

## Task Force Issues Draft Recommendation Statement on Screening for Prediabetes and Type 2 Diabetes

*Screen people ages 35 to 70 who are overweight or obese for prediabetes and diabetes.*

WASHINGTON, D.C. – March 16, 2021 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on screening for prediabetes and type 2 diabetes. The Task Force recommends screening adults between ages 35 to 70 years old who are overweight or obese for prediabetes and diabetes. Healthcare providers should offer or refer people with prediabetes to preventive interventions. **This is a B grade.**

**Grade in this recommendation:**

**B:** Recommended.

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Diabetes is the seventh leading cause of death in the United States and can lead to serious health problems, including heart disease, stroke, and limb amputation. One of the biggest risk factors for prediabetes and diabetes is being overweight or obese.

Type 2 diabetes, the most common type of diabetes, is when the body doesn't use insulin well and can't keep blood sugar at a normal level. Prediabetes is when blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes.

"Healthcare providers can help people improve their health by screening those who are overweight or obese for prediabetes and diabetes," says Task Force member Michael Barry, M.D. "Screening and earlier detection can help prevent prediabetes and diabetes from getting worse and leading to other health problems."

If screening shows that someone has prediabetes, effective preventive interventions may prevent or delay diabetes from developing. Lifestyle changes such as adjustments to diet and physical activity are effective in helping to prevent diabetes and also improve weight, blood pressure, and lipid levels. Metformin, a diabetes medication, is also an effective intervention that may prevent or delay diabetes, but it has fewer overall health benefits than lifestyle changes.

"The Task Force found there are effective ways to help people who have prediabetes lower their risk of diabetes and improve their overall health," says Task Force member Chien-Wen Tseng, M.D., M.P.H., M.S.E.E. "Clinicians and patients should discuss these benefits and choose the approach that works best for each individual."

The Task Force's draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org). Comments can be submitted from March 16, 2021 to April 12, 2021 at [www.uspreventiveservicestaskforce.org/tfcomment.htm](http://www.uspreventiveservicestaskforce.org/tfcomment.htm).

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Barry is director of the Informed Medical Decisions Program in the Health Decision Sciences Center at Massachusetts General Hospital. He is also a professor of medicine at Harvard Medical School and a clinician at Massachusetts General Hospital.

Dr. Tseng is the Hawaii Medical Service Association endowed chair in health services and quality research, a professor, and the research director in the Department of Family Medicine and Community Health at the University of Hawaii John A. Burns School of Medicine. She is also a physician investigator with the nonprofit Pacific Health Research and Education Institute.

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