

Are you at risk for **type 2 diabetes?**

Diabetes Risk Test:

WRITE YOUR SCORE
IN THE BOX.

1. How old are you?

Less than 40 years (0 points)

40–49 years (1 point)

50–59 years (2 points)

60 years or older (3 points)

2. Are you a man or a woman?

Man (1 point)

Woman (0 points)

3. If you are a woman, have you ever been diagnosed with gestational diabetes?

Yes (1 point)

No (0 points)

4. Do you have a mother, father, sister or brother with diabetes?

Yes (1 point)

No (0 points)

5. Have you ever been diagnosed with high blood pressure?

Yes (1 point)

No (0 points)

6. Are you physically active?

Yes (0 points)

No (1 point)

7. What is your weight category?

See chart at right.

ADD UP
YOUR SCORE.

Height Weight (lbs.)

Height	Weight (lbs.)		
4' 10"	119–142	143–190	191+
4' 11"	124–147	148–197	198+
5' 0"	128–152	153–203	204+
5' 1"	132–157	158–210	211+
5' 2"	136–163	164–217	218+
5' 3"	141–168	169–224	225+
5' 4"	145–173	174–231	232+
5' 5"	150–179	180–239	240+
5' 6"	155–185	186–246	247+
5' 7"	159–190	191–254	255+
5' 8"	164–196	197–261	262+
5' 9"	169–202	203–269	270+
5' 10"	174–208	209–277	278+
5' 11"	179–214	215–285	286+
6' 0"	184–220	221–293	294+
6' 1"	189–226	227–301	302+
6' 2"	194–232	233–310	311+
6' 3"	200–239	240–318	319+
6' 4"	205–245	246–327	328+
<div>1 point 2 points 3 points</div> <div>If you weigh less than the amount in the left column: 0 points</div>			

Adapted from Bang et al., Ann Intern Med 151:775–783, 2009 • Original algorithm was validated without gestational diabetes as part of the model.

If you scored 5 or higher:

You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes, a condition in which blood glucose levels are higher than normal but not yet high enough to be diagnosed as diabetes. Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanics/Latinos, Native Americans, Asian Americans, and Native Hawaiians and Pacific Islanders.

Higher body weight increases diabetes risk for everyone. Asian Americans are at increased diabetes risk at lower body weight than the rest of the general public (about 15 pounds lower).

Lower Your Risk

The good news is you can manage your risk for type 2 diabetes. Small steps make a big difference in helping you live a longer, healthier life.

If you are at high risk, your first step is to visit your doctor to see if additional testing is needed.

Visit diabetes.org or call 1-800-DIABETES (800-342-2383) for information, tips on getting started, and ideas for simple, small steps you can take to help lower your risk.

At Risk for Type 2 Diabetes?

What Next?

Talk to your doctor.

If you are at risk for type 2 diabetes, it can be overwhelming and you might feel a little lost. The American Diabetes Association® is here to help you. The first step is to make an appointment with your doctor. Only your doctor can tell you for sure if you have diabetes or not.

Don't delay—early detection and treatment of diabetes decreases the risk of developing the complications of diabetes.

What are the symptoms?

You may have no noticeable symptoms or only mild symptoms for years before diabetes is diagnosed.

Common signs and symptoms of type 2 diabetes include:

- urinating more than usual.
- feeling very thirsty.
- feeling hungry even after eating.
- feeling tired.
- having blurred vision.
- having frequent infections or slow-healing cuts and sores.
- having tingling, pain, or numbness in the hands or feet.

How is diabetes diagnosed?

There are several ways to diagnose diabetes and each way usually needs to be repeated on a second day to be sure you have it. Testing should be carried out in a health care setting (such as your doctor's office or a lab). If your doctor determines that your blood glucose level is very high, or if you have classic symptoms of high blood glucose in addition to one positive test, your doctor may not require a second test.

A1C

The A1C test measures your average blood glucose for the past two to three months. The advantage of this method of testing is that you don't have to do anything to get ready for it.

Diabetes is diagnosed at:

- A1C: 6.5% or higher.

Fasting Plasma Glucose (FPG)

This test is usually done first thing in the morning, before breakfast, and checks your blood glucose after not eating or drinking anything (except water) for eight hours.

Diabetes is diagnosed at:

- fasting blood glucose: 126 mg/dL or higher.

Oral Glucose Tolerance Test (also called the OGTT)

The OGTT is a two-hour test that checks your blood glucose levels before and two hours after you drink a special sweet liquid. It tells the doctor how your body processes glucose.

Diabetes is diagnosed at:

- two-hour blood glucose: 200 mg/dL or higher.

Random (also called Casual) Plasma Glucose Test

If you are showing severe diabetes symptoms, your doctor may use a random glucose test.

Diabetes is diagnosed at:

- blood glucose: 200 mg/dL or higher.

What is prediabetes?

Prediabetes is a condition that occurs when your blood glucose is higher than normal but not high enough to be diabetes. This condition puts you at risk for developing type 2 diabetes.

Results indicating prediabetes are:

- an A1C of 5.7%–6.4%.
- fasting blood glucose of 100–125 mg/dL.
- two-hour blood glucose of 140 mg/dL–199 mg/dL.

Type 2 Diabetes

WHAT IS DIABETES?

Diabetes is a problem with your body that causes blood glucose (sugar) levels to rise higher than normal. This is also called hyperglycemia.

When you eat your body breaks food down into glucose and sends it into the blood. Insulin then helps move the glucose from the blood into your cells. When glucose enters your cells, it is either used as fuel for energy right away or stored for later use. In a person with diabetes, there is a problem with insulin. But, not all people with diabetes have the same problem.

The types of diabetes are type 1, type 2, and a condition called gestational diabetes, which happens when pregnant. If you have diabetes, your body either doesn't make enough insulin, it can't use the insulin it does make very well, or both.

WHAT IS TYPE 2 DIABETES?

In type 2 diabetes, your body does not use insulin properly. This is called insulin resistance. At first, the pancreas makes extra insulin to make up for it. Over time your pancreas isn't able to keep up and can't make enough insulin to keep your blood glucose levels normal. Type 2 is treated with lifestyle changes, oral medications (pills), and insulin.

Some people with type 2 can control their blood glucose with healthy eating and being active. But, your doctor may need to also prescribe oral medications or insulin to help you meet your target blood glucose levels. Type 2 usually gets worse over time—even if you don't need to take medications at first, you may need to later on.

HOW IS TYPE 2 DIFFERENT FROM TYPE 1?

In type 1, your body treats the cells that make insulin as invaders and destroys them. This can happen over a few weeks, months, or years. When enough of the cells are gone, your pancreas makes little or no insulin and blood glucose becomes dangerously high.

People with type 1 diabetes take insulin by injection with a syringe, an insulin pen, or an insulin pump.

WHAT CAUSES TYPE 2 DIABETES?

Scientists do not know the exact cause of type 2 diabetes. However, development of type 2 diabetes has been associated with several risk factors. These risk factors include:

- history of hyperglycemia, prediabetes, and/or gestational diabetes (GDM)
- overweight and obesity
- physical inactivity
- genetics
- family history
- race and ethnicity
- age
- high blood pressure
- abnormal cholesterol

WHAT TREATMENTS ARE USED FOR TYPE 2 DIABETES?

The two goals of diabetes treatment are to make sure you feel well day-to-day and to prevent or delay long-term health problems. The best way to reach those goals is by:

- taking medications, if your doctor prescribes them
- planning your meals—choosing what, how much, and when to eat
- being physically active

HOW WILL I KNOW IF MY DIABETES TREATMENT IS WORKING?

Getting an A1C test at least twice a year helps you and your health care team keep track of how well you are controlling your blood glucose levels. A1C is part of your diabetes ABCs, which will tell you if your overall diabetes treatment is working. The ABCs of diabetes are:

A is for A1C or estimated average glucose (eAG)

Your A1C test tells you your average blood glucose for the past 2 to 3 months. It's the blood check "with a memory." Your health care provider may call this your estimated average glucose or eAG. The eAG gives your A1C results in the same units (mg/dl) as the glucose meter you use at home.

B is for blood pressure

Your blood pressure numbers tell you the force of blood inside your blood vessels. When your blood pressure is high, your heart has to work harder.

C is for cholesterol

Your cholesterol numbers tell you about the amount of fat in your blood. Some kinds of cholesterol can raise your risk for heart attack and stroke.

Getting the Very Best Care for Your Diabetes

Regular diabetes care can help you prevent heart disease, stroke, and eye, foot, or kidney problems. This guide describes basic care for people with diabetes.

Most of the day-to-day care of diabetes is up to you:

- You choose what, when, and how much to eat.
- You decide whether to be physically active.
- You take your medicines.
- You keep track of your blood glucose (sugar) levels.

Your health care team helps by teaching you about diabetes care and checking your A1C (average blood glucose), blood pressure, cholesterol, and other measures.

What should happen during visits to my health care provider?

Use the following list to make sure you and your health care team are up-to-date on what you need for good diabetes care.

Check at every office visit

Blood pressure: If your blood pressure is not on target, meal planning, physical activity, and medicines can help. Work with your health care team to plan your strategy.

Weight: Preventing weight gain or losing weight may be part of your diabetes care plan. If you need to lose weight, a 10- to 15-pound loss can help you reach your blood pressure, blood glucose, and cholesterol goals. Work with your health care team to plan your goals.

Smoking: If you smoke, ask your health care provider about a plan to help you quit.

Feet: Ask your health care provider to check your feet. Report any changes in how your feet look or feel. Foot problems can be avoided if detected and treated early.

Check at least every 3 to 6 months

A1C: The A1C is the blood glucose check “with a memory.” It tells you your average blood glucose for the past 2 to 3 months. Your average blood glucose may be reported in 2 ways, A1C and estimated Average Glucose (eAG). The eAG will be reported in the same kind of numbers as your day-to-day blood glucose readings. If your average blood glucose is too high, you may need a change in your diabetes care plan. Talk with your health care team.



Your health care team can teach you about diabetes care.

Check at least once a year

Foot and eye exams: Once a year, your health care provider can check your feet more thoroughly for signs of nerve damage or other problems. An eye doctor should check your eyes for early warning signs of damage.

Flu shot: Ask for a flu shot every year to keep from getting sick.

Other things to do

Cholesterol: Your cholesterol numbers tell you the amount of fat in your blood. Some kinds, like HDL, help protect your heart. Others, like LDL, can clog your blood vessels and lead to heart disease. Triglycerides, another kind of blood fat, raise your risk for a heart attack or a stroke. Ask your health care team how often you should have your cholesterol checked.

Pneumonia vaccine: Get the pneumonia vaccine at least once.

Diabetes education and nutrition counseling: If you need a change in your diabetes management plan, ask your health care provider to refer you for diabetes education and nutrition counseling.

Pregnancy: Talk to your health care provider if you plan to become pregnant. Work to get to a healthy weight before and during pregnancy.

Tracking your targets

The ADA suggests these targets for most people with diabetes. You may have different targets from your health care provider. You can record your targets and your results in the spaces provided here.

What to Do	ADA Targets	My Targets	My Results Date _____	My Results Date _____
At Every Office Visit				
Review blood glucose numbers				
• Before meals	80 to 130 mg/dL			
• 2 hours after the start of a meal	Below 180 mg/dL			
Check blood pressure	Below 140/90 mmHg			
Review meal plan				
Review activity level				
Check weight				
Discuss questions or concerns				
Check your feet				
At Least Every 3 to 6 Months				
A1C, also reported as eAG	Below 7% or below 154 mg/dL			
At Least Once a Year				
Physical exam				
Dilated eye exam				
Flu shot				
Thorough Foot Exam				
Once				
Pneumonia vaccine				



Provided By

A1C

What is A1C?

The A1C is a blood test that tells you what your average blood glucose levels have been for the past 2 to 3 months. It measures how much glucose is attached to your red blood cells. Because you are always making new red blood cells to replace old ones, your A1C changes over time as your blood glucose levels change.

How often should I have an A1C?

Usually your doctor will measure your A1C at least twice a year. If your medication is changing or you are making other changes in how you take care of yourself, you may have it checked more often.

What is the suggested target for the A1C?

The ADA's target for A1C for most adults is less than 7%. Your doctor may recommend a higher or lower target depending on how old you are and other factors. The closer you get to your target, the better your chances of preventing or delaying problems from diabetes that can develop over time. Studies have shown that for every one point decrease in A1C levels, you reduce your risk of long-term diabetes complications by up to 40 percent.



What does my A1C result mean?

Usually your A1C will reflect the general trends you see with your day-to-day blood glucose checks. Sometimes, your A1C result may seem higher or lower than you expected.

That may be because your blood glucose levels are a certain level at the time you're checking it, but at other times your levels may be very high or very low.

A1C	Average Blood Glucose
6%	126 mg/dL
6.5%	140 mg/dL
7%	154 mg/dL
7.5%	169 mg/dL
8%	183 mg/dL
8.5%	197 mg/dL
9%	212 mg/dL
9.5%	226 mg/dL
10%	240 mg/dL
10.5%	255 mg/dL

If your A1C is different from what you expect, talk to your doctor. You may need to check more often or use a continuous glucose monitor to get a better idea of how your blood glucose is changing throughout the day.



Do I still need to check my blood glucose with a meter if I get the A1C test regularly?

Both kinds of checking are important. You'll use your meter results to make day-to-day decisions. The A1C gives you an overall idea of what's going on.

Diabetes Glossary

Blood glucose—The main sugar that the body makes from the food we eat. Glucose is carried through the bloodstream to provide energy to all of the body's living cells. The cells cannot use glucose without the help of insulin

Diabetes—The short name for the disease called diabetes mellitus. Diabetes results when the body cannot use blood glucose as energy because of having too little insulin or being unable to use insulin.

Diabetic ketoacidosis—High blood glucose with the presence of ketones in the urine and bloodstream, often caused by taking too little insulin or during illness.

Gestational Diabetes- Another kind of diabetes that occurs during pregnancy.

High blood glucose—A condition that occurs in people with diabetes when their blood glucose levels are too high. Symptoms include having to urinate often, being very thirsty, and losing weight.

Insulin—A hormone that helps the body use blood glucose for energy. The beta cells of the pancreas make insulin. When people with diabetes can't make enough insulin, they may have to inject it from another source

Pancreas—An organ in the body that makes insulin so that the body can use glucose for energy. The pancreas also makes enzymes that help the body digest food

Pre Diabetes- A condition that comes before type 2 diabetes.

Risk factors—Traits that make it more likely that a person will get an illness. For example, a risk factor for getting type 2 diabetes is having a family history of diabetes

Type 1 diabetes— A condition in which the pancreas makes so little insulin that the body can't use blood glucose as energy. Type 1 diabetes most often occurs in people younger than age 30 and must be controlled with daily insulin injections.

Type 2 diabetes—A condition in which the body either makes too little insulin or can't use the insulin it makes to use blood glucose as energy. Type 2 diabetes most often occurs in people older than age 40 and can often be controlled through meal plans and physical activity plans. Some people with type 2 diabetes have to take diabetes pills or insulin.

Local Resources

The Atlanta region offers a range of no-cost and low-cost referral and information services to older adults for diabetes prevention and management:

ARC's "Living Well" Healthy Changes for Living with Diabetes is a 6-week evidence-based program that helps individuals to understand the symptoms, associated complications, the importance of medication adherence, how to control sugar levels; and learn tips to maintain healthy weight and to manage anxiety and stress. To learn more call 470.378.1630 or visit empowerline.org

Diabetes Self-Management Program (DSMP*) is designed to build confidence, increase knowledge about symptom control and the disease's impact; and teaches skills in the daily management of diabetes to improve the quality of life.

Contact your local county Board of Health Office in the Atlanta region at:

Cherokee	770.928.0133	Clayton	404.366.6230
Cobb	404.527.7150	DeKalb	404.508.7847
Douglas	770.949.1970	Fayette	770.305.5416
Fulton	404.613.1205	Gwinnett	678. 376.3217
Henry	770.288.6136	Rockdale	770.785.4345

The American Diabetes Association (ADA) provides a wealth of resources and can help in many ways. Contact the ADA's national call center at 1. 800.DIABETES (342.2382), or visit the ADA's website at www.diabetes.org

GeorgiaCares is the state health insurance assistance program, the source for information about Medicare, Medicaid programs that work along with Medicare; benefits programs; supplement insurance; long-term care insurance; prescription assistance programs. Contact 1.866.552.4464 for assistance and information.

ARC's Empowerline helps older persons and persons with disabilities of any age, their families and caregivers access services and opportunities in the Atlanta Region. This referral service is available 24 hours a day, seven days a week. Contact 404.463.3333 or visit empowerline.org for more information and links to these resources.

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