

INITIAL PREDIABETES CONVERSATION: DOs & DON'Ts

If a patient has been identified as having prediabetes, the leader of the health care team (physician, nurse practitioner, or physician assistant) should engage the patient in a discussion about the diagnosis and emphasize that evidence shows they can prevent or delay Type 2 diabetes by making specific lifestyle changes. Below are some recommended DOs and DON'Ts for this patient encounter:

DOs	DON'Ts
Do use the term prediabetes.	Don't use the terms "borderline diabetes," "touch of sugar," or say the sugar is "a little high."
Do ask for the patient's questions, concerns, and feelings.	Don't assume you know how the patient is reacting.
Do emphasize the significance of having prediabetes. Explain how this is different from type 2 diabetes, and offer hope for preventing or delaying the diagnosis of type 2 diabetes. Ask what questions or concerns the patient has.	Don't assume all patients will understand this message in the same way. Some patients hear "diabetes" and experience immediate stress; others hear only "pre" and feel tremendous relief. Both of these reactions make it hard for a patient to listen and understand the remainder of your message.
Do tell the patient that having prediabetes means he or she has a much higher chance of developing type 2 diabetes in the coming years.	Don't tell the patient it is just something to "keep an eye on" or monitor at the next visit. Conversely, don't have a lengthy discussion about risk percentages, which is confusing to many people.
Do explain that he or she has a strong chance to prevent or delay type 2 diabetes by losing just a modest amount of weight (10 to 15 pounds), being more active, and, in some cases, taking medication.	Don't tell the patient there isn't much that can be done. Don't say or imply that these changes are easy to make.
Do include older adults as a key target group, encouraging them to make manageable lifestyle changes to prevent diabetes.	Don't assume older adults won't make lifestyle changes or that older adults won't experience the benefits of chronic illness prevention because of their advanced age. In the NIH-sponsored DPP, a greater percentage of older adults (> 60 years) made successful lifestyle changes and delayed diabetes onset compared with younger adults.
Do emphasize that the lifestyle change program used in the NIH-sponsored DPP was effective for all ages and ethnicities that participated.	Do not exclude groups that you think may not benefit as much, such as Asian Americans, American Indians, Alaska Natives, African Americans, or Hispanic/Latinos.
Do expect that people can change their behaviors no matter where they start.	Do not have pre-conceived ideas about an individual's success in changing.
Do strongly encourage referral to another team member, community program, or other resource to assist each patient in ongoing steps to prevent type 2 diabetes.	Don't tell the patient to lose weight and increase their physical activity without offering specific resources, behavioral strategies, support, and follow-up.
Do rely on the proven goals and intervention methods used in the NIH-sponsored DPP. For example, ask patients to identify one specific step they will take to reach their goals.	Don't recommend unrealistic or ineffective goals.
Do use the "Teach-back" method to quickly assess a patient's understanding.	Don't assume the patient understands or simply ask "Do you understand?"

NOTES

NIH = National Institutes of Health; DPP = Diabetes Prevention Program

REFERENCES

Adapted from the National Diabetes Education Program: A program of the National Institutes of Health and the Centers for Disease Control and Prevention. <http://ndep.nih.gov/index.aspx>.

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