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Avoiding diabetes is easier than many people might think.

According to Indiana University researchers, a simple blood test can help stop the onset of diabetes and reduce long-term medical costs.

The hemoglobin A1c test, which can be administered quickly in a physician's office during a routine visit, can accurately and easily determine if a patient is pre-diabetic, or at significant risk of developing diabetes.

"Identifying more individuals with pre-diabetes through a simple test in a physician's office gives us a real opportunity to halt progression to the disease, which is clearly a win-win situation," said Dr. Ronald T. Ackermann, associate professor of medicine at the Indiana University School of Medicine, a scientist with the Regenstrief Institute and leader of a team of researchers who have examined the A1c blood test.

The A1c test measures average blood glucose level during the last eight to 12 weeks. Many researchers believe it is much more convenient than typical fasting tests, which require patients to go without food overnight and return for additional testing.

Currently, only seven percent of all Americans with pre-diabetes have been tested and are aware of their status, according to a report in this month's issue of the American Journal of Preventive Medicine.

The A1c test is especially helpful if the patient has risk factors such as being obese, over the age of 45, having past episodes of diabetes during a pregnancy or having a family history of the disease.

If the test indicates the person is indeed pre-diabetic, they and their physician can make adjustments that are needed to keep them from getting diabetes. Sometimes the adjustments can be as simple as adding some exercising, modifying one's diet and losing between 10 and 15 pounds.

"That can cut in half your chances of getting diabetes, greatly improve your health and lower your need for health care," said Ackermann. "Lifestyle interventions in the pre-diabetic stage offer benefits not only by preventing type 2 diabetes, but also by reducing cardiovascular risk factors."

Diabetes, especially its type 2 form, is growing rapidly with the increasing rate of obesity and has reached epidemic proportions in the United States.

The report in the American Journal of Preventative medicine says approximately 60 million Americans, one-third of the adult population, are pre-diabetic. Thirty percent of these individuals will develop type 2 diabetes in less than a decade, yet most don't know they are at high risk for the disease.

Having the quick, cost effective A1c test given to more patients is especially good news for African-Americans, who suffer from diabetes and its complications at a disproportionately high rate.

According to the U.S. Department of Health and Human Services (HHS), African-Americans are twice as likely as non-Hispanic Whites to be diagnosed with diabetes. African-Americans are also 2.2 times as likely to die from complications of diabetes.

"Diabetes is a significant challenge in the African-American community that must be addressed effectively," said Dr. Garth N. Graham, assistant HHS secretary for minority health.

"African Americans are also more likely to suffer complications from diabetes, such as end-stage renal disease and lower extremity amputations," said Graham. "Prevention is highly important."

Last year the UnitedHealth Group, a large nationwide health insurance carrier, began paying for a diabetes prevention program offered by the YMCA. The health plans, however, only pay for this treatment when a blood test shows pre-diabetes.

"Since health plans are beginning to pay for pre-diabetes treatments, doctors now have a more compelling reason to encourage patients who have risk factors to complete a screening test," Ackermann said. "And the A1c test could help doctors perform testing on a much larger scale than ever before."