

Prediabetes and Diabetes

It's important to know what you can do to help keep track of and reduce long-term problems.



What is the difference between prediabetes and diabetes?

The difference between prediabetes and diabetes is in how high the blood glucose (blood sugar) levels are. Prediabetes is when your blood glucose levels are higher than normal but not high enough to be diagnosed as type 2 diabetes. Look at the bulleted information on page 2 to see the levels.

What's going on in your body?

A condition called insulin resistance increases the risk of getting both prediabetes and type 2 diabetes. Insulin is a hormone that helps sugar from food move from your blood into your body's cells. Your cells need sugar (glucose) for energy. Sugar can come from sweet foods and drinks, like candy, cakes, and soda, or from carbohydrates like fruit, bread, rice, pasta, and milk.

With insulin resistance, your body produces insulin but does not respond to and use it effectively, so glucose can build up in the blood. Most people with insulin resistance aren't aware that they have it. The good news is that if people learn early that they have insulin resistance, they may be able to delay progression to type 2 diabetes. See the box on page 2 to find out how to help lower your risk.

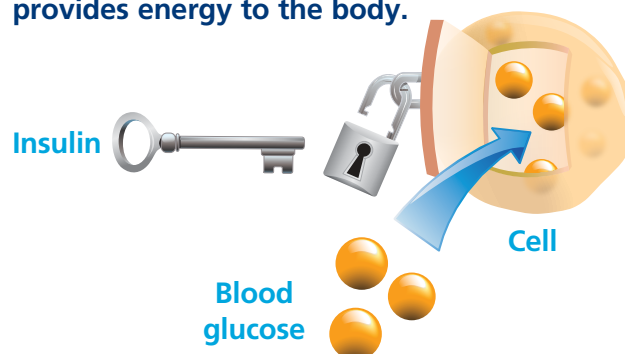
Who is at risk?

Here are some of the risk factors for prediabetes and diabetes:

- Having overweight or obesity
- Being age 35 years or older
- Having a family history of type 2 diabetes
- Being physically active less than 3 times a week
- Having a history of gestational diabetes
- Having polycystic ovary syndrome
- Belonging to an ethnic group at high risk for diabetes, such as Native American, African American, Hispanic/Latino, Pacific Islander, or Asian American

It is important to discuss your risk factors with your doctor. If you think you may be at risk for prediabetes, see your doctor to be tested.

Insulin works like a key, unlocking the doors on the cells in your body to let blood glucose in. Once the cell doors open, glucose is able to move from the blood into the cells, where it belongs. Once inside the cells, glucose provides energy to the body.



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How is prediabetes diagnosed?

You may have prediabetes without having any symptoms. Screening for prediabetes and/or type 2 diabetes should begin at age 35 but may happen earlier for people with certain risk factors for diabetes. This can be done with one of the following tests*:



- **Fasting plasma glucose (FPG) test**—Measures blood glucose when you haven't eaten anything for at least 8 hours
Prediabetes: 100–125 mg/dL
Diabetes: 126 mg/dL or higher
- **Oral glucose tolerance test (OGTT)**—Measures how your body moves sugar from the blood into tissues like muscle and fat. Measurements are taken after you haven't eaten for at least 8 hours and 2 hours after you drink 75 g of glucose provided by a doctor or laboratory
Prediabetes: 140–199 mg/dL
Diabetes: 200 mg/dL or higher
- **A1C**—Measures your average estimated blood glucose over the past 3 months
Prediabetes: 5.7%–6.4%
Diabetes: 6.5% or higher

Your doctor will look for these values to diagnose prediabetes and diabetes.

How can you lower your risk of developing type 2 diabetes if you have prediabetes?

It is important to eat healthy and be physically active. Losing weight is the best way to avoid developing type 2 diabetes if you have overweight or obesity. Talk with your doctor about what your target weight should be.

If you have prediabetes, your blood glucose should be checked yearly. According to the American Diabetes Association (ADA), if your blood glucose levels are normal, you should have them checked every 3 years or more often if your doctor recommends it.

Prediabetes does not automatically turn into type 2 diabetes. You can take steps to lower your risk.

The ADA says that you can lower your risk for type 2 diabetes by:

- Losing at least 7% of your body weight (or about 15 pounds if you weigh 200 pounds)
- Doing moderate physical activity (such as brisk walking) for 30 minutes a day, 5 days a week[†]
- Quitting smoking[‡]



*Values shown are for nonpregnant individuals.

[†]The ADA standard goal is a minimum of 150 min/week with a minimum frequency of 3 times per week.

[‡]Your doctor should watch for signs of diabetes in the years immediately after quitting.

American Diabetes Association Professional Practice Committee. Standards of Care in Diabetes—2025. *Diabetes Care*. 2025;48(Suppl. 1):S1–S344.

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