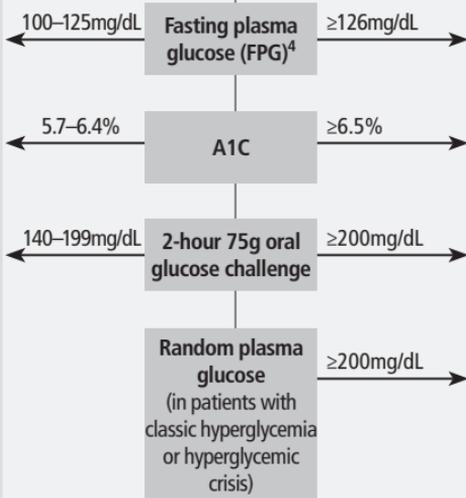


# DECISION PATHWAY FOR DIABETES AND PREDIABETES

Identify patients at high risk for developing diabetes<sup>2</sup>  
Perform FPG, A1C, or 2-hour 75 gram glucose challenge<sup>3</sup>

## Prediabetes<sup>1</sup>

- Help patient understand the seriousness of prediabetes
- Determine whether patient is ready to make changes
- Help patient identify action-oriented goals to achieve  $\geq 7\%$  weight loss, specify physical activity goals of  $\geq 150$  min/week of moderate intensity, recommend reduced calories and reduced intake of calorie dense foods. A variety of eating patterns (eg, Mediterranean, low-calorie, low-fat) are acceptable
- Screen for and treat modifiable CVD risk factors based on general guidelines for prevention and management of CVD
- Consider referral to a lifestyle intervention program based on the NIH-sponsored Diabetes Prevention Program study
- Consider use of metformin esp. in those who have been unable to lose  $\geq 7\%$  of their body weight, with BMI  $\geq 35$  kg/m<sup>2</sup>, age  $< 60$  yrs, and women with prior GDM
- Monitor at least annually for the development of type 2 diabetes



## Diabetes

- Confirm diagnosis
- Initiate treatment

## NOTES

**Key:** CVD = cardiovascular disease; GDM = gestational diabetes mellitus; NIH = National Institutes of Health

<sup>1</sup> Prediabetes identifies an intermediate stage in the development of type 2 diabetes. It is important to intervene at this stage to prevent progression.

<sup>2</sup> Consider testing in overweight/obese adults of any age with  $\geq 1$  of the following risk factors: first-degree relative with diabetes, history of CVD, high-risk race/ethnicity (eg, African American, Latino, Native American, Asian/Pacific Islander), hypertension, HDL  $< 35$  mg/dL and/or TG  $> 250$  mg/dL, polycystic ovary syndrome, physical inactivity, conditions associated with insulin resistance. Consider testing in women with overweight or obesity and/or who have one or more additional risk factors for diabetes who are planning a pregnancy. Test all women with prior GDM every 3yrs, and all other patients beginning at age 45yrs. In overweight/obese children or adolescents, and those with additional risk factors for diabetes, test after the onset of puberty or after 10yrs of age, whichever is earlier.

<sup>3</sup> If tests are normal, repeat testing at a minimum of 3-yr intervals; more frequent testing depends on initial results and risk status.

<sup>4</sup> Fasting is defined as no caloric intake for  $\geq 8$  hrs.

## REFERENCES

Adapted from the National Diabetes Education Program: A program of the National Institutes of Health and the Centers for Disease Control and Prevention. Guiding principles for the care of people with or at risk for diabetes. <https://www.niddk.nih.gov/health-information/professionals/clinical-tools-patient-management/diabetes/guiding-principles-care-people-risk-diabetes>.

American Diabetes Association. Standards of medical care in diabetes—2020. *Diabetes Care*. 2020;43(Suppl. 1):S1–S212.

(Rev. 12/2020)