

## Screening and Diagnosis

### Assess risk ANNUALLY if:

- Family history (First-degree relative with Type 2 DM)
- High risk populations (Non-white, low socioeconomic status)
- History of GDM/prediabetes
- Cardiovascular risk factors
- Presence of end organ damage associated with diabetes
- Other conditions and medications associated with diabetes  
(see CPG Screening For Diabetes in Adults, Table 1)

<b>Who to screen</b>	<b>Very high risk*</b> (50% chance of developing Type 2 DM within 10 years) or additional risk factors for diabetes	<b>Screen every 6 to 12 months</b>
	<b>High risk*</b> (33% chance of developing Type 2 DM within 10 years) Age ≥ 40 years and no additional risk factors for diabetes	<b>Screen every 3 years</b>
	<b>Low-moderate risk*</b> or age <40 with no additional risk factors for diabetes	<b>No screen indicated</b> (reassess risk annually)

\* Risk calculator (e.g. CANRISK)

<b>How to screen</b>	<b>Test</b>	<b>Result</b>	<b>Dysglycemia category</b>
		<b>FPG (mmol/L)</b> No caloric intake for at least 8 hours	6.1 – 6.9
≥7.0			Diabetes
	<b>A1C (%)</b> Standardized, validated assay, in the absence of factors that affect the accuracy of A1C and not for suspected type 1 diabetes	6.0 – 6.4	Prediabetes
		≥6.5	Diabetes

If asymptomatic and A1C or FPG are in the diabetes range, repeat the same test (A1C or FPG) as a confirmatory test. If both FPG and A1C are available and only one is in the diabetes range, repeat the test in the diabetes range as the confirmatory test. If both A1C and FPG are available and are each in the diabetes range, repeat testing is not required.