

# Lifestyle Modification and Weight Control in Diabetes Prevention and Treatment

Jennifer B. Marks, MD, FACP, FACE, CDE

An abundance of medical evidence supports a causal link between obesity and type 2 diabetes. The rate of diabetes has increased in parallel with the rate of obesity over the past decade, and it is well accepted that risk for diabetes increases as the degree of overweight increases.<sup>1,2</sup>

Furthermore, clinical trial research has demonstrated that losing weight and increasing physical activity can delay the onset of diabetes in individuals at high risk.<sup>3</sup>

With this as background, the American Diabetes Association (ADA), the North American Association for the Study of Obesity (NAASO), and the American Society for Clinical Nutrition (ASCN) jointly created a position statement (reprinted in this issue starting on p. 130) that emphasizes the importance of lifestyle modification in weight management for both the prevention and treatment of type 2 diabetes.<sup>4</sup> The statement recommends achieving weight loss through a combination of dietary changes and increased physical activity. It stresses that the type of diet is less important than is a reduction in overall calories. General recommendations encourage the consumption of a variety of fruits, vegetables, grains, legumes, low-fat dairy products, fish, poultry, and lean meats. Physical activity is important to aid in

weight loss, but even more so for maintenance of weight loss. Other benefits of regular physical activity include improvements in insulin sensitivity and glucose utilization. Thirty to forty-five minutes of moderate activity three to five times a week or more is recommended

The role of clinicians in facilitating lifestyle change involves helping patients to learn techniques and strategies to promote behavioral changes. As health care providers, we generally do not know how to help our patients do this, nor do many of us have the time in our busy practices to provide much in the way of weight management. Furthermore, third-party payers do not generally cover the medical management of obesity, whereas medical nutrition therapy for diabetes is generally covered. Many patients with or without diabetes will meet the criteria for the diagnosis of metabolic syndrome, the treatment of which is reimbursed and rightly includes weight management advice.

Weight management must become more of a priority in health care if the epidemics of obesity, diabetes, and cardiovascular disease are to be reversed. This position statement lends support to this issue, but more must be done. The ADA, NAASO, ASCN, and other like-minded health care organizations need to

expand joint efforts not only to better educate both health professionals and the public, but also to influence public health policy regarding obesity prevention and treatment.

## REFERENCES

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<sup>2</sup>Colditz GA, Willett WC, Stampfer MJ, Manson JE, Hennekens CH, Arky RA, Speizer FE: Weight as a risk factor for clinical diabetes in women. *Am J Epidemiol* 132:501–513, 1990

<sup>3</sup>Knowler WC, Barrett-Connor E, Fowler SE, Hamman RF, Lachin JM, Walker EA, Nathan DM; the Diabetes Prevention Program Research Group: Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med* 346:393–403, 2002

<sup>4</sup>Klein S, Sheard NF, Pi-Sunyer X, Daly A, Wylie-Roset J, Kulkarni K, Clark NG: Weight management through lifestyle modification for the prevention and management of type 2 diabetes: rationale and strategies: a statement of the American Diabetes Association, the North American Association for the Study of Obesity, and the American Society for Clinical Nutrition. *Diabetes Care* 27:2067–2073, 2004

*Jennifer B. Marks, MD, FACP, FACE, CDE, is a professor of medicine and chief of the Division of Endocrinology, Diabetes, and Metabolism at the University of Miami School of Medicine and section chief of Endocrinology, Diabetes and Metabolism at the Miami VA Medical Center in Miami, Fla. She is editor-in-chief of Clinical Diabetes.*