

Comments on USPSTF Draft Recommendation: Screening for Prediabetes and Diabetes

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USPSTF Coordinator
c/o USPSTF
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Dear Members of USPSTF:

The Obesity Care Advocacy Network (OCAN) appreciates the opportunity to offer comments in response to the U.S. Preventive Services Task Force (USPSTF) *Draft Recommendation Statement: Screening for Prediabetes and Type 2 Diabetes Mellitus*.

Founded in 2015, OCAN is a diverse group of organizations focused on changing how we perceive and approach obesity in the U.S. OCAN works to increase access to evidence-based obesity treatments by uniting key stakeholders and the broader obesity community around significant education, policy and legislative efforts. We aim to fundamentally change how the U.S. healthcare system treats obesity, and to shift the cultural mindset on obesity so that policymakers and the public address obesity as a serious chronic disease.

Overall, OCAN supports the new USPSTF diabetes screening recommendation, but we also have recommendations for a few areas that we believe should be examined for improvement.

OCAN supports the clear focus of the overall recommendation on overweight and obesity as primary risk factors, and specifically, screening for diabetes in asymptomatic adults who have overweight or obesity. Although OCAN recognizes the importance of other risk factors for screening asymptomatic adults, we support USPSTF's decision to delineate these risk factors as part of clinical decision making.

Because of the strong link between overweight/obesity and prediabetes/diabetes, OCAN commends USPSTF for including, in the Evidence Review, some studies of lifestyle interventions for weight management in people recently diagnosed with type 2 diabetes. OCAN encourages USPSTF in future reviews of the evidence to include studies that address the broad spectrum of interventions for reducing overweight or obesity (i.e., intensive behavioral therapy delivered by all modalities, pharmacotherapy, and/or surgery), for which evidence exists of reductions of blood glucose levels to normal ranges.

We encourage use of people-first language throughout the recommendations. Since the American Medical Association (AMA) designated obesity a disease in 2013, the obesity community uses people-first terms when talking about the disease. These terms include "people with obesity" or "people with overweight" instead of "obese" or "overweight" people. Additionally, when we talk about an increase in body weight over time, we generally say "developing overweight" or "developing obesity."

Labeling individuals as obese, as the Task Force has done in its recommendation statement, creates negative feelings toward those with obesity, perpetuating weight bias and stigma. Using people-first language helps create positive, productive discussions about weight and health. We urge the USPSTF and other authors and editors of scholarly research, scientific writing, and publications about obesity to use the same rules that are the norm for referring to individuals with other disabilities, diseases, and health conditions: the use of people-first language.

In the clinical recommendations in the “Assessment of Risk” section of the Draft Recommendation Statement, OCAN recommends that the sentence be edited to be clearer about age, and also to be clear that the lower BMI range is only for Asian Americans. For example: “Clinicians should consider screening at an earlier age (18-34) in persons at higher risk who are Black/African American, American Indian/Alaskan Native, Hispanic/Latino, or Native Hawaiian/Pacific Islander or those who have a family history of diabetes, a history of gestational diabetes, or a history of polycystic ovarian syndrome, and at a lower BMI (≥ 23 kg/m²) in Asian Americans,”

The Recommendation Summary could contribute to a furthering of health disparities. OCAN is concerned that the overall USPSTF boxed recommendation summary of screening starting at age 35, which excludes important screening criteria described in the USPSTF’s “Assessment of Risk” section, could increase health disparities among at-risk non-white adults in the 18-34 age group, where prevalence rates of prediabetes and type 2 diabetes are higher. OCAN notes that the screening recommendation in the [American Diabetes Association’s Standards of Medical Care in Diabetes – 2021](#) avoids this problem by not specifying an age range in its advice to clinicians for testing for diabetes: “Criteria for testing for diabetes or prediabetes in asymptomatic adults. **Testing should be considered in adults with overweight or obesity (BMI ≥ 25 kg/m² or ≥ 23 kg/m² in Asian Americans) who have one or more of the following risk factors** (see [Table 2.3 on page S20](#) for a complete list of ADA-cited risk factors).

OCAN appreciates the opportunity to provide comments and commends the members of USPSTF for their efforts in preparing the *Draft Recommendation Statement: Screening for Prediabetes and Type 2 Diabetes Mellitus*. We look forward to the publication of the final recommendation statement. Please feel free to contact one or both of us if you have any questions.

Sincerely,



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