(PBL) Prediabetes Screening and Management: A Spoonful of Prevention!
Get Ahead of Diabetes

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The prediabetes will include discussion of Metformin for the indication of prediabetes treatment. This is a non-FDA approved (off-label) use of Metformin despite high quality evidence of efficacy and safety.

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After graduating from the University of Michigan Medical School, Ann Arbor, Dr. Kirley completed her family medicine residency at the University of Illinois at Chicago (UIC)/Illinois Masonic Medical Center. She subsequently completed a research fellowship at the University of Chicago. Currently, she serves as the lead clinician for the AMA's diabetes prevention initiatives. Prior to joining the AMA, Dr. Kirley was a practicing family physician and health services researcher at NorthShore University HealthSystem, and a clinical assistant professor in the University of Chicago's Department of Family Medicine. She also served as assistant director of NorthShore's Quality and Patient Safety Fellowship and as assistant director of the Ambulatory Primary Care Innovations Group, a practice-based research network.
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Williams manages the American Medical Association’s (AMA's) prediabetes initiative to develop and test clinical tools and resources for engaging health systems, clinicians, and health departments in diabetes prevention. She works with health system leadership and clinical practices to establish a prediabetes screening and referral mechanism that is integrated into existing clinical care. Before joining the AMA, she was director of tobacco prevention and control for the Cook County Department of Public Health and deputy executive director of public affairs for the American Lung Association of Metropolitan Chicago. Williams has more than 30 years of public health program and policy development experience. She regularly presents on clinical practice change and improving prevention at the clinical and community levels. Her speaking engagements have included conferences hosted by the American Public Health Association (APHA), Institute for Healthcare Improvement (IHI), Cardiometabolic Health Congress, and American Hospital Association (AHA). She has an undergraduate degree from the School of the Art Institute of Chicago and a master’s degree in media advocacy and public policy from DePaul University, Chicago, Illinois.

Learning Objectives

1. Practice applying new knowledge and skills gained from Prediabetes Screening and Management sessions, through collaborative learning with peers and expert faculty.

2. Identify strategies that foster optimal management of prediabetes within the context of professional practice.

3. Formulate an action plan to implement practice changes, aimed at improving patient care.
Associated Sessions

• Prediabetes Screening and Management: A Spoonful of Prevention! Get Ahead of Diabetes
Diabetes Prevention Program RCT

- NIH-funded 3-arm RCT (N=3234) comparing placebo vs metformin vs intensive lifestyle counseling
  - Low calorie, low fat diet plus moderate physical activity
  - Program goal: ≥7% weight loss
- The lifestyle intervention reduced the incidence by 58% compared to placebo
  - Metformin reduced the incidence by 31% compared to placebo


United States Preventive Services Task Force (USPSTF)
Abnormal Glucose Screening Recommendation

Offer or refer patients with abnormal glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity

Metformin

- Not FDA-approved for diabetes prevention
- High-quality evidence demonstrates effectiveness
- Consider in those with
  - BMI ≥35 kg/m²
  - Age <60
  - Women with h/o GDM
  - Worsening glucose despite lifestyle intervention


Role Play Round 1
Shared Decision Making

- Collaborative process
- Arrive at a decision mutually agreeable to patient and clinician
- Informed by patient’s values and preferences

Why SDM Makes Sense for Prediabetes

- More than one reasonable option exists
- Options are easy to define in lay terms
- Pros/cons of each option identify patient preference
Six Steps of SDM

1. Invite the patient to participate
2. Present options
3. Provide information on benefits and risks
4. Assist patients in evaluating options based on their goals and concerns
5. Facilitate deliberation and decision making
6. Assist patients to follow through on the decision


Keys to a Good Decision Aid

• Provide information in sufficient detail for decision making
• Present outcomes in unbiased and understandable language
• Include methods for clarifying patient and values
Intensive Lifestyle Change Program

Metformin

Role Play Round 2

Discussion

• How were the two rounds of role playing different?
Discussion

• How do you navigate when the most effective option may not be the patient’s chosen option?

Discussion

• How would you approach these patients over the long-term?
Questions