

## Pre-Diabetes

Before people develop type 2 diabetes, they almost always have “pre-diabetes” – blood glucose levels that are higher than normal but not yet high enough to be diagnosed as diabetes. There are 57 million people in the United States who have pre-diabetes. Recent research has shown that some long-term damage to the body, especially the heart and circulatory system, may already be occurring during pre-diabetes. Research has also shown that if you take action to manage your blood glucose when you have pre-diabetes, you can delay or prevent type 2 diabetes from ever developing.

### Pre-Diabetes Frequently Asked Questions:

#### 1. What is pre-diabetes and how is it different from diabetes?

Pre-diabetes is a state that occurs when a person’s blood glucose levels are higher than normal but not high enough for a diagnosis of diabetes.

#### 2. Is pre-diabetes the same as Impaired Glucose Tolerance or Impaired Fasting Glucose?

Yes. Medical providers sometime refer to this state of elevated blood glucose levels as Impaired Glucose Tolerance (IGT) or Impaired Fasting Glucose (IFG), depending on which test was used to detect it.

#### 3. Why do we need to give it a new name? Has the condition changed?

The condition has not changed, but what we know about it has. We are giving IGT/IFG a new name for several reasons. Pre-diabetes is a clearer way of explaining what it means to have higher than normal blood glucose levels. It means you are likely to develop diabetes and may already be experiencing the adverse health effects of this serious condition. We now know that people with pre-diabetes can delay or prevent the onset of type 2 diabetes through lifestyle changes.

#### 4. How do I know if I have pre-diabetes?

Your medical provider can use either the fasting blood sugar (FBS) test or the oral glucose tolerance test (OGTT) to detect pre-diabetes. Both require a person to fast overnight. In the FBS test, a person’s blood glucose is measured first thing in the morning before eating. In the OGTT, a person’s blood glucose is checked after fasting and again 2 hours after drinking a glucose-rich drink.

#### 5. How does the FBS test define diabetes and pre-diabetes?

Normal fasting blood glucose is below 100 mg/dl. A person with pre-diabetes has a fasting blood glucose level between 100 and 125mg/dl. If the blood glucose level is greater than 126g/dl a person has diabetes.

#### 6. How does the OGTT define diabetes and pre-diabetes?

In the OGTT, a person’s blood glucose is measured after a fast and 2 hours after drinking a glucose-rich beverage. Normal blood glucose is below 140mg/dl 2 hours after the drink. In pre-diabetes, the 2-hour blood glucose is 140 to 199mg/dl. If the 2-hour blood glucose is greater than 200mg/dl, a person has diabetes.

#### 7. Which test is better?

Either test is appropriate to identify pre-diabetes.

#### 8. Why do I need to know if I have pre-diabetes?

If you have pre-diabetes, you can and should do something about it. Studies have shown that people with pre-diabetes can prevent or delay the development of type 2 diabetes by up to 58 percent through changes to their lifestyle that include modest weight loss and regular exercise. The expert panel recommends that people with pre-diabetes reduce their weight by 5-10 percent and participate in some type of modest physical activity for 30 minutes daily. For some people with pre-diabetes intervening early can actually return elevated blood glucose levels to the normal range.

#### 9. Will my insurance cover testing and treatment?

Because all insurance plans are different, this is a difficult question to answer. It is best to consult with your medical provider and health insurance plan with specific coverage questions.

#### 10. What is the treatment for pre-diabetes?

Treatment consist of losing a modest amount of weight (5-10 percent of total body weight) through diet and moderate exercise, such as walking, 30 minutes a day, 5 days a week. Don’t worry if you can’t get to your ideal body weight. A loss of just 10 to 15 pounds can make a huge difference. If you have pre-diabetes, you are at a 50 percent increased risk for heart disease or stroke, so your doctor may wish to treat or counsel you about cardiovascular risk factors, such as tobacco use, high blood pressure, and high cholesterol.

#### 11. Who should get tested for pre-diabetes?

If you are overweight and age 45 or older, you should be checked for pre-diabetes. If your weight is normal and you are over age 45, you should ask your medical provider if testing is appropriate. For adults younger than 45 and overweight, your provider may recommend testing if you have any other risk factors for diabetes or pre-diabetes. These include high blood pressure, low HDL cholesterol and high triglycerides, a family history of diabetes, a history of gestational diabetes or giving birth to a baby weighing more than 9 pounds, or belonging to an ethnic or minority group at high risk for diabetes.

#### 12. How often should I be tested?

If your blood glucose levels are in the normal range, it is reasonable to be checked every 3 years. If you have pre-diabetes, your medical provider will discuss with you the appropriate interval to recheck your blood glucose.

#### 13. Could I have pre-diabetes and not know it?

Absolutely. People with pre-diabetes don’t often have symptoms, and since symptoms develop so gradually, people often don’t recognize them. Symptoms of diabetes include unusual thirst, a frequent desire to urinate, blurred vision, or a feeling of being tired most of the time for no apparent reason.

#### 14. Should children be screened for pre-diabetes?

At this time, there is not enough evidence to support screening children for pre-diabetes.

In conclusion, there is much you can do yourself to know your risks for pre-diabetes and to take action to prevent diabetes if you have, or are at risk for, pre-diabetes. The American Diabetes Association has a wealth of resources for people with diabetes. People with pre-diabetes can expect to benefit from much of the same advice for good nutrition and physical activity.

**Most of the aforementioned information was taken directly from the following website and provided in written form as a resource to our patients. Search on any of the tabs, including nutrition, fitness, or lifestyle and prevention for additional information.**

[www.Diabetes.org/alert](http://www.Diabetes.org/alert)