## Prediabetes



### **FAST FACTS**

11.6% to 28.6%

rise in the incidence of prediabetes among children ages 12 to 19 from 1999 to 2018

Prediabetes can regress with no interventions or can progress to type 2 diabetes.

# ~1/3 of American youth are overweight

a problem closely related to the increase in kids with type 2 diabetes Prediabetes is a middle ground between normal glucoses and diabetes. Early intervention is important to help prevent type 2 diabetes.

The following measures indicate that a child has prediabetes:

- Hemoglobin A1C between 5.7% and 6.4%
- Fasting glucose ≥100 mg/dL (and lower than 126 mg/dL), also known as impaired fasting glucose
- Two-hour value post-glucose load on oral glucose tolerance testing ≥140 mg/dL (and lower than 200 mg/dL), also known as impaired glucose tolerance

#### **ASSESSMENT**

As part of a routine overweight/obesity screening, perform history and physical exam. Assess for:

- Family history of type 2 diabetes
- · Acanthosis nigricans, an indication of insulin resistance

If concerned for prediabetes, order labs. The optimal screening for prediabetes/type 2 diabetes is a hemoglobin A1C +/- a fasting glucose test or random glucose test.

#### MANAGEMENT/TREATMENT

If blood test results indicate the patient has prediabetes, initial interventions can occur in the primary care setting.

- Schedule follow-up for lifestyle counseling with a focus on meeting physical activity guidelines and reducing simple sugars in the diet.
- Trend hemoglobin A1C and fasting glucose every three to six months if either measure was abnormal.

#### WHEN TO REFER FOR PREDIABETES

Consider a referral for prediabetes care if the patient's glucose status worsens despite interventions *or* if the patient may benefit from a full assessment and more intensive lifestyle counseling.

Refer *highest-risk patients* to the **Division of Endocrinology** at 513-636-4744. Highest-risk patients have a strong family history of any diabetes; have been diagnosed with non-alcoholic fatty liver disease (NAFLD); and/or have a hemoglobin A1C > 6%.

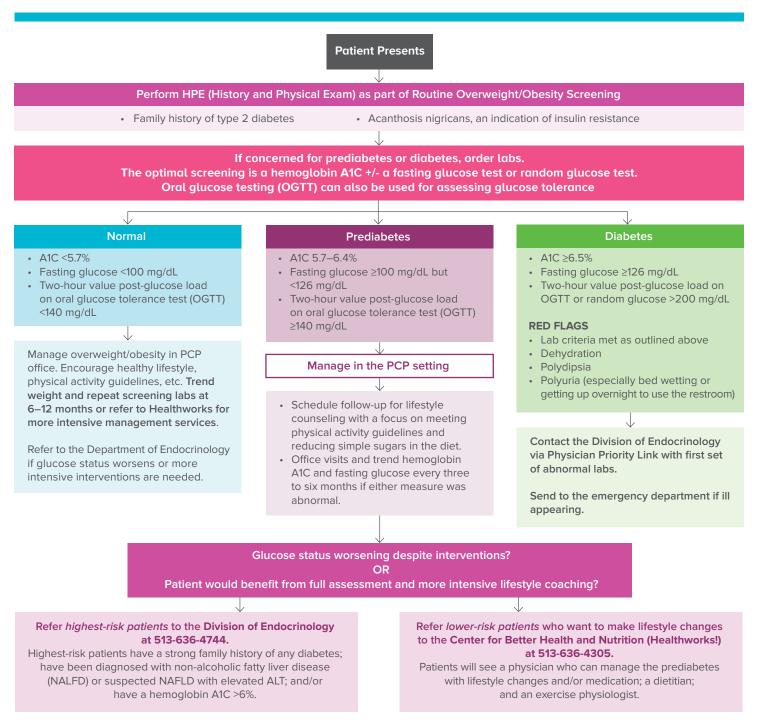
Refer *lower-risk patients* who want to make lifestyle changes to the **Center for Better Health and Nutrition (Healthworks!)** at 513-636-4305. Patients will see a physician who can manage the prediabetes with lifestyle changes and/or medication; a dietitian; and an exercise physiologist.

Refer to either Endocrinology or Healthworks! Patients do not need both.

For urgent issues or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

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