What does the USPSTF recommend?

Adults aged 35 to 70 years who have overweight or obesity:

Screen for prediabetes and type 2 diabetes, and offer or refer patients with prediabetes to effective preventive interventions.

To whom does this recommendation apply?

Nonpregnant adults aged 35 to 70 years who have overweight or obesity and no symptoms of diabetes.

What's new?

The USPSTF has lowered the starting age of screening from 40 to 35 years.

How to implement this recommendation?

Assess risk:

- Obtain height and weight measurements to determine whether patient has overweight or obesity. Overweight and obesity are defined as a BMI $\geq 25$ and $\geq 30$ kg/m$^2$, respectively.

Screen:

- If the patient is aged 35 to 70 years and has overweight or obesity. Consider screening at an earlier age if the patient is from a population with a disproportionately high prevalence of diabetes (American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Black, Hispanic/Latino), and at a lower BMI ($\geq 23$) if the patient is Asian American.
- Screening tests for prediabetes and type 2 diabetes include measurement of fasting plasma glucose or HbA1c level or an oral glucose tolerance test.

How Often:

The optimal screening interval for adults with an initial normal glucose test result is uncertain. Screening every 3 years may be a reasonable approach for adults with normal blood glucose levels.

What are other relevant USPSTF recommendations?

The USPSTF has made a recommendation on behavioral weight loss interventions to prevent obesity-related morbidity and mortality in adults with a BMI of 30 kg/m$^2$ or greater.
Where to read the full recommendation statement?

Visit the USPSTF website to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.

The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision making to the specific patient or situation.