



**Wolverhampton  
Diabetes Care**

## **What Care to Expect**

### **Active Case Finding in Type 2 diabetes - who and when to test?**

#### **Active case finding to detect those with Type 2 diabetes is strongly encouraged**

There is a distinction between screening and active case finding.

The American Diabetes Association Guidelines state: Diabetes is frequently not diagnosed until complications appear, and approximately one-third of all people with diabetes may be undiagnosed. Although the burden of diabetes is well known, the natural history is well characterized, and there is good evidence for benefit from treating cases diagnosed through usual clinical care, there are no randomized trials demonstrating the benefits of early diagnosis through screening of asymptomatic individuals. Nevertheless, there is sufficient indirect evidence to justify opportunistic screening in a clinical setting of individuals at high risk.

The diagnosis of diabetes is frequently missed or overlooked; clinicians should be vigilant in evaluating clinical presentations suggestive of diabetes.

Test all patients with overt symptoms, non specific symptomatology, glycosuria, recurrent infections including uro-genital candidiasis, urine and skin infection.

Test and annually retest those with previous gestational diabetes, impaired fasting glycaemia and impaired glucose tolerance

Maintain a high index of suspicion in people with combinations of the following:

- Age >40 years,
- Overweight (BMI  $\geq 25$  kg/m<sup>2</sup>\*)
- Family history of diabetes (i.e., parents or siblings with diabetes)
- Hypertension
- Hyperlipidaemia
- History of vascular disease

The 3 strongest predictors of Type 2 diabetes are age, obesity and positive immediate family history in combination accounting for >50% of the risk..