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

<table>
<thead>
<tr>
<th>Population</th>
<th>Asymptomatic Adults with Sustained Blood Pressure greater than 135/80 mm Hg</th>
<th>Asymptomatic Adults with Sustained Blood Pressure 135/80 mm Hg or lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>Screen for Type 2 Diabetes Mellitus Grade: B</td>
<td>No Recommendation Grade: I (Insufficient Evidence)</td>
</tr>
</tbody>
</table>

#### Risk assessment

These recommendations apply to adults with no symptoms of type 2 diabetes mellitus or evidence of possible complications of diabetes. 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 >135/80 mm Hg should be screened for diabetes.

#### Screening tests

Three tests have been used to screen for diabetes:
- Fasting plasma glucose (FPG)
- 2-hour postload plasma
- Hemoglobin A1c

The American Diabetes Association (ADA) recommends screening with FPG, defines diabetes as FPG \( \geq 126 \) mg/dL, and recommends confirmation with a repeated screening test on a separate day.

#### 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

When BP is \( \leq 135/80 \) 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.

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 \( >20\% \), 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.

#### Other relevant information from the USPSTF and the Task Force on Community Preventive Services

Evidence and USPSTF recommendations regarding blood pressure, diet, physical activity, and obesity are available at [www.preventiveservices.ahrq.gov](http://www.preventiveservices.ahrq.gov).

The reviews and recommendations of the Task Force on Community Preventive Services may be found at [www.thecommunityguide.org](http://www.thecommunityguide.org).

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).