

For Release: January 10, 2012
Contact: Ron Geigle 202-461-2246

Broader Screening Guidelines for Diabetes Urged by Diabetes Advocacy Groups

Supported by *Health Affairs* Report: “The U.S. Preventive Services Task Force Should Consider a Broader Evidence Base in Updating Its Diabetes Screening Guidelines”

Washington, DC—America cannot stop the growing wave of type 2 diabetes—and its complications and costs—unless the recommendations for screening are broad enough to identify patients who are at risk for the disease. Screening people at high risk for diabetes can identify those with prediabetes, who can be referred to low-cost, community-based diabetes prevention programs. Screening can also identify those who have diabetes but do not know it, and get them into treatment as early as possible.

Those were the views expressed today by the Diabetes Advocacy Alliance™ (DAA) —a diverse coalition of 18 organizations that has come together to change how the nation approaches the health and economic burdens posed by diabetes—in welcoming the January 2012 issue of the policy journal *Health Affairs* focused on the topic of diabetes.

“One of the most critical health challenges in 2012 is to fully address the grave danger that diabetes poses to the health of Americans and the health of the US economy—and diabetes screening guidelines that are multiple risk-factor based are an important part of that,” said Martha Rinker, Chief Advocacy Officer of the American Association of Diabetes Educators, which is a DAA co-chair organization.

“Diabetes is a public health crisis that threatens to overwhelm our health system,” Rinker said. “Some 79 million Americans are on the verge of diabetes and another 7 million have undiagnosed diabetes. We could very likely prevent millions of those people from experiencing the terrible complications of diabetes—such as heart disease, stroke, blindness, chronic kidney disease, amputation, and even death—if we institute expanded diabetes screening guidelines that identify more people who are truly at risk for this disease.”

The DAA applauded an article in the current issue of *Health Affairs*, titled “The U.S. Preventive Services Task Force Should Consider a Broader Evidence Base in Updating Its Diabetes Screening Guidelines.” The article calls for the government’s preventive services task force to consider a broader range of evidence—as well as a body of new evidence on the benefits of diabetes screening—when the group next updates its recommendations on screening for type 2 diabetes. The authors also recommend that primary prevention of type 2 diabetes be added as an important near-term health outcome when assessing the value of screening.

Currently, the U.S. Preventive Services Task Force (USPSTF), an independent panel of primary care providers who are experts in prevention and evidence-based medicine, calls for screening for type 2

diabetes only in those individuals who have high blood pressure and may be at risk for cardiovascular disease. USPSTF does not call for screening in individuals who have other risk factors, such as being overweight or having a family history of diabetes, which put them at high risk for type 2 diabetes itself.

USPSTF recommendations offer guidance to physicians and other primary care providers on providing appropriate preventive care, and health insurers often consider them in making decisions about whether or not to cover preventive services. Under the provisions of the Affordable Care Act, insurers will be required to offer all preventive services that receive an “A” or “B” designation from USPSTF with no cost-sharing requirements.

“The recommendations of the U.S. Preventive Services Task Force overlook the importance of screening many of the individuals and subgroups, such as many minority groups, who are at very high risk for type 2 diabetes,” said Michael Duenas, O.D., Chief Public Health Officer of the American Optometric Association, a DAA member co-chair organization. “With the unprecedented focus on prevention shepherded in by health care reform, the time is right to adopt multiple risk factor-based screening guidelines that can help address a disease that is largely preventable.”

The *Health Affairs* report says that high quality clinical trials and new modeling studies provide evidence for the short- and long-term benefits of screening individuals at high risk for type 2 diabetes. It also recommends that USPSTF take into account studies that show the impact of screening and treatment in populations particularly at high risk for diabetes, including African Americans, Latino Americans, families with a history of diabetes, and others.

“Screening is the first step in preventing or delaying this deadly disease or its devastating complications,” said Tekisha Everette, PhD, Managing Director of Federal Government Affairs at the American Diabetes Association, which is a member of the DAA. “As such, the United States Preventive Services Task Force needs to look at reports such as the one in *Health Affairs* that offer new insight and a more relevant analytical framework for updating the existing recommendations. The reality is that many groups at very high risk for diabetes are currently overlooked by the existing guidelines.”

The DAA sees screening as the primary tool for identifying individuals who already have diabetes or whose elevated glucose levels place them on the verge of diabetes—a condition known as prediabetes. Once identified via screening, patients with confirmed cases of diabetes can receive care that helps reduce complications of the disease; while those on the verge of diabetes can reduce their risk of developing type 2 diabetes through lifestyle changes that include weight reduction and increases in physical activity. One such lifestyle intervention program is the YMCA’s Diabetes Prevention Program, currently offered at YMCAs across the US, under the umbrella of the Centers for Disease Control and Prevention’s National Diabetes Prevention Program.

The DAA is a diverse group of 18 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 (formerly the American Dietetic Association), American Association of Clinical Endocrinologists, American Association of Diabetes Educators, American Clinical Laboratory Association, American Diabetes Association, American Optometric Association, American Podiatric Medical Association, Healthcare Leadership Council, Medicare Diabetes Screening Project, National Association of Chain Drug Stores, National Community Pharmacists Association, National Kidney Foundation, Novo Nordisk Inc., Pediatric Endocrine Society, Results for Life, The Endocrine Society, VSP® Vision Care, and YMCA of the USA.

Visit the DAA website at www.diabetesadvocacyalliance.org