



Adoptions of Behavioral Modifications Among Fairfax Family Practice patients at risk for Type 2 Diabetes



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Introduction

Greater than one in three adults in the United States are estimated to have pre-diabetes. However, only 15.3% of those individuals reported being told by a health professional that they had this diagnosis (1). The estimated economic cost of diagnosed diabetes in 2017 was \$327 billion. Moreover, care for those with diabetes accounts for 1 in 4 health care dollars with more than half of that directly attributed to diabetes (2). The Diabetes Prevention Program (DPP) and the Look AHEAD study both demonstrated that intensive modifications in lifestyle behaviors among those at risk for developing diabetes is beneficial in preventing type 2 diabetes (3,4).

Objective

To assess the effectiveness of our counseling with regards to preventing diabetes in at risk patients.

Design

Inclusion Criteria: Age 20-65 and at risk for developing type 2 diabetes; defined as A1C 5.7-6.4% (diagnosis of pre-diabetes), on MyChart

Exclusion criteria: Diagnosis of diabetes (A1C >6.4, fasting glucose >126)

100 patients meeting above criteria were sent a survey to complete via the patient portal. Questions derived from two prior studies (5,6) will be utilized to assess if patients have been counseled on behavioral modifications and if they have implemented any.

Behavioral modifications will include: dietary changes (decreased carbohydrates or caloric intake), increased exercise or general efforts to lose weight.

Results

Average A1C: 5.9% Average BMI: 31.4
Average age: 55yo

We hypothesize that >50% of our patient will be aware of their increased risk of diabetes and >50% of our patients will have made a lifestyle change.

Conclusions

We anticipate that the data generated from this survey will help our practice improve our counseling for patients at risk for diabetes.

References

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