.</p>

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents, go to [www.preventiveservices.ahrq.gov](http://www.preventiveservices.ahrq.gov).

**Table 1. What the U.S. Preventive Services Task Force Grades Mean and Suggestions for Practice\***

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer/provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer/provide this service.
C	The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is moderate or high certainty that the net benefit is small.	Offer/provide this service only if other considerations support offering or providing the service in an individual patient.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

\* USPSTF = U.S. Preventive Services Task Force.

**Table 2. U.S. Preventive Services Task Force Levels of Certainty Regarding Net Benefit**

Level of Certainty*	Description
High	The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.
Moderate	The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as: the number, size, or quality of individual studies inconsistency of findings across individual studies limited generalizability of findings to routine primary care practice lack of coherence in the chain of evidence. As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.
Low	The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of: the limited number or size of studies important flaws in study design or methods inconsistency of findings across individual studies gaps in the chain of evidence findings that are not generalizable to routine primary care practice a lack of information on important health outcomes. More information may allow an estimation of effects on health outcomes.

\* The U.S. Preventive Services Task Force (USPSTF) defines *certainty* as “likelihood that the USPSTF assessment of the net benefit of a preventive service is correct.” The net benefit is defined as benefit minus harm of the preventive service as implemented in a general primary care population. The USPSTF assigns a certainty level based on the nature of the overall evidence available to assess the net benefit of a preventive service.