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

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OBSERVATIONS

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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, 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, of which 5% were to primary care. Patients were seen by a wide range of various primary care physicians, nurse specialists, and physician assistants. In 60% of cases, the primary care provider’s note mentioned hyperglycemia without a diagnosis or follow-up plan, and often subsequent notes would not mention glucose again despite continued elevations; 46% of patients had glucose levels >125 mg/dl entered into the note without mention of hyperglycemia. Only two patients had OGTTs (both with normal fasting but elevated 2-h glucose levels). Only five patients (10%) were recorded as missing scheduled appointments, and there was no documentation of patients missing blood tests.

Our review reveals that delay in diagnosis of diabetes is likely to prompt diagnosis if tests are ordered 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.

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