Prevent Type 2 Diabetes

AMA MAP™ Prediabetes

PREDIABETES IDENTIFICATION



1 Determine patient eligibility for laboratory testing

- Exclude patients <18 years of age
- Exclude patients with diabetes (problem list diagnosis or laboratory evidence)
- Exclude currently pregnant women

2 Determine if a laboratory test for abnormal glucose has been completed in the last 12 months

- If **NO**, proceed to **Step 3**
- If **YES**, proceed to **Step 4**

YES

NO

3 Proceed with relevant testing option

A. General adult testing

- Determine if patient meets USPSTF criteria for laboratory testing
- Optional: Determine if patient meets ADA criteria for laboratory testing
- If patient meets criteria and laboratory test was not performed in the last three years, order HbA1c **or** fasting plasma glucose **or** 2hr glucose tolerance test

B. History of prediabetes (diagnosis code or laboratory evidence)

- Order HbA1c **or** fasting plasma glucose **or** 2hr glucose tolerance test

C. History of gestational diabetes

- If a laboratory test has not been performed within the last three years, order HbA1c **or** fasting plasma glucose **or** 2hr glucose tolerance test

Note: *Women with a history of gestational diabetes and an elevated BMI are eligible to participate in a National Diabetes Prevention Program lifestyle change program regardless of current laboratory test results*

4 Evaluate test results and inform patient

Laboratory Test	Normal	Prediabetes	Diabetes
Hemoglobin A1c (%)	< 5.7	5.7–6.4	≥ 6.5
Fasting plasma glucose (mg/dL)	< 100	100–125	≥ 126
Oral glucose tolerance test (mg/dL)	< 140	140–199	≥ 200

- If results are normal, retest every three years or as clinically appropriate
- If prediabetes is confirmed, document diagnosis with ICD-10 code R73.03 and proceed to management protocol (reverse side)
- If diabetes is confirmed, document diagnosis and treat as clinically appropriate

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PREDIABETES MANAGEMENT

1 Educate patient regarding diagnosis

- Counsel on the risks associated with prediabetes, the availability of multiple effective treatments and the potential reversibility of condition
- It may be reasonable to pursue more than one form of treatment

2 Consider three key treatment options, engage in shared decision-making and formalize treatment plan

OPTION 1: National Diabetes Prevention Program lifestyle change program

Determine eligibility and make referral

- CDC eligibility criteria: BMI of ≥25 kg/m^2 (≥23 kg/m^2 if Asian American) plus:
  - Blood test result consistent with prediabetes within the past year (may be self-reported) **or**
  - History of gestational diabetes **or**
  - Elevated score on doihaveprediabetes.org risk assessment test

OPTION 2: Metformin

Determine if clinically appropriate and prescribe

- Metformin is not FDA-approved for the indication of preventing diabetes, however there is substantial evidence for efficacy and safety
- Metformin may be more helpful for patients with persistent abnormal glycemic status despite lifestyle change, women with a history of gestational diabetes, and patients at highest risk for progression to type 2 diabetes (higher blood glucose levels and/or very elevated BMI)
- Consider potential contraindications

OPTION 3: Medical nutrition therapy

Make referral according to standard process

Note: *Regardless of what treatment option is selected or if patient does not desire treatment, conduct follow-up as outlined in Step 3 and continue to engage patient about treatment in future encounters*

3 Follow up regularly

- Monitor laboratory tests at least annually in patients with prediabetes
- Monitor patient progress throughout treatment and reassess risk

References

1. Clinical Summary: Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening. U.S. Preventive Services Task Force. April 2019. https://www.uspreventiveservicestaskforce.org/Page/Document/ ClinicalSummaryFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes
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