

# Screening for Type 2 Diabetes

## Report of a World Health Organization and International Diabetes Federation meeting



**World Health Organization**

**Department of Noncommunicable Disease Management**

**Geneva**

**Boehringer Ex. 2003**

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Boehringer Ex. 2003

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# 1 Introduction

Over the past decade it has been obvious that the prevalence of type 2 diabetes is increasing rapidly. Unless appropriate action is taken, it is predicted that there will be at least 350 million people in the world with type 2 diabetes by the year 2030. This is double the current number. Equally alarming and less well known is the fact that, of these people, only around one half are known to have the condition. This has been shown repeatedly in epidemiological surveys. An added concern is that half of those who do present with type 2 diabetes clinically already have signs of the complications of the disorder.

It has not yet been proven that earlier detection will improve the outcome of people with type 2 diabetes, but it seems logical to suggest that it may help. The implication of this is that people need to be screened for diabetes on a regular basis. There is still uncertainty whether this should be done on a population-wide basis or just for those people who can be shown to have a high risk. It is also uncertain at what age the screening programmes should be introduced, if at all.

This report focuses solely on screening for type 2 diabetes in non-pregnant adults. It does not consider screening for type 1 diabetes, screening for type 2 diabetes in children, nor screening for gestational diabetes. This is not to imply that these topics are unimportant. On the contrary, they are each important enough to require detailed consideration in their own right.

It is clear to both the World Health Organization (WHO) and the International Diabetes Federation (IDF) that guidance is needed for both our member countries and member associations. Because of this the WHO and the IDF have come together to produce this document, which, though it poses as many questions as it answers, is a clear and logical start to a very serious debate. We hope that the report will provide guidance and provoke discussion and new studies and in the long term will be of benefit to the many people in the world with and at risk of type 2 diabetes.

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