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## Prediabetes management

### STEP 1

#### Educate patient regarding diagnosis

- Counsel on the risks associated with prediabetes, the availability of multiple effective treatments and the potential reversibility of condition
- It may be reasonable to pursue more than one form of treatment

### STEP 2

#### Consider three key treatment options, engage in shared decision-making and formalize treatment plan

##### National Diabetes Prevention Program lifestyle change program

###### Determine eligibility and make referral

- CDC eligibility criteria<sup>3</sup>: BMI of  $\geq 25$  kg/m<sup>2</sup> ( $\geq 23$  kg/m<sup>2</sup> if Asian American) plus:
  - Blood test result consistent with prediabetes within the past year (may be self-reported) **or**
  - History of gestational diabetes **or**
  - Elevated score on [doihaveprediabetes.org](http://doihaveprediabetes.org) risk assessment test

##### Metformin

###### Determine if clinically appropriate and prescribe

- Metformin is not FDA-approved for the indication of preventing diabetes, however there is substantial evidence for efficacy and safety
- Metformin may be more helpful for patients with persistent abnormal glycemic status despite lifestyle change, women with a history of gestational diabetes, and patients at highest risk for progression to type 2 diabetes (higher blood glucose levels and/or very elevated BMI)<sup>4</sup>
- Consider potential contraindications

##### Medical nutrition therapy

###### Make referral according to standard process

**Note:** Regardless of what treatment option is selected or if patient does not desire treatment, conduct follow-up as outlined in Step 3 and continue to engage patient about treatment in future encounters

### STEP 3

#### Follow up regularly

- Monitor laboratory tests at least annually in patients with prediabetes
- Monitor patient progress throughout treatment and reassess risk

DISCLAIMER: Adherence to this protocol may not identify prediabetes/diabetes or achieve prediabetes/diabetes management in every situation. Furthermore, this information should not be interpreted as setting a standard of care, or be deemed inclusive of all proper methods of care, nor exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific therapy must be made by the physician and the patient in light of all the clinical factors, including labs, presented by the individual patient. This protocol reflects the best available evidence at the time that it was prepared. The results of future studies may require revisions to the recommendations in this protocol to reflect new evidence, and it is the clinician's responsibility to be aware of such changes.

3. Centers for Disease Control and Prevention. Centers for Disease Control and Prevention Diabetes Prevention Recognition Program standards and operating procedures [Internet]. 2018. Available from <http://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>.

4. American Diabetes Association 3.Prevention or delay of Type 2 Diabetes: standards of medical care in diabetes- 2019. Diabetes Care. 2019;42(Suppl 1):S29-S33.