



Diabetes Advocacy Alliance™ Deeply Disappointed in Final USPSTF Diabetes Screening Recommendation

Group Says Significant Changes from 2014 Draft Guideline Will Cut the Number of Adults Who Should Be Screened and De-Emphasize Importance of Finding Those with Undiagnosed Diabetes

(October 27, 2015) Regarding the final diabetes screening guideline posted yesterday in *Annals of Internal Medicine* by the US Preventive Services Task Force (USPSTF), the Diabetes Advocacy Alliance (DAA) expressed concern and surprise that significant changes were made to the draft guideline issued in October 2014. Compared with the draft guideline, the new final guideline cuts out some important diabetes risk factors in defining the population of adults eligible for screening, and suggests that diabetes is only a risk factor for cardiovascular disease, when in fact, undiagnosed diabetes can lead to blindness, kidney disease, and amputations, in addition to heart disease and stroke.

The USPSTF's draft guideline had been well received by the diabetes community, as it recognized multiple risk factors for diabetes. Unfortunately, the USPSTF's final guideline significantly narrowed the risk factors that trigger screening, limiting it to adults aged 40-70 years old who are overweight or obese and who are screened as part of cardiovascular risk assessment.

"We are incredibly disappointed that the USPSTF would change the population they believe should be screened for diabetes so dramatically from the draft guideline issued just 12 months ago," said DAA co-chair Mary Pat Raimondi, Academy of Nutrition and Dietetics. "And we are surprised that the USPSTF is now framing diabetes screening solely under the umbrella of cardiovascular disease (CVD) risk reduction. Screening is the first critical step in helping reduce the sky rocketing health care costs of diabetes and more important, it helps families stay healthy."

The DAA acknowledges that, compared with the task force's 2008 guideline, which recommended screening only people with hypertension, the final USPSTF recommendation is an improvement, recognizing age and overweight/obesity as significant risk factors. It also recommends that primary care clinicians counsel and refer the patients that they identify with abnormal blood glucose (or what is more commonly called prediabetes) to lifestyle behavior change programs.

However, the USPSTF's final guideline has minimized race/ethnicity, family history, and gestational diabetes as important reasons to screen for diabetes.

"Given the significant challenge of health disparities in America, it is unconscionable that the USPSTF excluded race and ethnicity from its definition of the population to be screened for diabetes," said DAA co-chair Tricia Brooks, Novo Nordisk Inc. "And because the Affordable Care Act's language ties insurance reimbursement to USPSTF A and B recommendations, we are concerned that some of the patients with the greatest need for screening will be missed."

The DAA also expressed concern that framing diabetes screening as part of CVD risk assessment could diminish the importance of diabetes screening to identify the 8 million US adults with undiagnosed diabetes, who need care to manage their diabetes and prevent complications. “While CVD risk reduction is vitally important, people with diabetes, particularly those who are undiagnosed, are at high risk of blindness, kidney disease and amputations,” said DAA co-chair Henry Rodriguez, MD, Pediatric Endocrine Society. “With the changing epidemiology of type 2 diabetes and the epidemic affecting younger and younger populations, finding the undiagnosed and helping them prevent these very serious small blood vessel complications really matters.”

The DAA is a diverse group of 20 patient advocacy organizations, professional societies, trade associations, nonprofit organizations, and corporations, sharing a common goal to defeat diabetes. Members of the DAA currently include the Academy of Nutrition and Dietetics, American Association of Clinical Endocrinologists, American Association of Diabetes Educators, American Clinical Laboratory Association, American Diabetes Association, American Medical Association, American Optometric Association, American Podiatric Medical Association, Diabetes Hands Foundation, Endocrine Society, Healthcare Leadership Council, National Association of Chain Drug Stores, National Association of Chronic Disease Directors, National Community Pharmacists Association, National Kidney Foundation, Novo Nordisk Inc., Omada Health, Pediatric Endocrine Society, VSP Vision Care, and YMCA of the USA.

For more information about the Diabetes Advocacy Alliance™, visit www.diabetesadvocacyalliance.org.