

## Pre-Diabetes: Are You At Risk?

By Dr. Rebecca White

Most people have heard of sugar diabetes: the condition when the body can not properly use sugar and so allows too high of a sugar level in the blood stream. We are becoming increasingly aware that pre-diabetes is a problem. Pre-diabetes, once thought to be fairly benign, now is known to sharply increase the chance of becoming diabetic as well as increasing the risk of heart disease.

Affecting nearly 16 million Americans, pre-diabetes is the condition where blood sugar is higher than normal, but not yet fully in diabetes range. This also is called borderline diabetes, insulin resistance, impaired fasting glucose, or impaired glucose tolerance. Because the level of sugar increase is modest, people with pre-diabetes have no symptoms and so are unaware that they actually have it, yet the majority will go on to develop full diabetes within a decade. Given the fact that diabetes is a disease that is the leading cause of adult blindness, kidney failure, and limb amputations not related to trauma as well a major cause of heart disease and stroke, pre-diabetes is a serious state. Even if some one with pre-diabetes does not go on to develop full diabetes, people with insulin resistance that is not treated have increased chance of developing clogging of the large arteries of the body such as the carotids in the neck or the arteries feeding the heart.

The good news is that treating when someone is pre-diabetic can prevent diabetes or at least delay its onset. The other good news is that it only takes modest changes in life style to make a big dent in pre-diabetes. Treatment includes weight loss of 5-10% of total body weight, and exercise. To put this into perspective, a man weighing 240 pounds need only to lose 12 pounds to begin improving the pre-diabetic state. Effective exercise does not have to be high impact; rather moderate exercise such as walking is adequate. Striving to work up to 30 minutes five times a week is a reasonable goal.

So who needs to be screened? The Department of Health and Human Services and the American Diabetes Association both recommend screening overweight people age 45 and older. They also recommend screening adults younger than 45 if they are overweight and have one of the following risk factors: family history of diabetes, low good cholesterol with high triglycerides, high blood pressure, history of diabetes in pregnancy, history of delivering a baby weighing more than 9 pounds, or belonging to one of the groups that have increase risk for diabetes (African-Americans, American Indians, Hispanic Americans, Asian Americans, and Pacific Islanders).

Either of the standard tests can be used: the fasting blood glucose test, or the oral glucose tolerance test. Fasting blood glucose is accomplished by drawing blood from a vein in your arm when you have not had anything to eat or drink for 12 hours. The oral glucose tolerance test is little more complicated. You first get blood drawn while fasting, than drink a specific sugar drink. Your blood sugar is again drawn two hours after the sugar drink. You can speak to you provider about these tests, as well as considering attending the Health Fair blood screening which includes fasting blood glucose in its panel. If your glucose is normal, then plan testing every 2-3 years, and if you are pre-

diabetic, then plan to test for full diabetes every 1-2 years. If you have other heart risk factors, your health provider will want to discuss how you can modify these as well.

It is not often that one has the chance to “turn back the clock”. Treating pre-diabetes is one of those chances to prevent on set of a serious condition. Ask your health care provider for more information and if you have internet connections go to [www.diabetes.org](http://www.diabetes.org) which is the American Diabetes Association’s web site.