

## SCREENING CHEAT SHEET

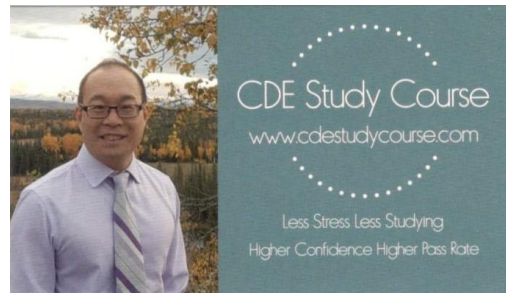
Screening parameters are different for type 1 and type 2 diabetes because of the difference in the acuity of the symptoms. Type 2 diabetes is often screened right away as it is difficult to pinpoint the exact time of diagnosis. Details at the bottom.

Screening Parameter	Adult with Type 2 DM	Adult with Type 1 DM	Children with type 1 DM	Children with type 2 DM
Diabetes	Screen adults aged $\geq 40$ q3 years or sooner/more often if they have additional risk factors. Screen indigenous adults aged $> 18$ q6-12 months if they have additional risk factors	None	None	None in the general population but can be considered every 2 years if they meet the criteria on S251 Recommendation #3
Nephropathy	Yearly starting at diagnosis	Yearly starting 5 years after diagnosis	After puberty if diagnosed early, or 5 years after diagnosis	Yearly starting at diagnosis of DM
Retinopathy	Screening at diagnosis. If retinopathy present screen more frequently. If not q1-2 years	Yearly screening if duration of DM $> 5$ years. If retinopathy present screen more frequently	Yearly screening at age 15 if duration of DM $> 5$ years. Can be q2years if good control, DM duration $< 10$ yr and no retinopathy at initial assessment	Yearly starting at diagnosis of DM
Neuropathy and foot checks	Yearly starting at diagnosis. More frequently if high risk	Yearly, if duration of DM $> 5$ years after puberty. More frequently if high risk	Yearly at age $\geq 15$ if poor control and if duration of DM $> 5$ years. More frequently if high risk	Yearly starting at diagnosis of DM. More frequently if high risk
Erectile Dysfunction	All adult men should be screened regularly	All adult men should be screened regularly		

Dyslipidemia	At diagnosis. If treatment is not initiated, repeat every 1 to 3 years based on CV risk. Repeat testing should be performed 3 to 6 months if treatment initiated to verify lipid targets are being met. Target is LDL<2 & TG<1.5	At diagnosis. If treatment is not initiated, repeat every 1 to 3 years based on CV risk. Repeat testing should be performed 3 to 6 months if treatment initiated to verify lipid targets are being met. Target is LDL<2 & TG<1.5	Delay screening until metabolically stable. Screen at 12 and 17 years of age. If age <12: screen only those with BMI >97th percentile, family history of hyperlipidemia or premature CVD	Yearly starting at diagnosis of DM
Hypertension	At least yearly. Target is <130/80	At least yearly. Target is <130/80	At least twice a year	At least twice a year
Fatty Liver now called MASLD Metabolic dysfunction associated steatotic liver disease	Consider screening all individuals with prediabetes or T2D especially if they have metabolic syndrome. Follow up screen depends on Fib-4 score			Yearly starting at diagnosis of DM
Polycystic Ovary Syndrome				Yearly starting at diagnosis of DM in pubertal females
Obstructive Sleep Apnea				At baseline and yearly
Depression/ Binge eating				Yearly starting at diagnosis of DM*
References	MASLD pg 228 of the 2025 MASLD new diabetes chapter Diabetes S18/S296 Nephropathy S202 Retinopathy S211 Neuropathy S219 Erectile Dysfunction S229 Hypertension S186 Dyslipidemia S182	Nephropathy pg. 74 of the 2025 updated CKD in diabetes chapter Retinopathy S211 Neuropathy S219 Erectile Dysfunction S229 Hypertension S186 Dyslipidemia S182	-Nephropathy pg. 74 of the 2025 updated CKD in diabetes chapter This supersedes the old recommendation of yearly screening at age 12 if duration of DM >5 years -See table 5 on pg S239 for details on other screening recommendations	See table 1 on pg S250 for details  *There is a discrepancy in the guidelines for depression/binge eating. On pg S250 it says yearly but pg S252 says bi-annually

According to the 2018 Diabetes Canada guidelines (pg S17) 1-3% of the Canadian population has type 2 diabetes and doesn't know it. It can be difficult to pinpoint when a patient developed type 2 diabetes, so it is assumed that the patient has had diabetes for a long time. Since patients may already have macro or microvascular damage at the time of official diagnosis, screening is done right away. People with type 2 diabetes can have high sugars without any symptoms. This contrasts with type 1 diabetes who usually present with more severe symptoms. For example, a physician refers a 60-year-old patient with newly diagnosed type 2 diabetes to you for diabetes education. He has an A1c of 8.8% and has not seen a physician for several years and feels fine. How long has this patient had diabetes for? A) 10 years B) 5 years C) 1 year D) 1 month? It's not possible to tell, so all the recommended screening should be done right away because it could be any of the above answers.

Determining when a patient develops type 1 diabetes is different. For example, a physician refers a 16-year-old patient with newly diagnosed type 1 diabetes to you for diabetes education. He has an A1c of 8.8% and has not seen a physician for several years and for the last month has had fruity breath, severe nausea, very frequent urination, extreme thirst, severe weight loss and feels extremely unwell. How long has this patient had diabetes for? A) 10 years B) 5 years C) 1 year D) 1 month? For this example, the answer is D because it's unlikely he has survived feeling so unwell for years. It can take years for diabetes to do damage to the organs so screening in type 1 diabetes is usually delayed. If a patient has had type 1 diabetes for only a few weeks/months, then screening is likely going to show no damage and is a waste of your time. That is why the guidelines have delays for screening in patients with type 1 diabetes.



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