Premier Medical Specialists

What You Need to Know About Pre-diabetes

There are two numbers you need to remember if you are being tested for diabetes – 100 and 140. That is because they represent the cut-off points for glucose tests that determine if you have a normal metabolism or whether you have pre-diabetes.

Pre-diabetes can be diagnosed using either the fasting plasma glucose (FPG) test or oral glucose tolerance test (OGTT). Both are equally effective in diagnosing pre-diabetes and require overnight fasting, but are done a bit differently. In the FPG test, glucose is measured in the morning immediately after eating. A test result between 100 and 125 mg/dL signifies pre-diabetes. For the OGTT, glucose is measured after fasting and then again two hours after drinking a glucose-rich drink. Results between 140 to 199 mg/dL for this test represent a diagnosis of pre-diabetes.

Screening for pre-diabetes is essentially the same as diabetes because risk factors are the same for both conditions. The American Diabetes Association recommends testing for people who:

- Are over the age of 45.
- Are overweight.
- Have a first-degree relative with diabetes.
- Are African American, Latino, Asian, Native American or Pacific Islander.
- Delivered a baby weighing more than nine pounds or had gestational diabetes.
- Have high blood pressure.

If blood glucose levels fall within a normal range, testing for pre-diabetes may be done every three years. People diagnosed with pre-diabetes should be checked every one to two years for type 2 diabetes.

Symptoms of pre-diabetes may develop so gradually, if at all, that most people are not aware they have the condition. Symptoms of diabetes include unusual thirst, increased need to urinate, blurred vision and unexplained fatigue. According to the U.S. Department of Health and Human Services, an estimated 54 million American adults have pre-diabetes. The lifetime risk of developing diabetes for people born in the year 2000 is one in three for men and two in five for women.

People with pre-diabetes are five to 15 times more likely to develop type 2 diabetes than are those with normal glucose levels. Fortunately, the progression to diabetes can be delayed or reversed through weight loss, exercise and medication. Studies have shown that a modest weight loss of at least five percent of total body weight coupled with 30-minute daily moderate exercise can delay or prevent the onset of diabetes and in some cases even return blood glucose levels to normal.

A medication called metformin (Glucophage) also may be effective in delaying the onset of diabetes, but not to the extent of diet and exercise. Lifestyle intervention strategies

such as moderate weight loss and regular exercise have reduced the risk of developing diabetes by 58 percent, while medical intervention slowed down the progression of diabetes by about 30 percent.

Pre-diabetes is a serious medical condition that requires treatment because studies have shown it may cause some long-term damage to the heart and circulatory system. For more information about pre-diabetes, talk with your doctor or visit the American Diabetes Association Web site at www.diabetes.org.