

# Type 2 Diabetes

## FAST FACTS

# 5,700

new diagnoses every year

**A strong risk factor for type 2 diabetes is having a parent or sibling with type 2 diabetes.**

**Children from communities of color or lower socioeconomic groups are at increased risk for type 2 diabetes.**

Type 2 diabetes is on the rise in children and adolescents. The disease is more aggressive in children and adolescents than it is in adults (faster progression, more likely to require insulin therapy, earlier complications).

The following measures indicate that a child has type 2 diabetes:

1. Hemoglobin A1C  $\geq 6.5\%$
2. Fasting glucose  $\geq 126$  mg/dL
3. Two-hour value post glucose load on oral glucose tolerance testing (OGTT) or random glucose  $>200$ mg/dL

Type 2 diabetes can develop with no symptoms or can have a severe presentation such as diabetic ketoacidosis (DKA) or hyperosmolar hyperglycemic state (HHNS).

## ASSESSMENT

As part of a routine overweight/obesity screening, perform history and physical exam.

Assess for:

- Family history of type 2 diabetes
- Acanthosis nigricans, an indication of insulin resistance

If concerned for diabetes, order labs. The optimal screening is a hemoglobin A1C +/- a fasting glucose test or random glucose test. Oral glucose tolerance testing could also be considered to assess glucose tolerance. Screening labs should be ordered for patients with BMI over 95th percentile or 85th percentile with risk factors such as family history or race/ethnicity.

## HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS

- Lab criteria met as outlined above
- Polydipsia
- Dehydration
- Polyuria

## MANAGEMENT/TREATMENT

Type 2 diabetes in children should be managed by a pediatric endocrinologist.

Lifestyle counseling is the mainstay of treatment, but because the disease is aggressive in children, medication is usually initiated at diagnosis. Metformin is the first line of treatment in all ages, but GLP-1 agonist therapies also are approved in children. Insulin may also be needed.

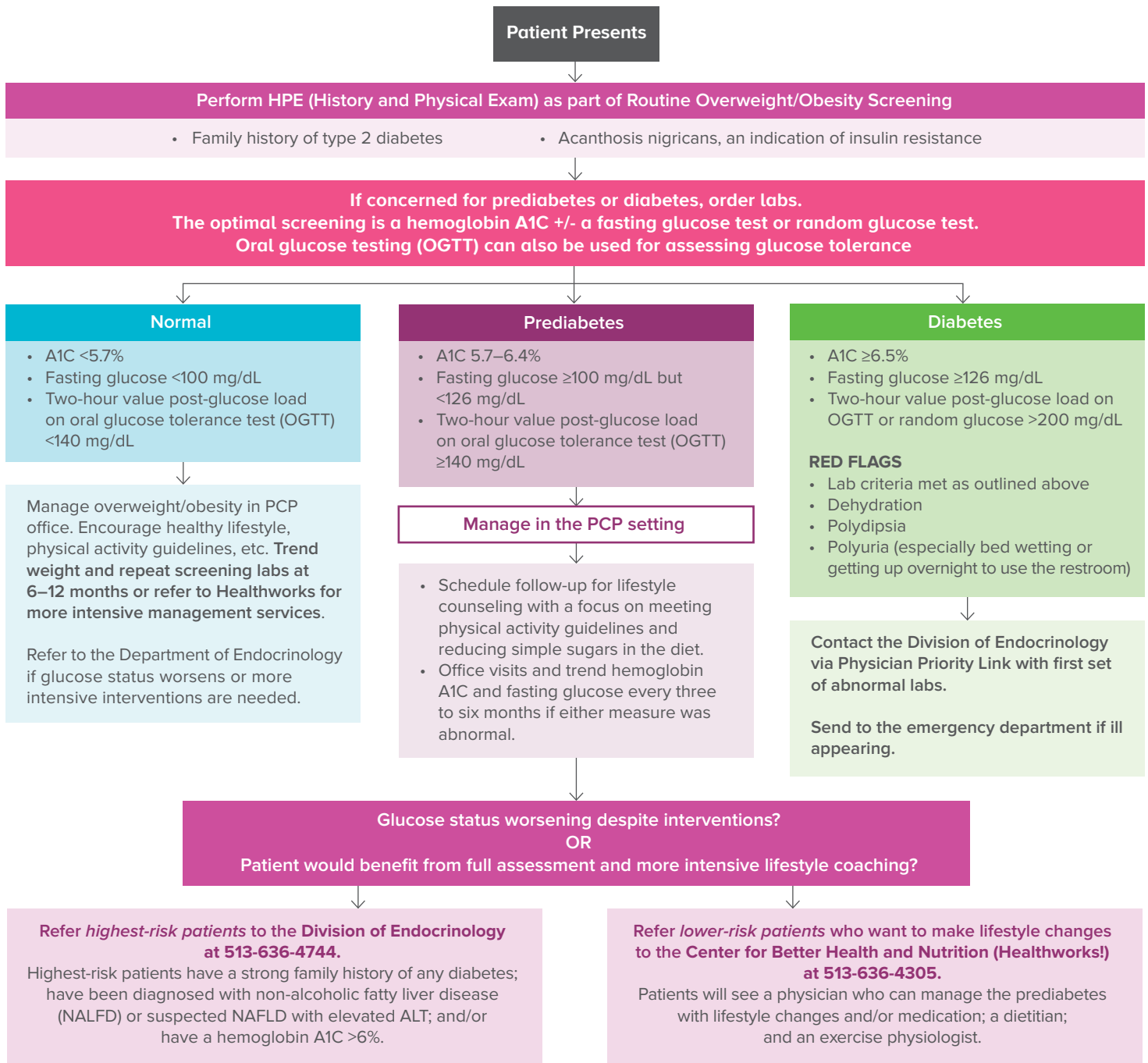
## WHEN TO REFER

Contact the Division of Endocrinology via Priority Link with the first set of abnormal labs. If child is ill appearing, send to the emergency department.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

**For urgent issues or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.**

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Refer to *either* Endocrinology or Healthworks! Patients do not need both.

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