



What does the USPSTF recommend?



For children and adolescents younger than 18 years who do not have any symptoms of type 2 diabetes: The USPSTF found that the **evidence is insufficient** to assess the balance of benefits and harms of screening for type 2 diabetes in children and adolescents.



To whom does this recommendation apply?

- Children and adolescents younger than 18 years who have no signs or symptoms of diabetes or prediabetes.
- Screening for diabetes in adolescents who are pregnant is covered in a separate USPSTF recommendation.



What's new?

This is a new USPSTF recommendation; the USPSTF has not previously released a recommendation on this topic.



How to implement this recommendation?

- There is insufficient evidence to recommend for or against screening for type 2 diabetes in children and adolescents without symptoms of diabetes or prediabetes.
- Clinicians should use their clinical judgement to determine if screening is appropriate for individual patients.



What additional information should clinicians know about this recommendation?

- Type 2 diabetes disproportionately affects American Indian/Alaska Native, Black, Hispanic/Latino, and Native Hawaiian/Pacific Islander youth.
- Risk factors for type 2 diabetes include obesity and excess adipose tissue, especially when centrally distributed, as well as a family history of diabetes.
- Several screening tests (such as fasting plasma glucose level, hemoglobin A1c level, or oral glucose tolerance test) can identify type 2 diabetes and prediabetes; however, there is inadequate evidence that screening and early intervention lead to improvements in health outcomes such as renal impairment, cardiovascular morbidity, mortality, and quality of life.
- Treatment of type 2 diabetes and prediabetes generally includes lifestyle modifications (changes in diet and physical activity), medications to improve glycemic control, or both. However, there is limited evidence that interventions for screen-detected type 2 diabetes and prediabetes improve health outcomes.
- Approximately 1 in 5 adolescents aged 12 to 18 years has prediabetes, but there is limited evidence on whether interventions for prediabetes delay or prevent progression to type 2 diabetes. Approximately 20% to 50% of children and adolescents with prediabetes return to normal glycemia or normal glucose tolerance without intervention.



Why is this recommendation and topic important?

- Type 2 diabetes affects approximately 23,000 children and adolescents in the US. The incidence of type 2 diabetes is on the rise.
- Youth with type 2 diabetes have an increased prevalence of associated chronic comorbid conditions, including hypertension, dyslipidemia, and nonalcoholic fatty liver disease.



What are other relevant USPSTF recommendations?

The USPSTF has a recommendation on screening for obesity in children and adolescents, screening for prediabetes and type 2 diabetes in adults, and screening for gestational diabetes in pregnant persons, which can be found on the [USPSTF](#) website.



Where to read the full recommendation statement?

Visit the [USPSTF](#) website or the [JAMA](#) website to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.