

## **Aetna's Wellness Podcast Series – Pre-Diabetes**

*Interviewee Bio:* Ann is a Lifestyle and Condition coach in Hartford's Wellness Works Center. In 2010, Ann earned her Bachelor's degree in Nursing from the University of New Hampshire in Durham, NH. Prior to joining Aetna, Ann was employed at a local Connecticut hospital for over eight years working with primarily medical and surgical populations. She holds a certification in Medical-Surgical Nursing as well as Advanced Cardiac Life Support (ACLS). Ann has a strong passion for fitness. She is a certified Les Mills group fitness instructor teaching multiple programs.

### **Samantha Lyall**

Hi, everyone, and thank you for listening to our podcast series, Focused On Wellness. This is a series where we'll talk about current health and wellbeing topics to help you, no matter where you are in your own health journey. My name is Samantha Lyall, and here with me today is Ann Ferguson, who's a health coach here at Aetna. Ann's been coaching with us since 2018. Thanks for joining us, Ann.

### **Ann Ferguson**

Thanks for having me.

### **Samantha Lyall**

So, today we're gonna be talking about prediabetes. According to the CDC, 86 million adults have prediabetes, and nine out of 10 people with prediabetes don't know they have it. So, before we dive into prediabetes to level-set, Ann, I'm hoping you can explain the different types of diabetes.

### **Ann Ferguson**

Yeah, of course. So, there are three main types of diabetes. Type 1 is where your body doesn't necessarily make enough insulin for your body to break down the sugars that you're eating. You can be born with this. It can develop later in adolescence and, more rarely, in adulthood. The second type is a type 2 diabetic, where, your body is making enough insulin to break down the sugar, but your body actually doesn't know what to do with that sugar. So, it ends up accumulating in your bloodstream. It accounts for about 95% of all cases of diabetes. So, it definitely is the most common. And then, the third type is gestational diabetes. So, that's where— when a woman is pregnant, she develops, again, that insulin problem. It's less common. It's about 5% of women who are pregnant, and it normally goes away after the baby is born.

### **Samantha Lyall**

Great. Really appreciate that and as we talk today, we're focusing on prediabetes, which— comes before type 2, right?

**Ann Ferguson**

That's correct.

**Samantha Lyall**

So, can you explain what prediabetes is?

**Ann Ferguson**

So, it's a range where your blood sugars are higher than normal, but they're not high enough where you're considered to have full-onset diabetes. Your doctor may throw out some fancy terms, like impaired glucose tolerance, or impaired fasting glucose, but those are just fancy ways of saying that your body isn't able to break down the sugar that you have in your body. It's not 100% guaranteed that you'll develop diabetes. It's a warning of what may come if you don't make some lifestyle changes.

**Samantha Lyall**

I don't want to lose sight of the lifestyle changes. I know we'll talk about that a little bit later. But what actually causes prediabetes?

**Ann Ferguson**

Well, there are two main key players when your body is trying to break down sugar in the body, the first being sugar, that's, obviously, food that you eat, enters into your stomach, then it goes into your bloodstream. The second key player is the insulin. The insulin is what's going to break down the sugar, turns it into energy and fuel, and delivers it into the body where it needs to go. I like to use the analogy of a game of Pac-Man. I think most people know who Mrs. Pac-Man is. And in the game of prediabetes, Mrs. Pac-Man acts as the insulin whose goal is to gobble up those bad guys, which is the sugar in your bloodstream. So, in prediabetes, Mrs. Pac-Man doesn't quite know what to do with the sugar that's in the bloodstream. So, it sits around in your bloodstream, and unfortunately, that begins to accumulate. Your body will try to get some extra help, and secrete some extra insulin within your body, but sometimes that can only last for a short period of time. So, what happens in prediabetes is you have a bloodstream full of sugar and it has nowhere to go.

**Samantha Lyall**

I love that analogy. I think that's a really good visual with Pac-Man. Just to go back and clarify, when you say glucose, so we can take that as being a synonym for sugar, right?

**Ann Ferguson**

Yes, absolutely. Again, there are a lot of medical terms that mean the same thing. So, glucose and sugar will be used interchangeably a lot.

**Samantha Lyall**

Got it. Great. Thanks. So, who's at risk for prediabetes?

### **Ann Ferguson**

There are several factors that put you at a higher risk to developing diabetes. Your age being one. There are studies that show people who are over the age of 45 may be less active, and that can definitely impact someone's risk for developing diabetes. Your race, your ethnicity. Those of African American descent, Hispanic, Pacific Islanders, and Native American descent, they can be at slightly higher risk than other populations. As mentioned before, women who become pregnant and develop the gestational diabetes, can place you at higher risk for later in life. And the fourth factor being simple family history. So, if your brother, your mother, again, an immediate relative who says that they now have diabetes, that's a warning flag for you to be aware of your risk factors for developing prediabetes.

### **Samantha Lyall**

So, it sounds like there are a lot of risk factors that are out of our control, but still important to talk to our doctors with. Are there any risks that we may play more of an active role in, to help prevent prediabetes?

### **Ann Ferguson**

Absolutely. So, things like your weight. When someone is overweight, that means that you may have some more fatty tissue in your abdomen, which can trigger some insulin problems later in life. And closely correlated to your weight, is your waist size. The recommendation for men is to keep their waistline under 40 inches, and for women under 35 inches.

It's also important to watch what you're eating. Diets that are higher in carbohydrates, processed sugars, sugary beverages, those are very closely linked to people developing prediabetes, as well as how active you are. People who are not as active aren't able to utilize the glucose, or, again, that sugar in your body, and be able to break it down as efficiently. Recommendation is for folks to be active approximately 150 minutes per week. Exercise is a natural glucose burner.

### **Samantha Lyall**

So, it sounds like we should be watching our weight, the choices we make for food, and also our exercise routine. Are there other symptoms that we should be on the lookout for?

### **Ann Ferguson**

So, unfortunately with prediabetes, oftentimes, there are no outward symptoms.

There are some signs to watch out for, the most common being feeling very hungry, more so than normal, feeling very thirsty, and urinating more often than normal. There are other symptoms like blurry vision, experiencing numbness in your fingers or toes, feeling extremely fatigued or tired, and sometimes people actually experience an unexplained weight loss.

### **Samantha Lyall**

So, it's really interesting, if there's not a lot of symptoms that you can be on the lookout for, how is prediabetes, diagnosed?

**Ann Ferguson**

So, it's very important for people to be getting checked out by their doctor once a year, and to take advantage of their yearly physical. When you see your doctor, they'll obtain a medical history, they'll do a full exam on you. They also may ask to do some blood work. And blood work is the number one way to diagnose prediabetes. There are three different types of blood work tests that can be done. The most simple one, a very standard blood test, is to check for that blood glucose, or again, blood sugar. There's another blood test that's called your hemoglobin A1c, again, another very fancy term, but essentially that is an average of your blood sugars over the past couple of months. It's read as a percentage, and your doctor can monitor that over a longer period of time, and can be very helpful to track and trend where your blood sugars have been.

The third way to check your blood sugars is through, a real-time test. It's called an oral glucose tolerance test. So, this is where, you sit in your doctor's office. At minute one, you drink a very sugary beverage, very, very sweet. And then at the two-hour mark, your doctor will have some blood work done, and that can assess how well your body is breaking down that sugary beverage in your body. So, a higher reading would be considered abnormal and may indicate prediabetes.

**Samantha Lyall**

So, it sounds like your doctors definitely have a couple of options, to actually go through and see if you have prediabetes, and if it's determined that you do have prediabetes, is there a way to treat it?

**Ann Ferguson**

Absolutely. By coming up with a plan with your doctor, there are lifestyle changes that can definitely help to stop, or even entirely prevent, the progression of prediabetes.

**Samantha Lyall**

What are some of the lifestyle changes that people could be putting into practice to either, like you're saying, prevent prediabetes or reverse it completely?

**Ann Ferguson**

The most common recommendation is to watch your weight. There are studies that show even the smallest weight loss of about 5% of your total body weight, can have enough impact to stop prediabetes. So, say for example, you weigh about 200 pounds, losing 5% of that would only be a 10-pound weight loss. And losing 5% can be done in a few ways.

The first being making healthier food choices. You want to limit the amount of foods that are higher in fat or sugar, and maybe increase things that are higher in fiber. So, this may mean

swapping out things like soda, candy, chips, for things that are more healthful, like fruits, whole grains, or nuts. Many of my clients, they struggle with making changes to their eating habits, but I tell them to start small. You can swap out a typical snack that you may have for, again, something that has more fiber, or protein, or even just having a low-calorie beverage or some water. You can change out some of your simple carbs, like white pasta for a whole grain pasta, or a white bread for a 100% whole-grain bread. Another good practice is to compare the amount of sugars from one nutrient label to another, and picking something that's less— and that's lower in sugar or in carbohydrates.

**Samantha Lyall**

So, while diet and healthy food choices are important, I'm wondering what about exercise?

**Ann Ferguson**

Exercise is definitely an important factor in reducing risk factors for prediabetes. Trying to average 30 minutes of exercise every day is recommended. And for some people, that may sound like a lot, but I tell people to try to break that down. Increments of 10 minutes or so can get the job done. This can range from house chores, gardening, taking a bike ride, or a walk with your family, or your significant other, all the way up to, investing in more formal physical activity, going to a gym, going to a bootcamp, or even investing in a personal trainer.

I like to tell clients, if they're interested in walking, or doing some type of moderate exercise, to, use this as a time to, maybe watch a, a favorite television show. Most of those are about 30 minutes long. And before you know, it, 30 minutes of walking, or riding a bike, has passed by, and you've achieved your 30 minutes of exercise for the day.

**Samantha Lyall**

So I think there are, like, four big takeaways, and it's a trend that we've been hearing over this podcast series, of really watching your weight, watching your diet, as well as being active. And like you were saying, I think it's super important to emphasize starting small. So, it's little wins every day with trade outs, based off of food choices. Like you were saying, I love the, walking, or riding a bike, indoors while maybe watching a favorite show. So, we've covered a lot of ground here today. Is there anything else that you'd like to share?

**Ann Ferguson**

I want people to know that prediabetes is not a lifelong sentence, and you can absolutely do something about it. And it all goes back to the basics. Like you said, Sam, watching your weight, eating a more balanced diet, and staying physically active. It may take some time, it will take some effort. But, again, with small changes, and being more mindful of your lifestyle, you can absolutely prevent prediabetes.

**Samantha Lyall**

Great. Well, thank you so much for joining us, Ann, and sharing information about how to prevent diabetes. And thank you to our listeners. Until next time, stay well.

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