

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/diabetes-discourse/when-how-to-screen-patients-for-diabetes/12380/>

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When & How to Screen Patients for Diabetes

Dr. Buse:

Hi, I'm Dr. John Buse, and you're listening to *Diabetes Discourse* on ReachMD. In recognition of Diabetes Alert Day, I'd like to spend a few minutes talking about why recognizing diabetes early is so important.

It is arguably the best opportunity to make a difference in the trajectory of someone's life, in two ways. In the setting of type 2 diabetes, early diabetes management has been shown to dramatically reduce the risk of long-term complications. In the setting of type 1 diabetes, it's even possible in the near future that there will be therapies approved to reduce the risk of progression to developing type 1 diabetes.

So what are the current recommendations? We have basically four screening tests, the hemoglobin A1c test, fasting plasma glucose test, the glucose tolerance test, and then doing a random plasma glucose in patients who have classic symptoms of high blood sugar or are presenting with a hypoglycemic crisis. When we look for patients with diabetes, we will also find some people with "prediabetes," and those individuals could have interventions to reduce their risk of developing diabetes. The current recommendation is that everybody over the age of 45 should be screened for diabetes, and that we should be screening adults who have overweight or obesity defined as a BMI over 25 or even greater than 23 in Asian Americans who have any additional risk factor. And those risk factors, which I'm going to blurt out really quickly are incredibly common. So my guess is 50 to 70 percent of adults over the age of 18 have one or more of those risk factors. So if their BMI is greater than 25 or arguably 23 in Asian Americans, they should be screened. This includes people who have a first-degree relative with diabetes, any high-risk race or ethnicity, which is basically everyone except for Caucasians or Western European extraction, people with cardiovascular disease, hypertension, low HDL, high triglycerides, women with a prior history of polycystic ovarian cyst syndrome, people that are physically inactive who get less than 150 minutes to 200 minutes a week of physical activity. And then classic clinical conditions associated with insulin resistance like acanthosis nigricans.

So it's a large segment of people with diabetes that should be screened. The recommendations of people should be screened every three years, if the test is normal. People who have an abnormal test or prediabetes should be screened every year. Women who have a history of gestational diabetes should be screened at least every three years. And again, everybody over the age of 45.

Even in youth, we recommend screening for diabetes or prediabetes in children after puberty or after 10 years of age, whichever occurs earlier. And they're overweight is defined as a BMI greater than the 85th percentile for age and sex. And the additional risk factors are slightly different.

If you have a woman who comes in considering pregnancy, or wondering whether she's pregnant, in addition to all the rest that you do, if their BMI is greater than 25 or they have other risk factors for the development of diabetes, particularly a family history or prior history of gestational diabetes, they should definitely be screened for diabetes at that visit. Early treatment in the first and before the first trimester of pregnancy can prevent the development of birth defects and is absolutely essential.

I'm Dr. John Buse. To hear even more insights on how we can improve the care of patients with diabetes, visit reachmd.com/diabetesdiscourse, where you can be part of the knowledge. Thanks for listening.