

## How Many More Diabetes Cases Will New Screening Recs Catch?

— Implementing ADA's 2022 guidelines may be "cost-prohibitive," researchers suggest

by [Michal Ruprecht](#), Editorial Intern, MedPage Today  
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Implementing recommendations for starting prediabetes and diabetes screening at age 35 would increase eligibility by about 6 to 7 percentage points, an analysis of National Health and Nutrition Examination Survey (NHANES) data indicated.

In the study of nearly 4,500 asymptomatic adults, eligibility would increase from 36.3% to 43.0% when comparing the 2015 and [2021](#) recommendations from the U.S. Preventive Services Task Force's (USPSTF), according

to Elizabeth Selvin, PhD, MPH, of Johns Hopkins Bloomberg School of Public Health in Baltimore, and colleagues.

And comparing the American Diabetes Association's (ADA) 2003 and 2022 guidelines showed that eligibility would rise from 76.7% to a potentially "cost-prohibitive" 82.9%, they wrote in a research letter in *JAMA*.

For those with undiagnosed prediabetes, eligibility would increase from 50.1% to 56.2% based on USPSTF's updated guidelines, and from 89.4% to 93.7% based on ADA's. And for adults with undiagnosed diabetes, eligibility would increase from 58.7% to 67.8% under the revised USPSTF guidelines and from 97.6% to 99.1% under ADA's (a non-significant change), the study found.

"Starting diabetes screening at age 35 years may place even greater demands on clinicians to care for younger populations," Selvin's group cautioned. "Expanding health care access, developing targeted outreach for high-risk individuals, and scaling prevention programs will be critical."

They also suggested that "harmonizing" ADA and USPSTF screening recommendations could reduce clinician confusion and improve feasibility of implementation.

Mohammed Ali, MD, MSc, MBA, of Emory University Rollins School of Public Health in Atlanta, said the expansive nature of the ADA guidelines may lead to a "predictive value of who actually has prediabetes and diabetes [that] is likely quite low" and agreed that the different guidelines may be confusing in practice.

"It remains unknown which guidance predominates in clinical practice and whether access or cost barriers are an impediment to prediabetes/diabetes screening," he told *MedPage Today* by email.

"The authors have initiated an important line of inquiry," added Ali, who was not involved in the study. "Time and additional research in this field will provide important data on the effects of these guideline changes."

For their study, Selvin and her fellow researchers analyzed data on 4,836 adults ( $\geq 20$  years) who participated in the 2015-2020 NHANES survey. Patients were not pregnant, had no history of prediabetes or diabetes, and had HbA1c fasting plasma glucose (FPG), weight, and height measured during the examination.

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Of these, 4,480 (mean age 45.6 years, 51.2% women) had HbA1c, FPG, and body mass index (BMI) data available and were included in the study. The team defined prediabetes as an FPG level of 100-125 mg/dL or an HbA1c of 5.7% to 6.4%. Undiagnosed diabetes was defined as an FPG level  $\geq 126$  mg/dL or an HbA1c  $\geq 6.5\%$  (sensitivity analyses used both an FPG  $\geq 126$  mg/dL and HbA1c  $\geq 6.5\%$  as confirmation of undiagnosed diabetes).


Screening guidelines were based on the first year the new recommendations were introduced:

- USPSTF 2015: age 40 to 70 years, BMI  $\geq 25$
- USPSTF 2021: age 35 to 70 years, BMI  $\geq 25$

- ADA 2003: age 45 or older, BMI  $\geq 25$ , and one or more risk factors
- ADA 2022: age 35 or older, BMI  $\geq 25$ , and one or more risk factors

Lack of diversity was cited as a study limitation, as was declining survey response rates over the years.



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### Disclosures

Selvin reported receiving grants from the National Institutes of Health and payments from Wolters Kluwer.

Ali reported financial relationships with Bayer and Veri.

### Primary Source

JAMA

**Source Reference:** Fang M, et al "Prediabetes and diabetes screening eligibility and detection in US adults after changes to US Preventive Services Task Force and American Diabetes Association recommendations" JAMA 2022; DOI: 10.1001/jama.2022.5185.

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