



Prediabetes Screening and Management Services Urgently Required to Improve Outcomes

Prediabetes affects nearly 1 in 6 Australian adults (more than 2 million individuals) over the age of 25 years. Without intervention, approximately 1 in 3 will develop type 2 diabetes within ten years.

“These alarming statistics prompted the formation of an Expert Reference Group from the Australian Diabetes Society (ADS), the Australian Diabetes Educators Association (ADEA), Dietitians Australia (DA), Exercise and Sports Science Australia (ESSA) and Pharmaceutical Society of Australia (PSA) to develop a position statement based on existing evidenced-based literature and guidelines”, said Mr Brett Fenton, President, ADEA Board.

“The Expert Reference Group agreed that advice should be tailored to the individual’s needs and preferences but should not conflict among health professionals. It is imperative that the multidisciplinary team works cohesively and communicates effectively to provide unified messages to patients.

The position statement recommends that a collaborative, multidisciplinary health team needs to be involved in the professional care and support of an individual with prediabetes. This typically includes, but is not limited to, the General Practitioner and/or Nurse Practitioner, Practice Nurse and/or Credentialed Diabetes Educator, Accredited Practising Dietitian, Accredited Exercise Physiologist or Physiotherapist and their Pharmacist.

Ms Susan Davidson, CEO ADEA said, “This document also emphasises the need for education, which is best provided on diagnosis and as frequently as needed or desired to support any behavioural or pharmacological interventions. Regular and ongoing support from a multidisciplinary health professional is strongly encouraged.

“Once detected, a quality prediabetes education program provided by a qualified healthcare professional, like a Credentialed Diabetes Educator, is essential for the best prognosis.”

The Australian Government’s National Diabetes Strategy 2016-2020 prioritises the prevention of type 2 diabetes and it is the position of the Expert Reference Group that early detection of prediabetes represents a vital step for initiating proactive intervention and support strategies for preventing or delaying the onset of type 2 diabetes and associated comorbidities.

“Like diabetes, prediabetes is a metabolic condition characterised by elevated blood glucose levels. It does not, however, meet the diagnostic criteria for diabetes meaning that there is no systemic intervention and support and this puts people with prediabetes at higher risk of developing cardiovascular disease,” said Dr Sof Andrikopoulos, CEO ADS.

“This is why this position statement was developed to provide consensus-based clinical recommendations for the screening and management of prediabetes in adults in the Australian primary care setting, with a focus on practical implementation.”

A Summary of Recommendations from the position statement follows:

- Individuals with clinical risk factors for prediabetes are recommended to receive formal screening using the Australian Type 2 Diabetes Risk Assessment (AusDRisk) screening tool. For those at high risk, pathology screening is recommended (fasting venous blood glucose test, HbA1c or Oral Glucose Tolerance Test).
- The management of prediabetes should be multi-pronged, including lifestyle interventions, psychological support and with pharmacotherapy as appropriate.
- Care needs to be patient-centred, treating the individual as an active participant in their health care team.
- Lifestyle strategies should include weight reduction, healthy eating, regular physical activity and reducing sedentary behaviour, stress management and smoking cessation, as appropriate. Weight loss of 5-10% has been shown to halve the risk of progression to type 2 diabetes.
- Structured, intensive lifestyle programs have added cost and burden but have the clearest evidence of benefit among people with IGT (evidence of benefit in IFG or raised HbA1c is less certain).
- No medications are TGA-indicated for prediabetes. Glucose-lowering agents (GLA), such as metformin, are generally not as effective as a structured, intensive lifestyle intervention, however, may be beneficial in younger individuals who do not respond to lifestyle interventions alone.
- There is no indication for self-monitoring capillary blood glucose levels by individuals with prediabetes.
- The frequency of ongoing monitoring needs to be individualised. Annual re-testing of HbA1c is recommended (and supported by Medicare). Other health outcomes, such as weight and blood pressure, can be reassessed more regularly, for example, to assess the efficacy of interventions and any disease progression.

“It is our hope that this will assist in planning service requirements and support health professional bodies and health services advocacy for increased services to improve outcomes for adults diagnosed with prediabetes”, said Ms Davidson.

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