Before people develop Type 2 diabetes they almost always have pre-diabetes. Pre-diabetes is when a person has blood glucose levels that are higher than normal but not yet enough to be diagnosed as a diabetic.

Doctors sometimes refer to pre-diabetes as impaired glucose tolerance or impaired fasting glucose, depending on what test was used when detected.

There are no clear symptoms for pre-diabetes, so one may not even know they have it. According to diabetes.org, if you are pre-diabetic, one should be checked every two years for diabetes.

Results Indicating Pre-diabetes:
- An A1C of 5.7-6.4%
- Fasting blood glucose of 100-125 mg/dl
- An OGTT of 2 hour blood glucose of 140 mg/dl-199 mg/dl

A person will not develop diabetes automatically if he/she has pre-diabetes. For some people with pre-diabetes, early treatment can actually return blood glucose levels to the normal range. Research shows that a person can lower their chance of Type II diabetes by 58% by:
- Losing 7% of body weight (approximately 15 lbs if the person is 200 lbs)
- Exercising moderately (brisk walking) 30 minutes each day, 5 days a week.

A hemoglobin A1C is a test that measures one’s average blood glucose for the last 2-3 months. A fasting plasma glucose (FPG) checks one’s fasting blood glucose, meaning checked with nothing to eat or drink except water for at least 8 hours. An oral glucose tolerance test (OGTT) is a 2 hour test that checks blood glucose levels before and 2 hours after drinking a special test drink.
Diabetes—A Public Health Concern (www.cdc.gov)

People with diabetes either don’t make enough insulin (Type I diabetic) or can’t use insulin properly (Type II diabetic). Insulin allows blood sugar (glucose) to enter cells, where it can be used for energy. When the body doesn’t have enough insulin or can’t use it effectively, blood sugar builds up in the blood. High blood sugar levels can lead to heart disease, stroke, blindness, kidney failure, and amputation of toes, feet, or legs.

Type II diabetes accounts for about 90-95% of all diagnosed cases of diabetes, and Type I diabetes accounts for about 5%. The health and economic costs for both are enormous:

- Diabetes was the seventh leading cause of death in the United States in 2013 (may be underreported).
- Diabetes is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness.
- More than 20% of health care spending is for people with diagnosed diabetes.

People who have one or more of the following risk factors should talk to their doctor about getting their blood sugar tested:

- Being overweight
- Being 45 years or older
- Having a family history of Type II diabetes
- Being physically active less than 3 times a week
- Ever having gestational diabetes or giving birth to a baby weighing more than 9 pounds.

Race and ethnicity are also factors: African Americans, Hispanics, and Latinos are at higher risk than whites.

Diabetes Complications (www.cdc.gov)

Diabetes complications and related conditions include the following:

- Heart disease and stroke: People with diabetes are twice as likely to have heart disease or a stroke as people without diabetes—and at an earlier age.
- Blindness and other eye problems: Diabetic retinopathy (damage to blood vessels in the retina), cataracts (clouding of the lens), and glaucoma (increase in fluid pressure in the eye) can all result in vision loss.
- Kidney disease: High blood sugar levels can damage the kidneys long before a person has symptoms. Kidney damage can cause chronic kidney disease, which can lead to kidney failure.
- Amputations: Diabetes damages blood vessels and nerves, particularly in the feet, and can lead to serious, but hard to treat infections. Amputation is sometimes necessary to stop the spread of infection.

Gestational diabetes is diagnosed pregnancy and can cause serious complications for mothers or their babies. These complications include preeclampsia (pregnancy-induced high blood pressure), birth-related trauma, and birth defects. Women with gestational diabetes also have a higher risk of developing Type II diabetes later in life.

“Up to 25% of United States adults who have diabetes don’t know that they have it or that they could be developing serious complications.”

~www.cdc.gov~


Cancer is a disease in which cells in the body grow out of control. When cancer starts in the lungs, it is called lung cancer. November is Lung Cancer Awareness Month.

Lung cancer begins in the lungs and may spread to lymph nodes or other organs in the body, such as the brain. Cancer from other organs also may spread to the lungs. When cancer cells spread from one organ to another, they are called metastases. Lung cancers usually are grouped into two main types called small cell and non-small cell. These types of lung cancer grow differently and are treated differently. Non-small cell lung cancer is more common than small cell lung cancer.

**What is Lung Cancer and Who Should Be Screened?**

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**Screening Tests for Lung Cancer (www.cdc.gov)**

Screening means testing for a disease when there are no symptoms or history of that disease. Doctors recommend a screening test to find a disease early, when treatment may work better.

The only recommended screening test for lung cancer is low-dose computed tomography (also called a low-dose CT scan). In this test, an X-ray machine scans the body and uses low doses of radiation to make detailed pictures of the lungs.

**Who Should Be Screened?**

The U.S. Preventive Services Task Force recommends yearly lung cancer screening with LDCT for people who:

- Have a history of heavy smoking, and
- Smoke now or have quit within the past 15 years, and
- Are between 55 and 80 years old.

Heavy smoking means a smoking history of 30 pack years or more. A pack year is smoking an average of one pack of cigarettes per day for one year. For example, a person could have a 30 pack-year history by smoking one pack a day for 30 years or two packs a day for 15 years.

**When Should Screening Stop?**

The Task Force recommends that yearly lung cancer screening stop when the person being screened:

- Turns 81 years old, or
- Has not smoked in 15 years, or
- Develops a health problem that makes him or her unwilling or unable to have surgery if lung cancer is found.

For more guidelines regarding lung cancer screening, please visit www.cdc.gov/cancer/lung/pdf/guidelines.pdf

**What Can I Do to Reduce My Risk of Lung Cancer?**

- **Don't smoke.** Cigarette smoking causes about 90% of lung cancer deaths in the United States. The most important thing you can do to prevent lung cancer is to not start smoking, or to quit if you do smoke.
- **Avoid secondhand smoke.** Smoke from other people’s cigarettes, cigars, or pipes is called secondhand smoke. Make your home and car smoke-free.
- **Get your home tested for radon.** The U.S. Environmental Protection Agency recommends that all homes be tested for radon.
- **Be careful at work.** Health and safety guidelines in the workplace can help workers avoid carcinogens—things that can cause cancer.
- **Need Help Quitting?** Visit smokefree.gov; Call 1-800-QUIT-NOW

[Image of lungs and other organs]
Brandi’s “Clean Eating” Recipe

Take-to-Go Asian Stir Fry Noodle Salad

Ingredients:
- 1 1/2 oz brown rice noodles
- 1/4 red bell pepper, sliced
- 1/4 cup peeled and chopped carrot
- 1/4 cup sliced mushrooms
- 4 tsp fresh lime juice
- 1 clove garlic, minced
- 2 tsp rice vinegar
- 2 tsp reduced sodium soy sauce
- 1 tsp sesame oil
- Sea salt and ground black pepper, to taste
- 1/4 cup frozen and thawed edamame
- 1 tsp sesame seeds, lightly toasted
- 1 lime wedge

Equipment
- 1 2-cup glass jar with lid

Instructions:
1. Prepare noodles according to package directions. Drain and rinse with cold water, set aside and dry.
2. Mist a large sauté pan with cooking spray and heat on medium. Add bell pepper, carrot, and mushrooms and sauté, stirring constantly until tender-crisp, 2 minutes. Remove from heat and set aside to cool.
3. Prepare salad dressing: In a small bowl, whisk lime juice, garlic, vinegar, soy sauce, oil, salt, and black pepper.
4. Build salad: Add dressing to bottom of jar. Layer edamame, noodles, vegetable mixture, sesame seeds, and lime wedge. Cover with lid and refrigerate. Just before serving, squeeze lime wedge into jar and shake to distribute dressing. Make up to 1 day in advance.