This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for prediabetes and type 2 diabetes. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from March 16, 2021 to April 12, 2021. The Task Force welcomes your comments.

**Screening for Prediabetes and Type 2 Diabetes**

The Task Force issued a draft recommendation statement on Screening for Prediabetes and Type 2 Diabetes.

Type 2 diabetes, the most common form of diabetes, happens when the body doesn't use insulin well and can't keep blood sugar at normal levels. Prediabetes is when blood sugar levels are higher than normal but not high enough to be considered type 2 diabetes.

**Facts About Prediabetes and Type 2 Diabetes**

Diabetes is the seventh most common cause of death in the United States and can lead to serious health problems including kidney failure, heart disease, stroke, and blindness. Certain ethnic and racial groups including Black, Hispanic, Native American, and Asian people are more likely to have diabetes than White people.

Being overweight or obese is one of the leading risk factors for prediabetes and diabetes. Other risk factors include older age and family history of diabetes, gestational diabetes (diabetes during pregnancy), or polycystic ovary syndrome (a condition that affects a woman's hormone levels).

**Facts About Screening for Prediabetes and Type 2 Diabetes**

Screening includes a blood test that measures a person's blood sugar levels. The blood test may include fasting (not eating for a period of time) or drinking a solution that includes a high level of sugar before your blood is drawn.

For people who are found to have prediabetes through screening, lifestyle counseling on changes to diet and physical activity can help prevent or delay diabetes. The Task Force also found that metformin, a diabetes medication, may help prevent or delay diabetes.

Patients should work with their healthcare provider to decide which preventive intervention is best for them.

**Potential Benefits and Harms of Screening and Interventions for Prediabetes and Type 2 Diabetes**

Screening people who are overweight and obese for prediabetes and diabetes can help prevent the condition from getting worse and leading to other problems. If someone has prediabetes, they can reduce their risk of developing diabetes by making changes to their diet and physical activity or by taking metformin. For those found to have diabetes through screening, earlier detection, diagnosis, and treatment can improve overall health.

Screening for prediabetes and diabetes and interventions for prediabetes are unlikely to cause any harms. However, some gastrointestinal symptoms have been reported by patients who take metformin.
The Draft Recommendation on Screening for Prediabetes and Type 2 Diabetes: What Does It Mean?

Here is the Task Force’s draft recommendation on screening for prediabetes and type 2 diabetes. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues a **B Grade**, it recommends screening because it has more potential benefits than potential harms.

Before you send comments to the Task Force, you may want to read the [draft recommendation statement](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7535267/). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7535267/) provides more detail about the scientific studies the Task Force reviewed.

The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventive interventions. **(B Grade)**

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**Notes**

1. **screening**
   
   A blood test that measures sugar in the blood.

2. **prediabetes**
   
   When blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes.

3. **type 2 diabetes**
   
   When the body doesn’t use insulin well and can’t keep blood sugar at a normal level.

4. **overweight**
   
   A person with a body mass index (BMI) of 25 to 29.9.

5. **obese**
   
   A person with a body mass index of 30.0 or higher.

6. **preventive interventions**
   
   Changes to diet and physical activity and metformin have been found to be effective in helping to prevent diabetes in people with prediabetes.
What is the U.S. Preventive Services Task Force?

The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a draft recommendation statement. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the Task Force website.

### USPSTF Recommendation Grades

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
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<tbody>
<tr>
<td>A</td>
<td>Recommended.</td>
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<tr>
<td>B</td>
<td>Recommended.</td>
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<tr>
<td>C</td>
<td>Recommendation depends on the patient’s situation.</td>
</tr>
<tr>
<td>D</td>
<td>Not recommended.</td>
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<tr>
<td>I statement</td>
<td>There is not enough evidence to make a recommendation.</td>
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Click Here to Comment on the Draft Recommendation

The Task Force welcomes comments on this draft recommendation. Comments must be received between March 16, 2021 and April 12, 2021. All comments will be considered for use in writing final recommendations.