Standard Operating Procedure

Screening, Diagnosis, and Management of Prediabetes

Special Region (1)

Union of Myanmar

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Approved by: Internal medicine unit

1. PURPOSE

To provide a standardized, evidence-based approach for early identification and prevention of Type 2 Diabetes Mellitus.

2. DEFINITION

Prediabetes is a high-risk metabolic state:

- FBS: 100–125 mg/dL

- OGTT: 140–199 mg/dL

- HbA1c: 5.7–6.4%

Any criterion is adequate to diagnose prediabetes. Combined criteria are not necessary. If necessary, repeat the test (using same or different test).

3. SCREENING

ALL adults ≥35 years	ALL adults < 35 years and any of the following criteria: • BMI ≥23 kg/m^2 (Asian cut-off) • Family history of diabetes • Hypertension • Dyslipidaemia • History of **gestational diabetes** (GDM) • Sedentary lifestyle • Cardiovascular disease • Polycystic ovarian syndrome (PCOS)

If Initial Test is NORMAL

Repeat screening:

- **Every 3 years** (standard recommendation)

Applies to:

- Adults ≥35 years
- No major risk factors

If HIGH-RISK (Even if Normal Initially)

Screen **more frequently:**

- **Every year**

High-risk includes:

- BMI ≥23 kg/m^2 (Asian)
- Family history of diabetes
- Hypertension / dyslipidaemia
- Previous gestational diabetes
- Cardiovascular disease
- Sedentary lifestyle

If Prediabetes Already Diagnosed

Monitor progression:

- **Every 1 year (minimum)**
- Preferably:
    - FBS every 6 months
    - HbA1c every 6 months

Pregnancy (GDM history)

- Screen **Annually lifelong**

Summary

Group	Frequency
Normal, low risk	Every 3 years
High risk	Every year
Prediabetes	Every 3–6 months (FBS)
GDM history	Every year

4. MANAGEMENT

Prediabetes is **REVERSIBLE** with early intervention.

Lifestyle modification is first line:

- Weight loss 5–10%

- Exercise ≥150 min/week

- Diet modification

5. PHARMACOLOGICAL Treatment

Indications for Metformin

Start Metformin if:

Age <60 AND any of the following criteria:

- BMI ≥27.5
- FBS ≥110 mg/dL
- HbA1c ≥6.0%
- History of gestational diabetes

Dose of Metformin

Phase	Dose
Start	500 mg once daily
Titrate	Increase weekly
Target	1000 mg BD (if tolerated)

Contraindications

- eGFR <30 ml/min
- Severe liver disease
- Alcohol abuse

6. RISK MANAGEMENT

Even in prediabetes:

- Screen for:
    - Hypertension
    - Dyslipidaemia
- Initiate:
    - Statins if indicated
    - BP control

7. REFERRAL CRITERIA

Refer to specialist if:

- Rapid progression
- Multiple comorbidities

- Suspected secondary diabetes
- Pregnancy / GDM

8. REFERENCES

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5. NICE Guideline NG28. Type 2 diabetes prevention. 2019.