



You can prevent type 2 diabetes

Test your patients for prediabetes and refer those at risk to an evidence-based diabetes prevention program

You likely know which of your patients is at high risk for type 2 diabetes. Until now you may not have had a resource to help them stop the progression from prediabetes to diabetes. Now, you do.

The American Medical Association and the Centers for Disease Control and Prevention (CDC) have created a toolkit that can help physician practices screen and refer patients to evidence-based diabetes prevention programs without adding a burden to your practice. Visit preventdiabetesstat.org to learn more.

- Progression from prediabetes to diabetes can take as little as five years.
- During that window of time, your patients can benefit from a proven intervention that is part of the CDC's National Diabetes Prevention Program (National DPP).
- Counsel your patients that prediabetes is a potentially reversible condition, and one that you can help them manage effectively by:
 - Screening and identifying patients with prediabetes
 - Referring them to a program that is part of the CDC's National DPP

The United States Preventive Services Task Force (USPSTF) issued a Grade B recommendation in 2015 which states that all adults aged 40 to 70 years who are overweight or obese should be screened for type 2 diabetes mellitus. The recommendation also notes that physicians can consider screening younger adults or adults with normal weight if they have a family history of type 2 diabetes mellitus, a past medical history of gestational diabetes or polycystic ovarian syndrome, or if they are a member of a racial or ethnic minority. The USPSTF also recommends that all adults with abnormal glucose be referred to an intensive behavioral counseling intervention such as a CDC-recognized diabetes prevention program.

This program is evidence-based

- The diabetes prevention program is a lifestyle intervention based on research funded by the National Institutes of Health that showed, among those with prediabetes, a 58 percent reduction in the number of new cases of diabetes overall, and a 71 percent reduction in new cases for those over age 60.
- These results were achieved through reducing calories, increasing physical activity, and a weight loss of just a minimum 5 percent weight loss—10 pounds for a person weighing 200 pounds.*
- Based on strong evidence of effectiveness in reducing new-onset diabetes, the Community Preventive Services Task Force (thecommunityguide.org) now recommends combined diet and physical activity promotion programs like the National DPP, for people at increased risk of type 2 diabetes.

See next page to determine which of your patients is eligible for the diabetes prevention program.

In the average primary care practice it's likely one-third of patients over age 18, and half over age 65, have prediabetes.

* Visit <http://diabetes.niddk.nih.gov/dm/pubs/preventionprogram> to learn more about this research.



Program overview

- The program empowers patients with prediabetes to take charge of their health and well-being.
- Participants meet in groups with a trained lifestyle coach for 16 weekly sessions and 6–8 monthly follow-up sessions.
- These are NOT exercise classes. At these sessions patients learn ways to incorporate healthier eating and moderate physical activity, as well as problem-solving, stress-reduction and coping skills into their daily lives.

Locating a program

- Programs are offered in varied locations such as local YMCAs, community centers, faith-based organizations, hospitals and worksites, and are also available online.
- Find a program for your patients at [cdc.gov/diabetes/prevention](https://www.cdc.gov/diabetes/prevention).

Eligibility for the diabetes prevention program

A. Inclusion criteria:

- Current age ≥ 18 years **and**
- Most recent BMI ≥ 24 (≥ 22 if Asian)* **and**
- A positive lab test result within previous 12 months:
 - HbA1C 5.7–6.4% (LOINC code 4548-4) **or**
 - FPG 100–125 mg/dL (LOINC code 1558-6) **or**
 - OGTT 140–199 mg/dL (LOINC code 62856-0) **or**
- History of gestational diabetes (ICD-9: V12.21; ICD-10: Z86.32)

B. Exclusion criteria:

- Current diagnosis of diabetes (ICD-9: 250.xx; ICD-10: E10.x, E11.x, E13.x and O24.x) **or**
- Current Insulin use

Consider referring eligible patients:

- At the time of an office visit, and/or
- By generating a list of eligible patients from your electronic health record using a structured query

Physicians and other health care providers should also use their independent judgment when referring to a diabetes prevention program.

* These BMI levels reflect eligibility for the National DPP as noted in the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures. The American Diabetes Association (ADA) encourages screening for diabetes at a BMI of ≥ 23 for Asian Americans and ≥ 25 for non-Asian Americans, and some programs may use the ADA screening criteria for program eligibility. Please check with your diabetes prevention program provider for their specific BMI eligibility requirements.