

Screening programs for diabetes should be targeted at high risk patients

How should investments in improved diabetes care be prioritized to most rapidly reduce microvascular complications? Morbidity from type 2 diabetes can be most effectively reduced by first developing ways to modestly improve the glycemic control of known diabetics with high A1c's and early onset of disease before trying to institute widespread screening for diabetes. In designing screening programs, targeting those at high risk for diabetes and its complications can significantly reduce the number of persons who need to be screened, while preserving a large component of the benefit of screening. *Hofer TP, Vijan S, Hayward RA. Estimated benefits in reduction of microvascular complications from a national screening program for type 2 diabetes. Journal of General Internal Medicine; 1998; 13 (Suppl. 1).* Contact: Tim Hofer, MD, (734) 930-5100, e-mail at thofer@umich.edu.