

Evidence-Based Lifestyle Change Programs to Prevent or Delay Type 2 Diabetes

The National DPP is a lifestyle change program that has been shown to reduce the risk of developing type 2 diabetes by 58% (71% in those 60 and older) for people with prediabetes

The Standards of Care in Diabetes of the American Diabetes Association® (ADA) recommends that providers refer people with prediabetes to a lifestyle change program that is modeled on NIH's Diabetes Prevention Program (DPP).

CDC-recognized lifestyle change programs use curricula modeled on the DPP providing people at high risk for diabetes with a focused, evidence-based intervention that provides professional help to make small but impactful, lasting changes.

Year-long sessions are facilitated by a trained lifestyle coach with a focus on nutritional and physical activity modifications that can reduce the risk for or delay type 2 diabetes.

Research shows DPP-based/CDC-recognized lifestyle change programs are effective at preventing or delaying type 2 diabetes.



Diabetes onset is expected to be **delayed by 11.1 years** with the lifestyle change program compared to 3.4 years with metformin.¹



People who lost **between 5% and 7%** of their body weight had a **58% lower incidence** of type 2 diabetes.²



A total of **5% of participants** developed diabetes **compared to 11%** of group members who received a placebo instead.³



The program has **lasting results**, showing that participants had a **34% lower rate** of type 2 diabetes 10 years after they completed the program.⁴

Screen your patients for prediabetes using the ADA's Type 2 Diabetes Risk Test: diabetes.org/diabetes-risk-test
Test your patients for prediabetes using one of three blood tests: diabetes.org/a1c/diagnosis
Refer them to an evidence-based lifestyle change program recognized by the CDC: nccd.cdc.gov/DDT_DPRP/Registry.aspx

This publication was supported by Cooperative Agreement Number NU58DP006364-03-00, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

¹ Aroda, V. R., & Ratner, R. (2008). Approach to the patient with prediabetes. The Journal of Clinical Endocrinology & Metabolism, 93(9), 3259–3265.

² Diabetes Prevention Program Research Group. (2002). Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *New England Journal of Medicine*, 346, 393–403.

³ Ibid.

⁴ Ibid.