

4.0 Screening for diabetes

4.1 Recommendations

- General population screening programmes are not recommended
- Screening is not recommended for Type 1 diabetes

4.2 Screening for type 1 diabetes

There are no recommended protocols for screening the general population for type 1 DM (see Section 11.1).

4.2 Screening for type 2 diabetes

Undiagnosed T2DM is common, with an estimated delay of 5 to 7 years between the onset of diabetes and diagnosis. It is estimated that nearly one third of affected people with the condition are undiagnosed. In addition, diabetes is associated with a range of serious complications, which result in reduced quality of life and premature mortality. Because diabetes may be asymptomatic until potentially preventable long-term complications have occurred, early detection and treatment is one strategy proposed for reducing the diabetes health burden. It is important for the clinician to screen for diabetes in a cost-effective manner in people with major risk factors for diabetes. Certain genetic, environmental and biochemical variables which increase the risk developing T2DM have been identified and summarized in Table 4.1. If screening results in asymptomatic high-risk groups for T2DM are normal, screening should be repeated every 3 years. People who are screen positive for diabetes should be offered treatment and care.

Table 4.1 Risk factors which add to the likelihood of having Type 2 diabetes

- Individuals diagnosed previously with IFG or IGT
- Individuals age ≥ 40 years
- Overweight (body mass index ≥ 25.0 kg/m²)
- First-degree relative with type 2 diabetes
- Women with previous gestational DM or who delivered a baby weighing ≥ 4.0 kg
- Hypertension
- Dyslipidaemia: HDL-cholesterol level ≤ 35 mg/dl or triglyceride > 250 mg/dl
- Medical conditions associated with insulin insensitivity, eg polycystic ovarian syndrome or acanthosis nigricans
- History of vascular disease (cardiac, cerebrovascular, peripheral)