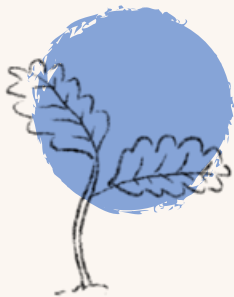


# Lifestyle Interventions in Pre/Early Type 2 Diabetes Based on Patient's Needs & Goals

For patients with HbA1c 6–6.4% at any time or HbA1c > 6.5% in the last 6 yrs.

Not suitable for patients needing hypoglycemic medications for renal or cardiovascular protection or with a history of significant disordered eating or mental health concerns.



## 5 As behaviour change framework

1. **Assess** patient's understanding, knowledge, and current behaviours.
2. **Advise** about risks and benefits of change, including the possibility of diabetes remission.
3. **Agree** on behaviour change goals and a personal action plan.
4. **Assist** with identifying and engaging patient's supports and overcoming barriers.
5. **Arrange** connections with other allied health-care providers and follow up to assist with progress, change reinforcement, and celebrating wins.

## Brief Action Planning (BAP) framework for agreeing on the action plan

Develop a **SMART** behaviour plan: **Specific, Measurable, Achievable, Relevant and Time-bound.**

1. Elicit a commitment statement – How confident are you in carrying out your plan?
2. Explore working with other professionals: nutritionists, kinesiologists, trainers, etc.
3. Follow up to check on progress, problem-solve, and agree on the next steps.



Follow-up with patients to reach at least 3 months of prediabetes HbA1c 6–6.4% or normoglycemia HbA1c < 6.0% without antihyperglycemic medications.



## Maintenance of remission

1. Measure A1c every 6 months.
2. Provide patient support to continue lifestyle strategies and maintain remission.



Please note, for patients with type 2 diabetes for longer than six years:

1. Spend more time inquiring about lifestyle habits.
2. Advise about the benefits of weight loss.
3. Ask them if they are interested in making any changes.