

Diabetes prevention message not getting through? What you can do

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Evidence clearly shows that diabetes prevention programs work. However, few at-risk adults are getting the required help, underscoring the need for efforts to enhance referral and access to prevention programs.

The AMA's Diabetes Prevention Guide supports physicians and health care organizations in defining and implementing evidence-based diabetes prevention strategies. This comprehensive and customized approach helps clinical practices and health care organizations identify patients with prediabetes and manage the risk of developing type 2 diabetes, including referring patients at risk to a National DPP lifestyle change program based on their individual needs.

More than 25% of eligible adults said they were interested in taking part in a 12-month diabetes prevention program (DPP), but only 4.2% said their physician had made a referral and only 2.4% reported participating, according to a study in the *American Journal of Preventive Medicine*.

The study looked at 2,341 adults—63% were female, 74.6% white, 14.4% African American, 6.7% Asian and 68.2% older than 45 years. African American and Asian adults were more likely than white adults to report referral to a DPP. Racial minorities were also more likely to be referred to a program, while low-income adults were more likely to participate.

Low referral and participation rates point to the need to increase awareness in clinical and community settings of patients with prediabetes and diabetes prevention programs.

Identify risk

Obtain actionable data to assess a patient's risk for prediabetes and confirm a diagnosis during routine office visits. The patient's visit is the time to review relevant medical, social and family history.

Other clinical data should also be addressed, such as history of gestational diabetes mellitus, previous laboratory test results and current body mass index.

Physicians and health care team members should also use evidence-based guidelines to identify patients at risk for abnormal glucose based on available data. To diagnose patients with prediabetes or abnormal glucose, order any appropriate laboratory testing and document the diagnosis. Don't forget to use your electronic health record to help prevent type 2 diabetes by tracking patients who are due for abnormal glucose screening.

Manage care

Now that you have identified patients at risk for type 2 diabetes, engage in shared decision making with your patient about treatment options and formalize a plan. Counsel and educate patients with prediabetes about the risks associated with abnormal glucose levels and available treatment options, emphasizing lifestyle change programs.

This is also a good time to refer the patient to a National Diabetes Prevention Program lifestyle change program. Let the patient know that you have referred him or her to a local lifestyle change program. Once the patient has agreed, be sure to share their contact information with the program. All eligible patients should be enrolled in a DPP lifestyle change program.

Throughout the process, physicians and health care teams should support patients in making healthy lifestyle changes and encourage continued participation in a local program. Follow-up regularly to reassess and manage abnormal glucose levels, as well as other relevant clinical data. And don't forget to engage and communicate with your local diabetes prevention program or lifestyle change program too. Establishing a process to receive feedback about your patients' participation will help ensure optimal results.

When your patient returns for follow-up office visits, explore motivating factors to encourage them to attend their programs. This is also the time to order and review blood tests to determine the program's impact, reinforce continued participation and integrate feedback from the program into patients' care plans.

Many resources are available to help integrate these methods into physician practices as part of the AMA's diabetes prevention strategy to help physicians incorporate prediabetes screenings, as well as connecting with lifestyle change programs in their communities, or virtual and online programs.