

WELL-WOMAN EXAM REVEALS RISK

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Patient Example



Patient Information

- Name: Lauren Johnson
- Age: 28 years old
- Sex: Female
- Race: African-American
- Height: 5'5"
- Weight: 220.0 lbs
- BMI: 36.6



Reason for Visit

- Established patient – has been 1 year since last visit.
- No past diagnoses, no hospitalizations, no surgeries.
- Coming in for well-woman examination.

Social/Family History

□ Social history:

- Ms. Johnson lives with fiancé in an apartment in Des Moines, IA. She works as part-time as a substitute teacher and part-time as a barista. Ms. Johnson feels fine and is here to have her well-woman exam done. She is very rarely physically active although she is on her feet a lot during her jobs. Says she tries to eat healthy but the cost is a barrier. She does not smoke. She drinks 2-3 alcoholic drinks a week.

□ Family history:

- Ms. Johnson's mother was diagnosed with DM2 10 years ago at age 45 and has HTN. Her brother was diagnosed with DM2 1 year ago at age 32. Her father had colorectal cancer 3 years ago at age 54 but is otherwise healthy. Her mother's side of the family has many family members with obesity, HTN, and DM2.



What do you think?

□ Lauren's concerns:

- Type 2 diabetes risk – thinks its inevitable she'll get it, given her family history. She says, "It's only a matter of time."
- Weight – she's somewhat what interested in losing weight, but not sure where to start and already seems discouraged. She says, "I don't see the point unless I lose a lot, and fast."



Vitals and Lab Results - Diagnosis

- Fasting plasma glucose result: 119 mg/dL
- Diagnosis: Prediabetes

Diagnostic test	Normal	Prediabetes	Diabetes
HbA1C(%)	<5.7	5.7-6.4	6.5
Fasting plasma glucose (mg/dL)	<100	100-125	126
Oral glucose tolerance test (mg/dL)	<140	140-199	200

Source: American Medical Association (AMA) and Centers for Disease Control and Prevention (CDC). (2015). Preventing Type 2 Diabetes. Retrieved from http://www.cdc.gov/diabetes/prevention/pdf/STAT_toolkit.pdf



Prediabetes Statistics

- In average primary care practice, it's likely **1 in 3** patients over age 18 have prediabetes



and that **1 in 2** patients over age 65 have prediabetes.



- **9 in 10** with prediabetes don't know they have it.

Source: American Medical Association (AMA) and Centers for Disease Control and Prevention (CDC). (2015). Preventing Type 2 Diabetes. Retrieved from http://www.cdc.gov/diabetes/prevention/pdf/STAT_toolkit.pdf



Prediabetes Assessment

TAKE THE TEST—KNOW YOUR SCORE!

Answer these seven simple questions. For each "Yes" answer, add the number of points listed. All "No" answers are 0 points.

Yes	No
1	0
✓ 1	0
✓ 1	0
✓ 5	0
✓ 5	0
5	0
9	0

Are you a woman who has had a baby weighing more than 9 pounds at birth?

Do you have a sister or brother with diabetes?

Do you have a parent with diabetes?

Find your height on the chart. Do you weigh as much as or more than the weight listed for your height?

Are you younger than 65 years of age and get little or no exercise in a typical day?

Are you between 45 and 64 years of age?

Are you 65 years of age or older?

Add your score and check the back of this page to see what it means.

AT-RISK WEIGHT CHART

Height	Weight <small>Pounds</small>	Height	Weight <small>Pounds</small>
4'10"	129	5'7"	172
4'11"	133	5'8"	177
5'0"	138	5'9"	182
5'1"	143	5'10"	188
5'2"	147	5'11"	193
5'3"	152	6'0"	199
5'4"	157	6'1"	204
5'5"	162	6'2"	210
5'6"	167	6'3"	216
		6'4"	221



Conversation with Lauren

- Introduce topic of prediabetes and discuss risk factors.
- Discuss value of participating in a diabetes prevention program.
- She agrees, but is concerned about cost.

Risk Factors for Developing Prediabetes

Risk for developing prediabetes and type 2 diabetes is higher if a person:

- ✓ Is overweight or obese;
- ✓ Has a family history of type 2 diabetes;
- Is age 45 or older;
- ✓ Is physically active less than three times a week;
- Has a history of gestational diabetes or birth of at least one baby weighing more than 9 pounds; or
- ✓ Is African American, American Indian, Hispanic, Asian American, or Pacific Islander.



Prevent or Delay Type 2 Diabetes

Prediabetes is treatable.

Research has shown that diabetes prevention programs can prevent or delay the onset of type 2 diabetes, through:

- Modest weight loss (5% to 7% of body weight)
- Healthy eating
- Physical activity



Sources: CDC. (2015) Prevent type 2 diabetes. Retrieved from <http://www.cdc.gov/features/diabetesprevention/>

The Diabetes Prevention Program Research Group. (2012). The 10-year cost-effectiveness of lifestyle intervention or metformin for diabetes prevention. *Diabetes Care*. Retrieved from <http://care.diabetesjournals.org/content/35/4/723.full.pdf+html%20>



Act: Follow-Up Care

- At follow-up visits, order/review blood tests to determine impact of program and reinforce continued program participation.
- Discuss program feedback with patient and integrate into care plan.
- Explore motivating factors important to her.

Source: AMA and CDC. (2015). Preventing Type 2 Diabetes. Retrieved from http://www.cdc.gov/diabetes/prevention/pdf/STAT_toolkit.pdf



Meeting with the Dietitian

Important information to review:

- ❑ Anthropometrics
 - Weight, Labs (A1c, fasting glucose, BP, Lipid levels)
- ❑ Social and family history
- ❑ Medical history, current medications
- ❑ Food and activity log
 - 3-day or 24 hour recall
- ❑ Readiness to change
- ❑ Barriers to change



Goals for Preventing Type 2 DM

- A1c - < 5.7
- Fasting blood glucose - <100 mg/dL
- Blood Pressure - <130/80 mmHg
- Triglycerides - <150 mg/dL
- LDL <100 mg/dL
- HDL > 50 mg/dL (>40 mg/dL for men)
- Promote loss of 7% body weight (~15.5 lbs)
- Increase physical activity to 150 min/wk moderate activity
- Ongoing nutrition education and counseling

Nutrition Education and Counseling

- Gather as much background as possible from patient
- Identify readiness to change and barriers to change
- Provide nutrition education
 - Carbohydrates (no need for carbohydrate counting at this stage)
 - Decreasing fat intake (types of fats)
 - Portion size
 - Balanced diet
- Goal setting (Long term and short term)

Nutrition Diagnosis

- Excessive energy intake (NI-1.3)
- Intake of types of carbohydrate inconsistent with needs (*specify*) (NI-5.8.3)
- Overweight/obesity (NC-3.3)
- Food- and nutrition-related knowledge deficit (NB-1.1)
- Not ready for diet/lifestyle change (NB-1.3)
- Limited adherence to nutrition-related recommendations (NB-1.6)

PES Statements from a Dietitian

- Excessive energy intake related to frequent consumption of large portions of high-fat meals as evidenced by an average daily intake of 500 kcal greater than recommended and 12-lb weight gain during the past 18 months.
- Inappropriate intake of added sugar related to frequent consumption of regular soft drinks as evidenced by food history.
- Overweight/obesity related to excessive energy intake as evidenced by a body mass index of 30 and food history indicating consumption of approximately 2,800 kcal per day.
- Food- and nutrition-related knowledge deficit related to lack of exposure to information as related to new diagnosis of prediabetes.
- Not ready for lifestyle change related to denial of need for change as evidenced by reluctance to participate in the encounter.
- Limited adherence to nutrition-related recommendations related to poor understanding or disinterest as evidenced by food history.

1 Year Later

- Age: 29 years old
- Height: 5'5"
- Weight: 204.6 lbs
- BMI: 34.0
- 15.4 lbs lost - 7% weight loss
- Fasting plasma glucose (mg/dL): 97



National Diabetes Prevention Program



Evidence Supporting the NDPP

- A 2012 study compared the Diabetes Prevention Program (DPP) to using metformin to prevent type 2 diabetes over 10 years. Both interventions were compared to placebo. DPP was the most effective.
- DPP resulted in a 58% reduction in the number of new cases of diabetes overall and a 71% reduction in new cases for those over age 60.
- NDPP is a translation of DPP for wide-scale dissemination.



Source: The Diabetes Prevention Program Research Group. (2012). The 10-year cost-effectiveness of lifestyle intervention or metformin for diabetes prevention. *Diabetes Care*. Retrieved from <http://care.diabetesjournals.org/content/35/4/723.full.pdf+html%20>



U.S. Preventive Services Task Force

Recommendation Summary

Summary of Recommendation and Evidence

Population	Recommendation	Grade (What's This?)
Adults who are overweight or obese and have additional CVD risk factors	The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.	B

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- This recommendation applies to the National Diabetes Prevention Program (NDPP).

Source: U.S. Preventive Services Task Force. (2015). Final Recommendation Statement: Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling. Retrieved from <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/healthy-diet-and-physical-activity-counseling-adults-with-high-risk-of-cvd>



Community Preventive Services Task Force

- The Community Preventive Services Task Force recommends combined diet and physical activity promotion programs for people at increased risk of type 2 diabetes based on strong evidence of effectiveness in reducing new-onset diabetes.
- This recommendation applies to NDPP.

Source: Guide to Community Preventive Services. (2015). Diabetes prevention and control: combined diet and physical activity promotion programs to prevent type 2 diabetes among people at increased risk. Retrieved from www.thecommunityguide.org/diabetes/combineddietandpa.html.



NDPP and YMCA DPP Sites in Iowa



○ Out of state program



Resources



CDC.gov/diabetes/prevention

www.cdc.gov/diabetes/prevention/

CDC Home
CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

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National Diabetes Prevention Program

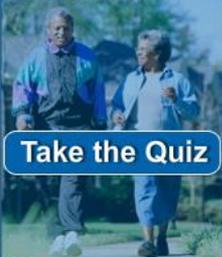
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Could You Have Prediabetes?



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Diabetes Prevention Recognition Program



Program Topics



About the Program
Learn about the National Diabetes Prevention Program



Find a Program Near You
Search by state to find a lifestyle change program for you or to refer a patient



Prediabetes: Am I at Risk?

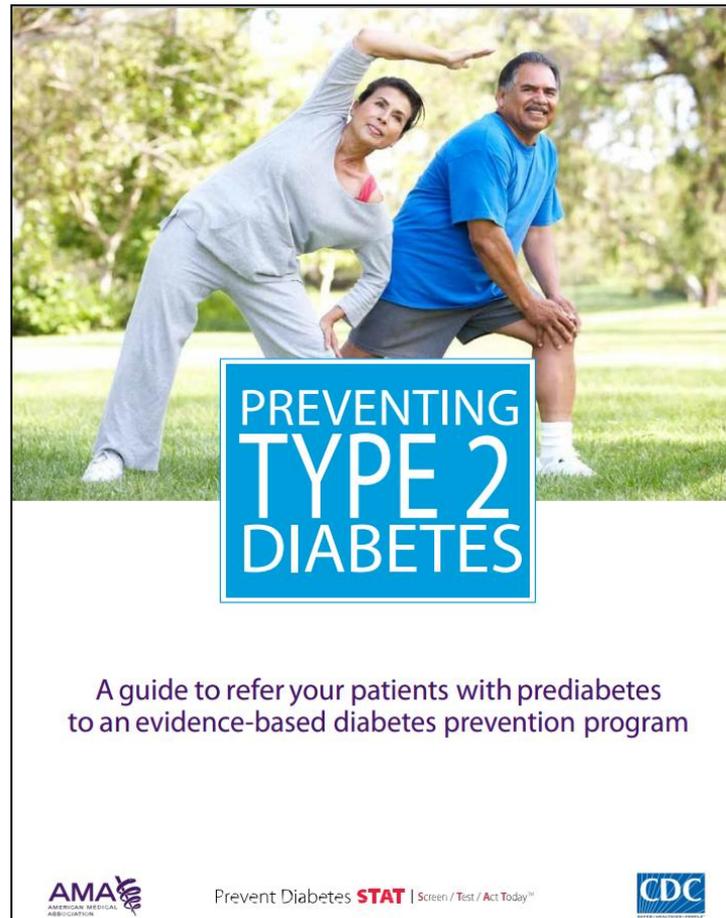


Resources

CDC 24/7
Saving Lives. Protecting People.™
LEARN MORE ABOUT HOW CDC WORKS FOR YOU.



Prevent Diabetes STAT Toolkit



Source: AMA and CDC. (2015). Preventing Type 2 Diabetes. Retrieved from http://www.cdc.gov/diabetes/prevention/pdf/STAT_toolkit.pdf



Steps Forward Module

- <https://www.stepsforward.org/modules/prevent-type-2-diabetes>
- AMA online module: Preventing Type 2 Diabetes in At-Risk Populations
- 1.0 CME (AMA PRA Category 1 Credit) available for physicians



The screenshot shows the top navigation bar of the Steps Forward website. On the left, there are logos for AMA and STEPSforward. The navigation menu includes links for PRACTICE SUPPORT, GET UPDATES, CONTACT US, and SHARE. Below this, a secondary menu has links for HOME, MODULES, LIVE EVENTS, and HOW IT WORKS. The main content area features a blue background with the text: "Help your patients find ways to prevent type 2 diabetes through education, screening and local referral programs." Below this is the title "Preventing type 2 diabetes in at-risk patients" and a small image of two people.



Source: AMA. (2015). Preventing type 2 diabetes in at-risk populations. Retrieved from <https://www.stepsforward.org/modules/prevent-type-2-diabetes>

Main Points

- 1 in 3 adults have prediabetes. Most don't know it.
- Screen and test for prediabetes. Refer to and partner with the National Diabetes Prevention Program.



- Collaboration is essential for increasing awareness of prediabetes and preventing type 2 diabetes.



Questions?



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