

## Reduce Your Risk of Type 2 Diabetes

*A recent study shows a healthy diet, exercise and weight management can cut diabetes risk by nearly 60%!*

In an important study, researchers found lifestyle changes dramatically cut the risk of developing Type 2 diabetes in individuals at high-risk for the disease – even more than a popular diabetes drug commonly used in its treatment.

Diabetes affects over 6% of U.S. adults and is our #2 killer. Type 2 Diabetes makes up over 90% of all cases. While some risk factors for diabetes can't be controlled – others, *especially lifestyle factors* like diet, exercise and achieving a healthy weight can. Researchers wanted to know if a lifestyle-intervention program or a popular diabetes drug (metformin) would prevent or delay diabetes development.

In the multi-site study, researchers put 3,234 non-diabetic individuals with elevated blood sugars (at-risk for diabetes) on a placebo, metformin, or a lifestyle modification program including weight loss, a healthy diet, and regular exercise of at least 2.5 hours weekly.

After 3 years, they found the lifestyle intervention *reduced the incidence of diabetes by 58%* compared to the placebo. This was significantly greater even than the 31% reduction seen with the metformin drug, which was also impressive.

While both approaches reduced the risk of later diagnosis of diabetes, this study demonstrated how powerful simple lifestyle changes can be in preventing or delaying chronic diseases like diabetes. *Prevention of a disease is always preferable* to having to cope with lifelong treatment, which can prevent some complications, but may not completely restore health.

The results lend more evidence to the hypothesis that Type 2 diabetes may be preventable, by demonstrating that lifestyle changes or treatment with metformin were two very effective ways to delay or prevent the disease.

### *References:*

Diabetes Prevention Program Research Group, (2002). Reduction of the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin, *The New England Journal of Medicine*, 346(6): 393-403.