

Many Unaware of Their High Risk for Diabetes

BY SHARON WORCESTER

Although nearly a third of U.S. adults were at high risk for developing type 2 diabetes in 2005-2006, about 7% knew of their risk status, and only about half of those said they adopted risk-reduction behaviors, data from the 2005-2006 National Health and Nutrition Examination Survey suggest.

Furthermore, of those who were aware of their risk status and who received health care in the year prior to the survey, only 35% said they were advised by their physician to try to control or lose weight, 37% said they were advised to reduce fat or calorie intake, and 39% said they were advised to increase physical activity, Linda S. Geiss of the Centers for Disease Control and Prevention, Atlanta, and her colleagues reported.

The data—from 1,391 adults aged 20 years and older without diabetes who participated in the survey—showed that reports of physician advice were strongly associated with reports of engaging in risk-reduction behaviors in the past year. Of those receiving physician advice about weight loss or control, diet, and physical activity, 75%, 82%, and 71%, respectively, reported following the advice, the investigators said (*Am. J. Prev. Med.* 2010 April [doi: 10.1016/j.amepre.2009.12.029]).

The multivariate adjusted prevalence of trying to control or lose weight, reduce fat or calorie intake, and increase physical activity for those who received advice vs. those who did not was 71.0 vs.

44.2, 81.2 vs. 42.3, and 67.9 v. 38.4 for each behavior, respectively, they found.

The findings are important because prevention trials consistently show that diabetes risk can be reduced substantially through modest weight loss and increased physical activity. However, improved efforts on the part of physicians to advise patients about lifestyle modifications are likely to be insufficient for addressing the problem of suboptimal

adoption of risk-reduction behaviors, the investigators argue.

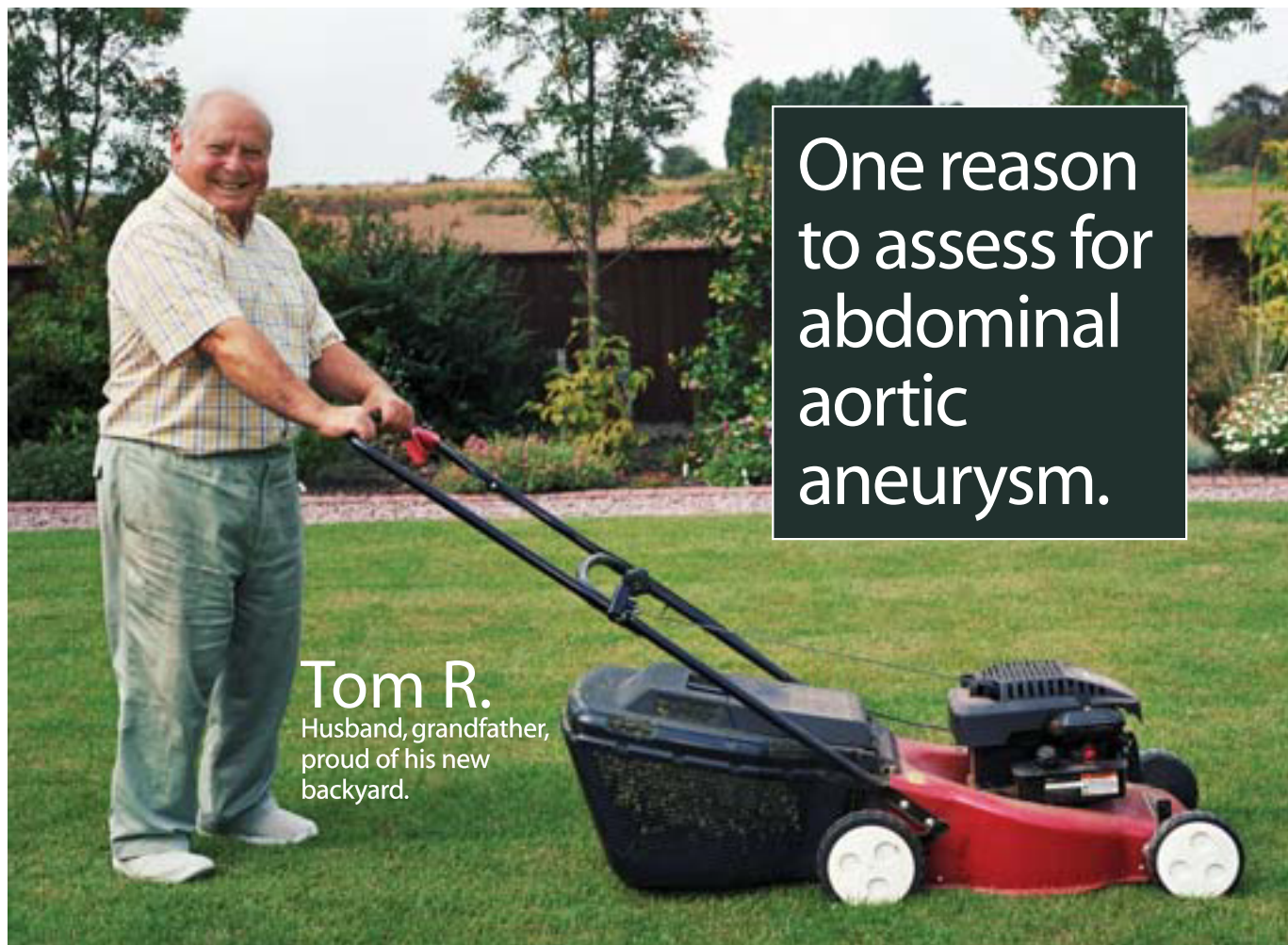
Although physician advice has been shown to help initiate changes in health behaviors, it has not been shown to be associated with maintaining the changes, they explained.

“Prevention promotion by physicians and other health professionals may be more effective if part of a larger process within healthcare systems and commu-

nities to promote behavior change, and pragmatic approaches for linking primary care with effective community-based approaches are needed,” they wrote.

They went on to say that prospective studies of interventions and policies to promote and maintain healthy lifestyles with more objective measures of behaviors and outcomes are needed.

The investigators reported no financial disclosures. ■



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Medicine meets, food fortification will go up,” he added.

The American Academy of Pediatrics in 2008 recommended that children and adolescents get 400 IU/day of vitamin D, double the current Dietary Reference Intake. The National Osteoporosis Foundation recommends that people up to age 50 ingest 400-800 IU/day, and that adults aged 50 or older get 800-1,000 IU/day.

Observational studies suggest that low vitamin D levels are associated with increased risk for diabetes. Several studies found that children who received vitamin D supplementation had a lower risk for developing type 1 diabetes, and the Nurses Health Study found an association between low vitamin D status and higher risk for type 2 diabetes over 20 years of follow-up.

Two prospective studies with 36 patients each found no significant effect of vitamin D supplementation on diabetes risk, but these studies were too small, Dr. Binkley said. A post hoc analysis of a randomized, controlled trial of 800 IU/day of vitamin D for fracture prevention in 3,314 women over age 70 found no protective effect against development of type 2 diabetes, but compliance with vitamin D supplements was poor, he noted (*Age Ageing* 2009;38:606-9).

Dr. Binkley said he has no conflicts of interest related to these topics. ■

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Reference: 1. Reardon RF, Cook T, Plummer D. Abdominal Aortic Aneurysm. In: Ma OJ, Mateer JR, Blaivas M, eds. Emergency Ultrasound. 2nd ed. New York, NY: McGraw-Hill; 2008: 149-168. AortaScan and Verathon are trademarks of Verathon Inc. © 2010 Verathon Inc. 1001FPN-Ad 0900-2989-00-86

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