Superscript #	Subject Superscript	Description
1	Signs of insulin resistance	• Hypertension • Dyslipidemia (<HDL; elevated non-HDL; elevated TG/HDL ratio) • Acanthosis Nigricans/Skin tags • Polycystic Ovarian Syndrome
2	Selective screening in high-risk populations	Racial/ethnic groups ranked from most to least at-risk for prediabetes and diabetes due to genetic and environmental factors: • Native American (most at-risk) • African American • Hispanic • Asian American • Pacific Islander (least at-risk)
3	American Diabetes Association lab-based classifications for normal, prediabetes, and diabetes ranges	**Normal** / **Prediabetes** / **Diabetes** **HA1C**: < 5.7% / ≥ 5.7% and ≤ 6.4% / ≥ 6.5% **FPG**: < 100 mg/dL / ≥ 100 to 125 mg/dL / ≥ 126 mg/dL **AND** diabetes symptoms **2-hr OGTT**: < 140 mg/dL / ≥ 140 to 199 mg/dL / ≥ 200 mg/dL Children with FPG values between 86-99 md/dL have 2 times the risk for developing diabetes and 3.4 times the risk for developing prediabetes as an adult regardless of weight status.
4	HA1C as a primary screening tool	• **AVOID screening with HA1C in the following patients:** ○ **HbSS, HbCC, and HbSC** due to associated anemia, increased red blood cell turnover, and rigorous transfusion requirements that distort A1C reading ○ **Anemia** due to risk of falsely high reading ○ **Iron deficiency** due to risk of falsely high reading ○ **Heavy (menstrual) bleeding** due to risk of a falsely low reading ○ **Kidney failure** ○ **Liver failure** ○ **Hemoglobinopathies (i.e. thalessemias)**
5	Lifestyle interventions	• Nutrition: Create tailored dietary prescription with monthly follow-up. • Weight management: ○ Primary goal: weight maintenance ○ Secondary goal: loss of 0.5-1 kg per month in growing patients **OR** 0.5-1 kg per week in post-pubertal adolescents to achieve 5% to 10% weight percentile drop **OR** < 85th percentile for BMI • Exercise: ○ Aerobic exercise 1-hr daily (walk, run, team sports, bike, hike, etc.) ○ Strength exercise 3X per week ✔ Body weight exercises such as push-ups, planks, sit-ups, and squats are recommended for children and adolescents ✔ Resistance band, light free weight, and light weight machine exercises are recommended in adolescents with proper training • Behavior: <2 hours of non-academic screen time is recommended
6	Utility of the 2-hr OGTT	The 2-hr OGTT is not a preferred screening test due to limited feasibility, costliness, and the burden it imposes on patients.

Citations:
•Children's National Hospital Endocrinology Department
•Academy of Nutrition & Dietetics, Evidence Analysis Library of the Academy of Nutrition & Dietetics, 2015, https://www.andeal.org/topic.cfm?menu=5296&cat=5632
•American Diabetes Association, *Diabetes Care*, 2020, https://doi.org/10.2337/dc20-s013
•American Diabetes Association, *Diabetes Care*, 2020, https://doi.org/10.2337/dc20-s002
•American Diabetes Association, *Diabetes Care*, 2020, https://doi.org/10.2337/dc20-s015
•American Diabetes Association, *Diabetes Care*, 2020, https://doi.org/10.2337/dc20-s005
•American Diabetes Association, *Diabetes Care*, 2020, https://doi.org/10.2337/dc20-s006

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