

THE DIABETES CENTER

IN THE DIVISION OF ENDOCRINOLOGY AT THE GW MEDICAL FACULTY ASSOCIATES

202.741.3333 www.gwdocs.com



GLOSSARY OF DIABETES TERMS

Insulin is a hormone made in the pancreas. Insulin controls the amount of sugar released to the bloodstream, where it can be used for energy.

Insulin resistance is a condition which causes the body to over produce insulin and take blood sugar levels down too low. Exercise, weight loss and certain medications may reduce insulin resistance.

Insulin sensitivity is a condition which causes the body to produce too little insulin and allow blood sugar levels to go too high.

Blood glucose is the main sugar that the body produces from food and uses as energy. The body cannot use glucose without the help of insulin.

Metabolic syndrome is a cluster of conditions (also known as Syndrome X) which increases the risk of heart disease. Metabolic syndrome is classified by three or more of the following: abdominal obesity, high cholesterol or triglycerides, high blood pressure and high blood glucose.

Prediabetes is a higher than normal fasting blood glucose level that is not yet high enough to be classified as Diabetes.

FREQUENTLY ASKED QUESTIONS

Q: What is prediabetes and how is it different from Diabetes?

A: Prediabetes is the state that occurs when a person's blood glucose levels are higher than normal but not high enough for a diagnosis of Diabetes.

Q: How do I know if I have prediabetes?

A: Doctors can use either the fasting plasma glucose test (FPG) or the oral glucose tolerance test (OGTT) to detect prediabetes. Both require a person to fast overnight. In the FPG test, a person's blood glucose is measured first thing in the morning before eating. In the OGTT, a person's blood glucose is checked after fasting and again 2 hours after drinking a glucose-rich drink.

Q: How does the FPG test define diabetes and prediabetes?

A: Normal fasting blood glucose is below 100 mg/dl. A person with prediabetes has a fasting blood glucose level between 100 and 125 mg/dl. If the blood glucose level rises to 126 mg/dl or above, a person has Diabetes.

Q: Why do I need to know if I have prediabetes?

A: If you have prediabetes, you can and should do something about it. Studies have shown that people with prediabetes can prevent or delay the development of Type 2 Diabetes by up to 58 percent through changes to their lifestyle that include modest weight loss and regular exercise. The expert panel recommends that people with

prediabetes reduce their weight by 5-10 percent and participate in some type of modest physical activity for 30 minutes daily. For some people with prediabetes, intervening early can actually turn back the clock and return elevated blood glucose levels to the normal range.

Q: What is the treatment for prediabetes?

A: Treatment consists of losing a modest amount of weight (5-10 percent of total body weight) through diet and moderate exercise, such as walking, 30 minutes a day, 5 days a week. Don't worry if you can't get to your ideal body weight. A loss of just 10 to 15 pounds can make a huge difference. If you have prediabetes, you are at a 50 percent increased risk for heart disease or stroke, so your doctor may wish to treat or counsel you about cardiovascular risk factors, such as tobacco use, high blood pressure, and high cholesterol.

Q: Who should get tested for prediabetes?

A: If you are overweight and age 45 or older, you should be checked for prediabetes during your next routine medical office visit. If your weight is normal and you're over age 45, you should ask your doctor during a routine office visit if testing is appropriate. For adults younger than 45 and overweight, your doctor may recommend testing if you have any other risk factors for Diabetes or prediabetes. These include high blood pressure, low HDL cholesterol and high triglycerides, a family history of Diabetes, a history of gestational Diabetes or giving birth to a baby weighing more than 9 pounds, or belonging to an ethnic or minority group at high risk for Diabetes.

Q: Could I have prediabetes and not know it?

A: Absolutely. People with prediabetes don't often have symptoms. In fact, millions of people have Diabetes and don't know it because symptoms develop so gradually, people often don't recognize them. Some people have no symptoms at all. Symptoms of Diabetes include unusual thirst, a frequent desire to urinate, blurred vision, or a feeling of being tired most of the time for no apparent reason.

HOW DO I REDUCE MY RISK OF DIABETES?

A study by the Diabetes Prevention Program shows even modest weight loss, delivered through exercise and a diet low in fat and calories, can delay the onset of Type II Diabetes or prevent it altogether.

Men and women who lost weight through changes in diet and exercise cut their diabetes risk by 58 percent – but the weight loss had even greater benefit for seniors. Study participants aged 60 or older, cut their diabetes risk by 71 percent.

Men and women who took the drug Glucophage also reduced their risk of developing diabetes. Glucophage appears most effective in people who are 25-44 years old and more than 60 pounds overweight.

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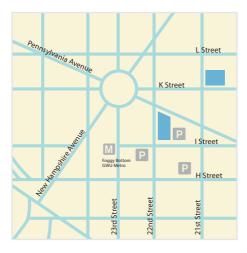
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The Diabetes Center at The GW Medical Faculty Associates is a comprehensive, multi-disciplinary center which educates and cares for patients with diabetes and complications of diabetes.

Center services include the evaluation and treatment of diabetes, diabetes education, diabetic foot care, nutritional counseling, management of diabetes in pregnancy, insulin pump therapy, and clinical research trials.



Parking

The Diabetes Center in the division of Endocrinology at The GW Medical Faculty Associates is located at 22nd & I Streets, NW. Parking is accessed from I Street just east of the building entrance.

Metro

The Diabetes Center in the division of Endocrinology at The GW Medical Faculty Associates is located one block from the Foggy Bottom Metro stop (Orange & Blue lines).