

PREVENT TYPE 2 DIABETES



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Prediabetes identification

STEP 1

Determine patient eligibility for laboratory testing

- Exclude patients <18 years of age
- Exclude patients with diabetes (problem list diagnosis or laboratory evidence)
- Exclude currently pregnant women

STEP 2

Determine if a laboratory test for abnormal glucose has been completed in the last 12 months

- If no, proceed to Step 3
- If yes, proceed to Step 4

STEP 3

Proceed with relevant testing option

A. General adult testing

- Determine if patient meets USPSTF criteria for laboratory testing
- Optional: Determine if patient meets ADA criteria for laboratory testing
- If patient meets criteria and a laboratory test was not performed in the last three years, order HbA1c **or** fasting plasma glucose **or** 2hr glucose tolerance test

B. History of prediabetes (diagnosis code or laboratory evidence)

- Order HbA1c **or** fasting plasma glucose **or** 2hr glucose tolerance test

C. History of gestational diabetes

- If a laboratory test has not been performed within the last three years, order HbA1c **or** fasting plasma glucose **or** 2hr glucose tolerance test

Note: Women with a history of gestational diabetes and an elevated BMI are eligible to participate in a National Diabetes Prevention Program lifestyle change program regardless of current laboratory test results

STEP 4

Evaluate test results and inform patient

| Laboratory test | Normal | Prediabetes | Diabetes |
|-------------------------------------|--------|-------------|----------|
| Hemoglobin A1C (%) | < 5.7 | 5.7–6.4 | ≥ 6.5 |
| Fasting plasma glucose (mg/dL) | < 100 | 100–125 | ≥ 126 |
| Oral glucose tolerance test (mg/dL) | < 140 | 140–199 | ≥ 200 |

- If results are normal, retest every three years or as clinically appropriate
- If prediabetes is confirmed, document diagnosis with ICD-10 code R73.03 and proceed to management protocol (reverse side)
- If diabetes is confirmed, document diagnosis and treat as clinically appropriate

• Clinical Summary: Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening. U.S. Preventive Services Task Force. April 2019. <https://www.uspreventiveservicestaskforce.org/Page/Document/ClinicalSummaryFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes>

• American Diabetes Association. 2. Classification and Diagnosis of Diabetes: Standards of Medical Care in Diabetes- 2019. *Diabetes Care*. 2019;42(Suppl 1):S13-S28.

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Prediabetes management

STEP
1

Educate patient regarding diagnosis

- Counsel on the risks associated with prediabetes, the availability of multiple effective treatments and the potential reversibility of condition
- It may be reasonable to pursue more than one form of treatment

STEP
2

Consider three key treatment options, engage in shared decision-making and formalize treatment plan

National Diabetes Prevention Program lifestyle change program

Determine eligibility and make referral

- CDC eligibility criteria: BMI of ≥ 25 kg/m² (≥ 23 kg/m² if Asian American) plus:
 - Blood test result consistent with prediabetes within the past year (may be self-reported) **or**
 - History of gestational diabetes **or**
 - Elevated score on doihaveprediabetes.org risk assessment test

Metformin

Determine if clinically appropriate and prescribe

- Metformin is not FDA-approved for the indication of preventing diabetes, however there is substantial evidence for efficacy and safety
- Metformin may be more helpful for patients with persistent abnormal glycemic status despite lifestyle change, women with a history of gestational diabetes, and patients at highest risk for progression to type 2 diabetes (higher blood glucose levels and/or very elevated BMI)
- Consider potential contraindications

Medical nutrition therapy

Make referral according to standard process

Note: Regardless of what treatment option is selected or if patient does not desire treatment, conduct follow-up as outlined in Step 3 and continue to engage patient about treatment in future encounters

STEP
3

Follow up regularly

- Monitor laboratory tests at least annually in patients with prediabetes
- Monitor patient progress throughout treatment and reassess risk

• American Diabetes Association 3. Prevention or delay of Type 2 Diabetes: standards of medical care in diabetes- 2019. *Diabetes Care*. 2019;42(Suppl 1):S29-S33.

• Centers for Disease Control and Prevention. Centers for Disease Control and Prevention Diabetes Prevention Recognition Program standards and operating procedures [Internet]. 2018. Available from <http://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>.

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