

# Diabetes Prevention Program

**Diabetes  
Prevention  
CPM**

## LIFESTYLE INTERVENTION (All patients)

### SCREEN at-risk adult patients

Age 40–70 with BMI  $\geq 25$  kg/m<sup>2</sup> (Asian descent  $\geq 23$  kg/m<sup>2</sup>) or  
Age 18–39 with BMI  $\geq 25$  kg/m<sup>2</sup> AND  $\geq 1$  risk factor (high BP, family history,  
sedentary, gestational diabetes, dyslipidemia, PCOS, high-risk ethnicity)

Prediabetes?

FPG 100–125 mg/dL OR HbA1c 5.7%–6.4%

no → RESCREEN  
in 3 years

yes

PRESCRIBE metformin therapy (in addition to lifestyle interventions)  
for patients with BMI  $\geq 35$  kg/m<sup>2</sup>, age  $< 60$ , or with prior gestational diabetes

### INVITE all patients to attend diabetes prevention program (DPP)

Patient AGREES to register for DPP?

no → PERFORM Usual  
care with follow-up  
visit in 3 to 6 months

yes

### Patient CHOOSES at least one prevention pathway

- *Prediabetes 101* In-person or Online Class
- *The Weigh to Health*<sup>®</sup> program (16-week weight loss program)
- Medical nutrition therapy (1:1 nutrition counseling)
- Online DPP from CDC (<https://www.cdc.gov/diabetes/prevention/index.html>)

PERFORM Usual care and MONITOR patient's HbA1c and/or FPG at  
least annually; HELP patient reassess DPP as necessary

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## Talking with patients about DPPs

Focus on immediate or tangible benefits of DPPs rather than long term gains

- Feel healthier
- Have more energy
- Get sick less often
- Sleep better
- Have sharper focus
- Avoid chronic disease
- Improve physical abilities
- Be more productive

Emphasize emotional benefits

- Have less stress and anxiety
- Spend more time with family
- Live life to the fullest
- Take care of others better
- Have higher quality of life
- Take care of self better

Words matter

- "Eat right" or "Use fresh food" vs. "Go on a diet"
- "Feeling fit" vs. "Losing weight"
- "Physical activity" vs. "Exercise"
- "Active lifestyle" vs. "Get moving"

## Research findings in Utah patients

Utah patients indicate:

- Providers need to keep conversations simple and respectful; patients are sensitive to feeling forced into a program.
- DPPs should be fun, relatable, and tailored to the patient.
- Patients are more motivated by seeing changes in their own body than by statistics, credentials, or experiences of others.
- DPPs should have several streams of support (e.g., coaching, reminders, incentives, social networking, or family support).