Screening for Prediabetes

Patients with prediabetes have impaired glucose tolerance that does not yet reach the threshold for diagnosis of type 2 diabetes.[1,2]

Criteria for Prediabetes Testing in Asymptomatic Patients[1]

- Testing should be considered in all adults who are overweight (BMI ≥25 kg/m^2*) and have additional risk factors. Additional risk factors for prediabetes include:
  - ❑ First-degree relative with diabetes
  - ❑ High-risk race/ethnicity (e.g, African American, Latino, Native American, Asian American, Pacific Islander)
  - ❑ A1C ≥5.7%, impaired glucose tolerance, or impaired fasting glucose on previous testing
  - ❑ Hypertension (≥140/90 mmHg or on therapy for hypertension)
  - ❑ HDL cholesterol level <35 mg/dL and/or a triglyceride level >250 mg/dL
  - ❑ History of CVD
  - ❑ Other clinical conditions associated with insulin resistance (eg, severe obesity, acanthosis nigricans)
  - ❑ Women who delivered a baby weighing >9 pounds or were diagnosed with gestational diabetes mellitus
  - ❑ Women with polycystic ovary syndrome
  - ❑ Physical inactivity
- In the absence of the above criteria, testing for diabetes should begin at age 45 years.
- If results are normal, testing should be repeated at least at 3-year intervals, with consideration of more frequent testing depending on initial results (eg, those with prediabetes should be tested yearly) and risk status.

*At-risk BMI may be lower in some ethnic groups.

Laboratory Test Results Indicating Prediabetes[1,2†]

- Fasting plasma glucose (FPG) between 100 mg/dL and 125 mg/dL
- 2-hour plasma glucose between 140 mg/dL and 199 mg/dL during a 75-g oral glucose tolerance test
- A1C between 5.7% and 6.4% (ADA) or 5.5% and 6.4% (AACE)

†For all 3 tests, risk is continuous, extending below the lower limit of the range and becoming disproportionately greater at higher ends of the range.

This information is based on the American Diabetes Association (ADA) Standards of Medical Care in Diabetes, 2013, and the American Association of Clinical Endocrinologists (AACE) Medical Guidelines for Clinical Practice for Developing a Diabetes Mellitus Comprehensive Care Plan, 2011.

References: 1. American Diabetes Association. Standards of medical care in diabetes–2013. *Diabetes Care*. 2013;36(suppl 1):S11-S66. **2.** Handelsman Y, Mechanick JI, Blonde L, et al; AACE Task Force for Developing Diabetes Comprehensive Care Plan. American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for Developing a Diabetes Mellitus Comprehensive Care Plan. *Endocr Pract*. 2011;17(suppl 2):1-53.

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