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More aggressive care, detection urged for diabetes

Earlier testing, stricter standards recommended at conference

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Diabetes should be detected earlier and treated more aggressively under new guidelines aimed at heading off devastating complications of the disease.

A conference of international diabetes experts, convened by the American College of Endocrinology and the American Association of Clinical Endocrinologists, made these recommendations Tuesday:

- ▶ Begin screening people at high risk for diabetes at age 30. Current guidelines call for screening at age 45, but federal health studies found a 71% increase in diabetes among people in their 30s in the last decade.

- ▶ Aim for lower blood sugar levels. The desired score on a test called A1c, which measures blood sugar control over the previous three-month period, should be 6.5% in people with diabetes, down from the current 8%. A score of 6% is normal for people without diabetes. This brings U.S. standards into conformity with European guidelines, says conference co-chair Jaime Davidson, an endocrinologist at Medical City Dallas Hospital.

- ▶ Diabetics who monitor their blood sugar levels should aim for a score of 110 or lower before eating (109 or lower is normal in non-diabetics) and 140 or less two hours after a meal. In non-diabetics, a score of 109 or lower is normal.

The consensus panel also broadened the list of factors that put people in the "high-risk" category for diabetes, adding women who have delivered a baby weighing more than 9 pounds and women with polycystic ovaries. Others risk factors include being overweight; sedentary; a member of ethnic minority groups; having a family history of diabetes; cardiovascular disease; high blood pressure; high blood fat levels; a pre-diabetic condition called impaired glucose tolerance; or a history of gestational diabetes.

Claresa Levetan, conference co-chair and director of diabetes education at Washington (D.C.) Hospital Center, says the new guidelines can "change the course of history" by allowing earlier diagnosis and better management of diabetes and its complications. "Now, for the first time, patients and physicians will have clear, concise goals."

Diabetes is caused by the body's inability to produce enough, or to efficiently use, the hormone insulin, which regulates the way sugar is converted to energy. More than 16 million Americans have the disease, and about a third do not know it, experts say. Diabetes can damage blood vessels, leading to blindness, kidney disease, nerve damage and amputation.

"We know that at the time of diagnosis, 50% of people with diabetes already have a blood vessel complication," says Levetan. "In this country, we have been diagnosing diabetes seven to 10 years after the diabetes has been present."

Rhoda H. Cobin, president of the American Association of Clinical Endocrinologists, says patients at risk for diabetes should be tested, and if their blood sugar is above normal, they should take it seriously. "When somebody says, 'you just have a little bit of sugar,'" Cobin says, "we know you have a killer disease."