

TALKING WITH YOUR PATIENTS ABOUT DIABETES PREVENTION & PRE-DIABETES

Prediabetes is a serious condition affecting 1 out of 3 American adults – that's 86 million people. It is important that people with glucose levels that fall in the range of a prediabetes diagnosis receive counseling on lifestyle changes (see figure). Much has been learned from the Diabetes Prevention Program (DPP) on the effectiveness and impact of weight loss and increased physical activity, which was shown to reduce diabetes risk by 58%. In addition, other factors, including having a more plant-based diet, a diet rich in dairy foods, and getting adequate sleep (7-8 hours) are associated with reduced risk of getting diabetes.

To provide assistance to your patients with prediabetes, find out if within your community, there is a recognized Diabetes Prevention Program (which offers a structured set of classes similar to the DPP). These are often held at YMCA sites which also offer a convenient location for exercising. In addition, identify a Registered Dietitian/Nutritionist (RDN) who can accept referrals for Medical Nutrition Therapy (see resource list below).

Diagnosis of Prediabetes

A1C	5.7-6.4%
IGT 2hr plasma glucose after OGTT	140-199 mg/dL
IFG Fasting plasma glucose	100-125 mg/dL

EVIDENCE BASED RECOMMENDATIONS^{1, 2, 3:}

ADAPTED FROM THE AMERICAN DIABETES ASSOCIATION AND JOSLIN DIABETES CENTER

- Refer patients with prediabetes to an intensive diet and physical activity behavioral counseling program adhering to the tenets of the Diabetes Prevention Program (DPP), targeting a loss of 7% of body weight, and an increase in their moderate-intensity physical activity (such as brisk walking) to at least 150 minutes/week.
- A structured meal plan, which may include menus, snack lists and diabetes specific meal replacements, along with ongoing education and support, is the foundation of the Joslin Diabetes Center's successful weight management program.
- Offer follow-up counseling and maintenance programs for long-term success.
- Consider metformin therapy for prevention of type 2 diabetes in those with BMI>35 kg/m², those aged <60 years and women with prior GDM.

DISCUSSION POINTS: TALKING ABOUT PREDIABETES

- **Modest weight loss helps.** While weight loss is an important part of prediabetes therapy, the amount of weight that needs to be lost is between 5-10% of initial body weight. For your patient, calculate what that means so the target goal is more realistic instead of a goal that may seem unattainable.
- **Be careful of your words.** While diabetes may not be "prevented," research shows that the risk of getting it can be greatly reduced and/or the time of onset delayed.
- **Review the handout.** Point out the importance of eating less (a smaller plate can help), focusing on more non-starchy vegetables (about half the plate), and giving special attention to those foods noted by an asterisk (*) to have an association with reduced risk of diabetes according to the research. Ask the patient about ways they can incorporate more exercise. Remind them that 3 10-minute bouts of exercise is as effective as one 30 minute session. Aim for 150-200 minutes of activity a week. Include some resistance exercises (consider using resistance bands).
- **Help patients find their own solutions.** Avoid telling patients what to do, but ask what small changes they can make. Make suggestions for barrier-free activities (that don't involve extra expense or effort) such as walking. Help them identify factors that limit them from implementing a plan and think through ways to break through the barriers.
- **Ask for a teach-back and an action plan.** When reviewing key action steps your patient can take to help reduce their risk for getting diabetes, close the session by asking what they will agree to do. What step(s) can they take? Try the plate method? Enroll in a class at the YMCA? They'll be more likely to take an action they express.

References:

1. American Diabetes Association. Prevention or delay of type 2 diabetes. Sec. 5. In Standards of Medical Care in Diabetes—2017. Diabetes Care 2017;40 (Suppl.1): S44-S47.
2. Ley SH, Hamdy O, Mohan V, Hu FB. *Prevention and management of type 2 diabetes: dietary components and nutritional strategies.* Lancet. 2014; 383:1999-2007
3. Joslin's Clinical Nutrition Guideline for Overweight and Obese Adults with Type 2 Diabetes, Prediabetes or Those at High Risk for Developing Type 2 Diabetes (Fall 2016 revision) <http://www.joslin.org/info/joslin-clinical-guidelines.html>

Resources:

- National Diabetes Prevention Program: <https://www.cdc.gov/diabetes/prevention/index.html>
Check this website to find one of the nearly 1300 recognized diabetes prevention programs.
- Finding a Registered Dietitian/Nutritionist: <http://www.eatright.org/>
- Apps & Online Programs: Sidekick Health <http://www.sidekickhealth.com/> Prevent Diabetes: <https://go.omadahealth.com/>