



Indian Health Service Press Release

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IHS conducts successful diabetes lifestyle intervention

Weight loss through a healthy diet and increased exercise can prevent or delay the onset of diabetes among at-risk American Indians and Alaska Natives, according to the results of a demonstration project sponsored by the Indian Health Service.

The demonstration project was the first large-scale national evaluation of the effectiveness of lifestyle interventions on diabetes incidence in diverse American Indian and Alaska Native communities.

This project was sponsored by the IHS Special Diabetes Program for Indians (SDPI), and it implemented the lifestyle intervention (<http://www.ncbi.nlm.nih.gov/pubmed/23275375>), which translated the landmark Diabetes Prevention Program clinical trial conducted by the National Institutes of Health into the real world of tribal communities. The NIH trial showed that people at high risk for diabetes can dramatically reduce their risk of developing type 2 diabetes through modest exercise and dietary changes.



Zuni Tribe diabetes screening

The IHS SDPI Diabetes Prevention Program was implemented among 36 health care programs serving 80 American Indian and Alaska Native tribes. The health care programs were located in rural, reservation, and urban settings, and represented communities with a wide range of economic and sociocultural diversity.

The SDPI was established by Congress in 1997 to fund diabetes prevention and treatment services in IHS, tribal, and urban Indian health programs. The program was established to address the epidemic of diabetes among American Indians and Alaska Natives, who have the highest rates of type 2 diabetes in the United States.

About 2,500 participants with pre-diabetes were recruited for the lifestyle intervention, which began in January 2006. The goal was to achieve weight loss of 7 percent of initial body weight. To help them reach this goal, participants were offered a 16-session lifestyle curriculum, adapted from the NIH clinical trial, which consisted of diet, exercise, and behavior modification.

Results showed that the diabetes incidence rate (new cases of diabetes) in the IHS demonstration project was similar to that of the lifestyle intervention group in the original NIH clinical trial (4 percent vs. 4.8 percent per year) and lower than that of the American Indians in the NIH placebo group (11 percent per year). In addition to reductions in diabetes incidence rates, significant improvements in weight (4.4 percent weight loss immediately after the intervention), blood pressure, and lipid levels were observed immediately after the intervention and annually thereafter for 3 years.

“These results demonstrate that the translation of evidence-based diabetes prevention activities is feasible in diverse tribal communities,” said Dr. Yvette Roubideaux, acting director of the IHS.

The SDPI intervention was not a randomized clinical trial; tribal consultation precluded a comparison or placebo group. Therefore, caution is warranted in comparing the result to the original NIH clinical trial. Nonetheless, the SDPI experience has added important information to help chart future directions for diabetes prevention activities among communities served by the IHS.

The IHS, an agency in the U.S. Department of Health and Human Services, provides a comprehensive health service delivery system for approximately 2.1 million American Indians and Alaska Natives.