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SPECIAL ARTICLE

Consensus on the detection and management of prediabetes. Consensus and Clinical Guidelines Working Group of the Spanish Diabetes Society^{☆,☆☆}



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Abstract In Spain, according to the Di@bet.es study, 13.8% of the adult population suffers from diabetes and 14.8% from some form of prediabetes (impaired glucose tolerance, impaired fasting glucose or both). Since early detection of prediabetes can facilitate the implementation of therapeutic measures to prevent its progression to diabetes, we believe that preventive strategies in primary care and specialized clinical settings should be agreed. Screening for diabetes and prediabetes using a specific questionnaire (FINDRISC) and/or the measurement of fasting plasma glucose in high risk patients leads to detecting patients at risk of developing diabetes and it is necessary to consider how they should be managed. The intervention in lifestyle can reduce the progression to diabetes and reverse a prediabetic state to normal and is a cost-effective intervention. Some drugs, such as metformin, have also been shown to be effective in reducing the progression of diabetes but are not superior to non-pharmacological interventions. Finally, an improvement in some cardiovascular risk factors has been observed although there is no strong evidence supporting the effectiveness of screening in terms of morbidity and mortality.

The Consensus and Clinical Guidelines Working Group of the Spanish Diabetes Society has issued some recommendations that have been agreed by the Spanish Society of Endocrinology and Nutrition, Spanish Society of Pediatric Endocrinology, Spanish Society of Community Pharmacy, Spanish Society of Family and Community Medicine, Spanish Society of General Practitioners, Spanish Society of Primary Care Physicians, Spanish Society of Internal Medicine Association Community Nursing and Red Group Study of Diabetes in Primary Care.

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¹ A list of components Consensus Working Group and Clinical Guidelines of the Spanish Society of Diabetes is available on the [Appendix](#).

PALABRAS CLAVE

Prediabetes;
Diabetes;
Detección;
Prevención;
Recomendaciones;
Estilo de vida;
Metformina

Consenso sobre la detección y el manejo de la prediabetes. Grupo de Trabajo de Consensos y Guías Clínicas de la Sociedad Española de Diabetes

Resumen En España, según datos del estudio Di@bet.es, un 13,8% de la población adulta padece diabetes y un 14,8% algún tipo de prediabetes (intolerancia a la glucosa, glucemia basal alterada o ambas). Puesto que la detección precoz de la prediabetes puede facilitar la puesta en marcha de medidas terapéuticas que eviten su progresión a diabetes, consideramos que las estrategias de prevención en las consultas de atención primaria y especializada deberían consensuarse. La detección de diabetes y prediabetes mediante un cuestionario específico (test de FINDRISC) y/o la determinación de la glucemia basal en pacientes de riesgo permiten detectar los pacientes con riesgo de desarrollar la enfermedad y es necesario considerar cómo debe ser su manejo clínico. La intervención sobre los estilos de vida puede reducir la progresión a diabetes o hacer retroceder un estado prediabético a la normalidad y es una intervención coste-efectiva. Algunos fármacos, como la metformina, también se han mostrado eficaces en reducir la progresión a diabetes aunque no son superiores a las intervenciones no farmacológicas. Finalmente, aunque no hay pruebas sólidas que apoyen la eficacia del cribado en términos de morbimortalidad, sí que se ha observado una mejora de los factores de riesgo cardiovascular.

El Grupo de Trabajo de Consensos y Guías Clínicas de la Sociedad Española de Diabetes, ha elaborado unas recomendaciones que han sido consensuadas con la Sociedad Española de Endocrinología y Nutrición, la Sociedad Española de Endocrinología Pediátrica, la Sociedad Española de Farmacia Comunitaria, la Sociedad Española de Medicina Familiar y Comunitaria, la Sociedad Española de Médicos Generales, la Sociedad Española de Médicos de Atención Primaria, la Sociedad Española de Medicina Interna y la Asociación de Enfermería Comunitaria y la Red de Grupos de Estudio de la Diabetes en Atención Primaria.

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Background: concept and definition

The term “prediabetes”, also known as “intermediate hyperglycemia or “dysglycemia”, includes the presence of impaired fasting glucose (IFG), impaired glucose tolerance (IGT) or both conditions simultaneously (IFG + IGT). These conditions all involve a high risk of developing type 2 diabetes (DM2) and experiencing cardiovascular complications.¹ The IFG, defined by the World Health Organization (WHO) as 110–125 mg/dL and by the American Diabetes Association (ADA) as 100–125 mg/dL,¹ is an intermediate condition between normal baseline glycemia (BG) and diabetes. IGT is defined as a plasma glycemia level between 140 mg/dL and 199 mg/dL 2 h after the 75-g oral glucose tolerance test (OGTT). There is currently no single consensus term for prediabetes based on glycosylated hemoglobin (HbA1c). The ADA considers prediabetes as an HbA1c value between 5.7% and 6.4%, while National Institute for Health and Care Excellence (NICE)² proposes an interval of 6–6.4%.

Prediabetes is associated with a greater risk of developing DM2, but the progression is avoidable. More than half of all Europeans have IFG or IGT until the end of their lives.² The average risk of developing DM2 increases by 0.7% per year for individuals with normal glucose levels and by 5–10% per year for those with IFG or IGT. Individuals with IFG and IGT simultaneously have twice the likelihood of developing DM2 than those who only have one of the conditions.² However, it is possible to return to normal from a prediabetic condition. It has been shown that during a 3–5 year period, approximately

25% of individuals’ progress to DM2, 25% return to a normal glucose tolerance condition and 50% remain in the prediabetic condition.³

According to data from the *Di@bet.es* study, 14.8% of the adult study population in Spain experienced some form of prediabetes (IFG [110–125 mg/dL], 3.4%; IGT, 9.2%; and both, 2.2%; after adjusting for age and sex).⁴

The workgroup has performed a narrative review of the clinical practice guidelines and publications related to the detection of prediabetes and its treatment to prevent diabetes, using the following literature search criteria: prediabetes (MESH) and free text; clinical query: diagnosis and rules of clinical prediction in the MEDLINE (Ovid), EMBASE (Ovid) and Cochrane (Willey) databases from 2008 to March 2014.

Table 1 shows the summary of the recommendations and the levels and quality of evidence applying the GRADE system (Grading of Recommendations, Assessment, Development and Evaluation) (<http://www.gradeworkinggroup.org/>). Appendix 1 (available on the web) lists the classification of the GRADE system.

Detection of prediabetes

Screening strategies for diabetes and prediabetes

There are several strategies for the screening of diabetes³ that help detect prediabetic conditions:

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