

## POSITION ON COMMUNITY-BASED BLOOD GLUCOSE SCREENING

Diabetes Australia – Vic (DA–Vic) does not undertake nor advocate community-based random blood glucose testing such as finger prick tests as a screening method for diabetes. DA–Vic **strongly recommends** that these activities not be undertaken in the community as part of diabetes awareness programs.

### RATIONALE

This position is supported by the Australian Diabetes Educators Association<sup>1</sup> and the American Diabetes Association<sup>2</sup>, and is consistent with the National Health & Medical Research Council Guidelines<sup>3</sup>.

The position has been adopted by DA–Vic on the basis of the following:

- Community-based blood glucose screening is **not diagnostic**. Blood glucose readings obtained through random capillary sampling may be misinterpreted and there is no opportunity for appropriate follow-up. Diagnosis can only be made on the basis of a plasma glucose test at a pathology laboratory or using point of care testing with an approved analyser with appropriate quality assurance. A fasting sample is preferred
- Use of blood glucose meters for screening or diagnosis is not appropriate
- **Outcomes** of random community-based tests are **influenced by a range of variables**, such as operator skill, equipment used, type of food previously consumed, etc
- There is a risk of **needle stick injury** and **transmission of blood-borne viruses**
- **Community blood glucose testing/screening is not** cost-effective
- Blood glucose testing **does not promote risk reduction**
- It is inappropriate to test for diabetes, and for people to be informed of the outcome or its potential implications, in a public place.

### RECOMMENDED COMMUNITY BASED ACTIVITIES

Diabetes Australia – Vic recommends that community-based activities incorporate:

- Promotion of awareness of risk factors and symptoms of type 2 diabetes
- Non–invasive risk assessment methods based on the known risk factors (as specified by appropriate guidelines<sup>3</sup>) through use of questionnaires or similar eg the AUSDRISK<sup>4</sup> test or the Life! Risk Assessment Test
- Referral of individuals identified as being at high risk to their general practitioner for appropriate follow-up, including clinical screening if appropriate or alternatively as part of a co-ordinated program, point of care testing using appropriate analysers with appropriate quality assurance and access to counselling
- Promotion of lifestyle change to address risk factors that can be modified, including weight reduction, increased physical activity and healthy eating.

### FURTHER INFORMATION

For further information please contact Diabetes Australia – Vic:

Phone: 9667 1777 or toll free 1300 136 588

Email: [mail@diabetesvic.org.au](mailto:mail@diabetesvic.org.au)

<sup>1</sup> Australian Diabetes Educators Association (ADEA) Use of BG meters, 2005. Available on ADEA web site: [www.adea.com.au](http://www.adea.com.au)

<sup>2</sup> American Diabetes Association Position Statement, Screening for Type 2 Diabetes. *Diabetes Care* 26 (Suppl), S21-S23, Jan 2003.

<sup>3</sup> NH&MRC *National Evidence Based Guidelines for the Management of Type 2 Diabetes Mellitus: Primary Prevention, Case Detection and Diagnosis* December 2001.

<sup>4</sup> The Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK). COAG Diabetes *Reducing the risk of type 2 diabetes* initiative, Australian Government Dept of Health & Ageing 2008.