

Using new guidelines would increase diabetes screening eligibility

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Implementing the new changes in U.S. Preventive Services Task Force

(USPSTF) and American Diabetes Association (ADA) diabetes screening guidelines would increase screening eligibility among U.S. adults, according to a research letter published in the May 17 issue of the *Journal of the American Medical Association*.

Michael Fang, Ph.D., from the Johns Hopkins Bloomberg School of Public Health in Baltimore, and colleagues used data from the 2015 to 2020 National Health and Nutrition Examination Survey to estimate the proportion of asymptomatic U.S. adults eligible for screening based on new versus current USPSTF and ADA guidelines.

Data were included for 4,480 adults. The researchers observed increases in the weighted proportion eligible for screening from 36.3 to 43.0 percent when comparing USPSTF 2015 and 2021 guidelines, and from 76.7 to 82.9 percent when comparing ADA 2003 and 2022 guidelines. Among those with prediabetes, screening eligibility increased from 50.1 to 56.2 percent when comparing USPSTF 2015 with 2021, and from 89.4 to 93.7 percent when comparing ADA 2003 to 2022. Among those with [undiagnosed diabetes](#), screening eligibility increased from 58.7 to 67.8 percent when comparing USPSTF 2015 to 2022, but it stayed stable (97.6 to 99.1 percent) when comparing ADA 2003 with 2022 guidelines.

"The ADA 2022 guideline identifies a larger portion of persons with prediabetes or diabetes compared with the USPSTF 2021 guideline but requires screening approximately twice as many people," the authors write.

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