

Today's date \_\_\_\_\_

Venue/event \_\_\_\_\_

Name of helper \_\_\_\_\_

Patient's name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Patient's date of birth (DD/MM/YYYY) \_\_\_\_\_

Dear Doctor,

Today the person named above attended Type 2 diabetes screening in your local area using Diabetes UK's Diabetes Risk Score. According to their risk score, their risk of developing diabetes within the next 10 years is:

Moderate (an estimated 1 in 33 chance of having Type 2 diabetes and a 1 in 7 chance of having non-diabetic hyperglycaemia).

High (an estimated 1 in 14 chance of having Type 2 diabetes and a 1 in 3 chance of having non-diabetic hyperglycaemia).

**Diabetes UK recommends that your patient should now:**

(Moderate risk) Attend clinic for further follow up, possible tests and referral for lifestyle advice. We have advised your patient to make an appointment to see you.

(High or moderate risk) Attend clinic for Type 2 diabetes diagnostic tests and lifestyle advice.

We have advised your patient to make an appointment to see you.

Yours faithfully \_\_\_\_\_

## NOTES FOR GPs

The Type 2 diabetes risk score can be used to reliably identify those at high risk of IGR in multi-ethnic populations. The score is simple (seven questions), non invasive and applicable to a wide variety of settings.

- This tool can be used as part of a first stage screening strategy in line with the NHS Health Check programme and a recommendation for screening for Type 2 diabetes.
- It was developed using data from 6,390 subjects aged 40–75 from the ADDITION-Leicester screening study from a multi ethnic UK setting (76% White European, 22% South Asian, 3%

other). All participants were given a 75g Oral Glucose Tolerance Test.

- It was developed using logistic regression models for predicting IGR (IFG/IGT/T2DM) using data from self-reported questionnaires.
- The best fitting model externally validated the tool, using data from 3,298 subjects aged 40–75 screened as part of a previous independent screening study.
- The format and design elements were piloted in a local patient population on several occasions to establish the clearest method of providing the risk score and communication of the results.