Delay in Diagnosis of Diabetes Is Not the Patient's Fault

Lisa-Ann Fraser, Emory University
Jennifer Twombly, Emory University
Ming Zhu, Emory University
Qi Long, Emory University
John Hanfelt, Emory University
K.M. Venkat Narayan, Emory University
Peter W Wilson, Emory University
Lawrence S Phillips, Emory University

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Delay in Diagnosis of Diabetes Is Not the Patient’s Fault

Previous reports have suggested that onset of diabetes occurs 4–7 years before clinical diagnosis (1). However, it is not known whether delay in diagnosis reflects patient factors, such as lack of medical visits or glucose measurements, or provider factors, such as clinical inertia (2).

We reviewed the charts of 50 patients selected for delayed diagnosis at the Atlanta Veterans Affairs (VA) Medical Center. Date of first diabetes range hyperglycemia (D1) was defined by outpatient fasting plasma glucose (0630–1000 h) ≥126 mg/dl, random glucose (1001–1800 h) ≥200 mg/dl, 2-h post–oral glucose tolerance test (OGTT) glucose ≥200 mg/dl, or A1C ≥6.5%. Date of second diabetes range hyperglycemia (D2) was defined by having any two of these values or any value twice. The date of diagnosis was defined by initial use of ICD-9 code 250.xx at a primary care visit, any use of the code twice, and/or initial prescription of a diabetes drug—criteria (clinical inertia) as the cause of delay.

This review included only 50 male Atlanta VA Medical Center patients and therefore may have limited generalizability. However, the findings suggest that practitioners need to improve their response to glycomic indexes that indicate that diabetes is likely, particularly random plasma glucose ≥125 mg/dl (4) and A1C ≥6.5% (5). Although OGTTs were rare, abnormal results were followed quickly by a diagnosis, implying that elevated glucose levels may also be more likely to prompt diagnosis if tests are ordered for screening rather than routine chemistry. Further analysis of the basis for the delay in diagnosis may lead to better approaches to aid recognition of diabetes early in its natural history.

Lisa-Ann Fraser, md
Jennifer Twombly, md, phd
Ming Zhu, ms
Qi Long, phd
John J. Hanfelt, phd
K.M. Venkat Narayan, md, mph
Peter W.F. Wilson, md
Lawrence S. Phillips, md

From the 1Division of Endocrinology and Metabolism, Department of Medicine, University of Western Ontario, London, Ontario, Canada; the 2Division of Endocrinology and Metabolism, Emory University School of Medicine, Atlanta, Georgia; the 3Department of Biostatistics and Bioinformatics, Rollins School of Public Health, Emory University, Atlanta, Georgia; the 4Hubert Department of Global Health, Rollins School of Public Health, Emory University, Atlanta, Georgia; the 5Department of Medicine, Emory University School of Medicine, Atlanta, Georgia, the 6Division of Cardiology, Emory University School of Medicine, Atlanta, Georgia, and the 7Veterans Administration Medical Center, Decatur, Georgia.

Corresponding author: Lawrence S. Phillips, medspa@emory.edu.

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