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Table III: Guidelines for Diabetes Screening in Asymptomatic Patients

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Screening Recommendation*</th>
<th>Level of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes to both of the following:**</td>
<td>Screen every 3-years****</td>
<td>II-IV</td>
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<td>• Age 40 to 70 years old***</td>
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<tr>
<td>• Overweight or obese (i.e., body mass index &gt; 25 kg/m²)</td>
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</table>

*Screen with any one of the following: hemoglobin A1C, fasting plasma glucose, oral glucose tolerance test.

**Persons who have a family history of diabetes, history of gestational diabetes or polycystic ovarian syndrome, or are members of certain racial/ethnic groups (i.e., African Americans, American Indians or Alaskan Natives, Asian Americans, Hispanics or Latinos, or Native Hawaiians or Pacific Islanders) may be at increased risk of diabetes at a younger age or at a lower BMI and should be considered for earlier screening.

***The American Diabetes Association recommends screening for diabetes in adults aged 45 years or older and screening in persons with multiple risk factors regardless of age.46,95

****More frequent testing may be considered for those with abnormal tests results or those at higher risk.

Level of evidence definitions: IA, evidence from meta-analysis of randomized controlled trials; IB, evidence from at least one randomized controlled trial; IIA, evidence from at least one controlled study without randomization; IIB, evidence from at least one other type of
experimental study; III, evidence from nonexperimental descriptive studies, such as comparative studies, correlation studies, and case-control studies; IV, evidence from expert committee reports or opinions or clinical experience of respected authorities, or both.