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	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 A_{1c} 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.
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 ≤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. The reviews and recommendations of the Task Force on Community Preventive Services may be found at 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.