WHAT IS **PREDIABETES**?

ATTITUTE .



Prediabetes means your blood sugars aren't being controlled, as they should be.

Despite being higher than normal levels, they have not yet reached the extent of type 2 diabetes.



The **pancreas** produces the hormone **insulin**, which is needed to be able to use the **glucose** (sugar) in your blood for energy. In prediabetes your insulin may not be working properly and your pancreas starts to work harder than normal to try to make more insulin.



Why is this important?

It means that you are high risk of going on to develop Type 2 diabetes within 5-10 years.

By making small changes now you can help your pancreas to keep working well and reduce your risk of developing Type 2 diabetes.

Who's at risk?

- Strong family history with type 2 Diabetes
- Diabetes during pregnancy (gestational)
- Sleep disorders such as sleep apnoea
- Being over weight- especially carrying weight around your middle
- High blood pressure/cholesterol

Type 2 diabetes RISK FACTORS



Prediabetes testing

There are 3 types of tests your doctor may use.

Checking your HbA1c levels.

This blood test measures glucose in the longer term, over the last 3 months.

This test is repeated each year to monitor your glucose levels.

Results in range 42-47 mmol/mol indicate prediabetes stage.

Levels > 48mmol/mol indicate Type 2 diabetes.

Fasting Plasma glucose test is a finger prick test performed after a period of fasting.

Oral Glucose tolerance test measures the body's response to sugar.

What we can do to reduce it?

- Consume nutritious foods high in vitamins, minerals & carbohydrates.
- Care with portion sizes of meals
- Try to spread food out over the day in small meals x 3-4
- Choose whole grains and whole grain-based products.
- Increase physical activity



7 STEPS FOR BETTER LIVING WITH DIABETES

EAT HEALTHY



Eat lots of vegetables and fruit Reduce or eliminate sugary foods and drinks Watch or reduce carbs

Watch portion sizes



Eat regular meals



Lose 10–20 pounds If you are overweight

BE ACTIVE





Exercise 5 days a week

Be active 30 minutes a day

MONITOR



Check your blood sugar levels; know your A1C



Check your blood pressure, cholesterol, eyes, feet and teeth

TAKE MEDICATION



Know your pills and insulins, understand how they work and take the right doses at the right times

PROBLEM SOLVE



Recognize your high and low blood sugars, understand what caused them and learn to treat and prevent them

REDUCE RISK



Quit smoking



Do regular health exams (eye, foot & dental)



See your doctor regularly for check-ups and tests

COPE WELL



Get support from your family, friends and diabetes care team



Set realistic goals and work toward them

Can Prediabetes go away?

The good news with some small lifestyle changes such as following a healthy diet, being physically active and losing weight can all help reduce your blood glucose levels and achieve a non-prediabetic HbA1c, and lead to prediabetes remission.

Prediabetes remission occurs when your HbA1c is below 42mmol/mol (6%) without the use of medications.

In many cases type 2 diabetes can be prevented or delayed.





Useful links

www.diabetes.org.uk

www.prediabetes.co.uk/guides/ reversing-prediabetes

www.nhs.uk/live-well/eat-well

www.nhs.uk/live-well/exerciseguidelines

You can be registered for access to Diabetes prevention part of DESMOND if you would like more information or be referred to **NI Diabetes Prevention Programme.**

Trans Theoretical Model (TTM)

- Focused on the intentional decisionmaking of the individual.
- Change is not quick it occurs continuously in a cycle.
- People move through six stages.



Pre-contemplation - thinking about thinking of change; unaware behaviour is problematic. At this stage we underestimate the positive of change and overestimate the negative effects of change.

Contemplation – People begin to think and are intending to start new healthy behaviours in the future. Problem behaviours recognised, equal thought is given to positive and negative effects of changing behaviours. Even with these thoughts we may still not want to change our behaviours.

Preparation – People are ready to take action, we take small steps toward change. We believe the change will be positive for us.

Action – People are doing their changed behaviours and continue to change by modifying their difficulty or doing newer healthier things.

Maintenance – People continue with their new healthier behaviours, they actively work to stop relapse into old unhealthy behaviours.

Termination – continuing with new healthier behaviours these are now adopted into their lives.

What helps the change?

Consciousness Raising - Increasing awareness about the healthy behaviour.

I can recall information on how to prevent pre diabetes developing.

Dramatic Relief – Strong feelings about the health behaviour, whether positive or negative arousal.

I react emotionally to information about pre diabetes.

Self-Re-evaluation – Acknowledging that the healthy behaviour is part of who they want to be.

I want to be healthy and not develop type 2 diabetes.

Environmental Re-evaluation – Acknowledging how unhealthy behaviour affects others.

My life choice impact's my family, health care system.

Social Liberation - Environmental opportunities that exist to show society is supportive of the healthy behaviour.

Society can support me i.e. info on food packages; resources, PARS.

Self-Liberation - Commitment to change behaviour based on the belief that achievement of the healthy behaviour is possible.

Make commitment to maintain change.

Helping Relationships - Finding supportive relationships that encourage the desired change.

Friends and family support GP PARS.

Counter-Conditioning - Substituting healthy behaviours and thoughts for unhealthy behaviours and thoughts.

Eating healthier option, go for a walk;

Reinforcement Management - Rewarding the positive behaviour and reducing the rewards that come from negative behaviour.

Find a healthy reward for maintaining your new healthy behaviour.

Stimulus Control – rearrange environment to support and encourage the change.

Have healthy reminder and cues remove those that encourage the unhealthy behaviour.

Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. Journal of Consulting and Clinical Psychology, 51(3), 390-395



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www.riversidepracticestrabane.co.uk