

# USPSTF: Evidence lacking for T2DM screening in children

December 14 2021

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(HealthDay)—The U.S. Preventive Services Task Force (USPSTF)

concludes that the current evidence is insufficient for assessing the benefits and harms of type 2 diabetes screening in children and adolescents (I statement). This conclusion forms the basis of a draft recommendation statement published online Dec. 14 by the USPSTF.

David E. Jonas, M.D., from the University of North Carolina at Chapel Hill Evidence-based Practice Center in Research Triangle Park, and colleagues reviewed the evidence on screening children and adolescents for prediabetes and type 2 [diabetes](#). Data were included from eight publications, with 856 participants. The researchers found that none of the studies directly assessed the benefits or harms of screening. In one randomized controlled trial, two youths with recently diagnosed type 2 diabetes developed [renal impairment](#) and 11 developed [diabetic ketoacidosis](#), with no difference noted between patients receiving [metformin](#), metformin plus rosiglitazone, or metformin plus lifestyle intervention. In terms of intervention harms, less than 1 percent of participants reported major hypoglycemic events; minor hypoglycemic events were more common with metformin plus rosiglitazone versus metformin or metformin plus lifestyle intervention. In one study, adverse gastrointestinal effects were reported more frequently in those taking metformin versus placebo.

Based on these findings, the USPSTF concluded that the current evidence is inadequate for assessing the balance of benefit and harms of type 2 diabetes screening in children and adolescents. There is a lack of evidence on the effect of screening, early detection, and treatment of type 2 diabetes on health outcomes.

The draft recommendation statement and evidence review have been published for public comment. Comments can be submitted from Dec. 14, 2021, to Jan. 18, 2022.

**More information:** [Draft Evidence Review](#)

[Draft Recommendation Statement](#)

[Comment on Recommendation Statement](#)

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