

Only half of U.S. adults over 45 are screened for diabetes

September 26 2014, by Sharyn Alden



A new cross-sectional study in *American Journal of Preventive Medicine* finds that only half of adults in the U.S. were screened for diabetes within the last three years, less than what is recommended by the American Diabetes Association (ADA). As the rates of obesity have increased, so does the incidence of type 2 diabetes, which also increases the risk for cardiovascular disease. Up to one-third of people with diabetes are undiagnosed, note the researchers.

Sarah Stark Casagrande, Ph.D., epidemiologist at Social & Scientific Systems, Inc. and lead author of the study, explained that the prevalence of screening for diabetes of U.S. adults age 20 and above was 43.6 percent and focused primarily on people who are overweight and obese,

probably due to increased national attention to the disease.

"Even though just over half (53.2 percent) of the people over 45 were screened for diabetes in the last three years, that falls far short of the American Diabetes Association recommendations that all adults over 45, even if without symptoms of diabetes, be screened," Casagrande said. "However, we found that for minorities; such as Hispanics, known to be at greater risk and for those with lower family income, less education and no health insurance, diabetes screening was less prevalent."

Researchers reviewed responses from 21,519 adults taking part in the 2005-2010 National Health and Nutritional Examination (NHANES) and the 2006 national Health Interview Survey who reported diabetes screening (a blood test) within the past three years.

For the NHANES survey, 66.4 percent of participants were overweight, yet only 47.7 percent had a blood screening test for diabetes. 49.5 percent of participants were over age 45 but only 53.2 percent had been screened. The prevalence of having a blood screening test was lower in men, Hispanics and Mexican Americans than in women, non-Hispanic whites and non-Hispanic blacks.

Marjorie Cypress, Ph.D., president of health care and education of the American Diabetes Association, wasn't surprised by the study's findings because she is seeing similar screening statistics. She explained various factors that play a part in screening underserved and high risk populations. "Fear keeps some people from being screened. They're afraid of what they may learn. Others only seek medical care when they are sick, and at that time they may not be screened for diabetes because the illness that brought them to a clinic is the priority at hand. Still others stay away from health care and screenings altogether because they don't have health insurance, although that may be changing as more people gain coverage."

Casagrande added, "We hope that health professionals realize that there is a large proportion of the U.S. population who are not being screened but should be according to American Diabetes Association guidelines. The fact that many of these people also have comorbidity and potential complications of diabetes emphasizes the importance of detecting diabetes and delaying progression of these conditions."

"We need to create a sense of urgency if we want to improve screening statistics," said Cypress. "Instead of waiting for people to get screened, we may need to take diabetes screening to where the people are –like workplaces or churches, which may be vitally important for those who are at high risk for [diabetes](#)."

More information: Sarah Stark Casagrande, PhD, Catherine C. Cowie, PhD, Saul M. Genuth, MD. (2014). "Self-Reported Prevalence of Diabetes Screening in the U.S., 2005–2010." *American Journal of Preventive Medicine*. [DOI: 10.1016/j.amepre.2014.07.039](https://doi.org/10.1016/j.amepre.2014.07.039)

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