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# Fort Bend County Podcasts

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## Podcast Episode 40-Prediabetes

June 12, 2025

**Gina:** Welcome on this week's Benefit Detective Podcast. I'm Gina.

**Wendy:** And I'm Wendy. *\*\*doorbell\*\** Joining us today is Dr. Lu with the Fort Bend County Employee Health and Wellness Clinic. Welcome, Dr. Lu.

**Dr. Lu:** Thank you. Thanks for having me again. Glad to be here.

**Wendy:** Definitely. And today, we are discussing prediabetes.

**Gina:** So, with that being said, I found this little thing online through the cdc.gov about what is prediabetes. So let me just share this information with you. So before developing type two diabetes it says most people have prediabetes. This is when their blood sugar is higher than normal but not high enough yet for a type two diabetes diagnosis. In The US, about ninety-eight million adults have prediabetes. That's one in three people. There are usually no signs with when you have prediabetes which is why eighty one percent of people don't know they have it. You can have prediabetes for years and not know it. So, I mean, if you really think of that and that's just me getting off of that topic right there. But it's saying one in three people. We have three people in this podcast right now like me, you Dr. Lu, and Wendy. So, if you really think about it, one of us, out of one out of three, like it's saying, could have prediabetes. What do you or what is your take on that? Do you think that's true, Dr. Lu? +

**Dr. Lu:** Well, that is definitely a high number. I don't know the exact number. I haven't researched it recently, but I would not be surprised if it just at a rough guess. Certainly possible.

**Wendy:** How can someone take care of themselves in case they have prediabetes, but don't wanna go to the doctor or they don't go when they should?

**Dr. Lu:** Well, definitely the first option is if you're prediabetes, you know, the way to think about it is that I always explain patients. It's Like a spectrum. Right? So, it's not all or nothing but it's a spectrum. And literally, you could follow that glucose or the hemoglobin a1c of the two labs that we follow, to, both diagnose and, kinda monitor it if they do develop prediabetes or diabetes. So, all those, it's, yeah, it's a number scale. So, you know, technically, at our particular lab request, 65 to 99 is normal range and 100 to 125. And this is for the, fasting glucose, is the prediabetic range. Some people call it impaired fasting glucose. Same thing. And then 126 or higher is diabetic range. And similarly, the, hemoglobin a1c, normal range is 5.6 percent or below. 5.7 to 6.4 percent is prediabetic, and 6.5 and above is diabetic. So, you know, it's literally point one or one unit difference. You know? So, and a lot of times, we actually get ones where I just saw one this morning where, you know, say, for instance, the glucose is normal, but it's like the upper range of normal. Usually, it's 90 something, and the a1c was this particular



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patient was, Like, right at 5.7. Oh. Just barely in prediabetic range. Right? So, then you go, what do you make of that? It's kind of what we call discordant. Technically, they're different. They don't agree. But, I mean, again, you look at the numbers and it's okay. One just stepped over the line or is on the line, and the other one's just shy of the line.

**Dr. Lu:** I mean, you know, it's a spectrum. So, and so that's why we also repeat and, want to get several numbers before we confirm and before we officially call it prediabetes because you just gotta see enough consistency. Right?

**Gina:** Right.

**Dr. Lu:** Because especially the glucose can fluctuate moment to moment. So, I mean, I could check that person again, you know, a few minutes later. It might be a slightly different number. So that's why it's helpful to get both. But, you know, but and, explain all that just to explain to that, hey. You know, you can easily go up or, I don't know, to the right of that spectrum and head towards more diabetes if you don't do the right things. But you can also pull yourself back out of it. So, the simplest thing before any medication is just start watching your carbohydrates. Right? Your glucose intake and there are many sources of that. You know, I this is one of those. Yes. Please look online. A lot of people don't realize, some significant sources of glucose, especially fruits. A lot of people I get this all the time now and so I I have to point it out to them. A lot of people think, oh, well, I wanna stop eating all the bad carbs Like the bread and the pasta. We know that the tortillas. But I'm gonna be healthy now and I'm gonna skip all the fried foods, but I'm gonna be healthy so I'm gonna eat a bunch of fruit. And then they come in wondering, how come I'm not losing the weight? How come I'm not, you know, getting any skinnier? And how come my sugars aren't any better? And then I it took me a while to notice people tend to think fruit is good, so I eat lots of fruit, but they eat a lot.

**Gina:** Oh. And it's Oh, yeah.

**Dr. Lu:** Fruit is nature's natural candy is what I say. You know, it's a natural sugar so it's a little better than, you know, true man-made artificial candy but because it does have vitamins, minerals, fiber in some cases but it's still sugar. A lot of sugar. So, that is not a good answer to go to a lot of fruit.

**Gina:** Yeah.

**Dr. Lu:** There's a lot of people in trouble. But, you know, so decreasing those carbs, Like I said, look online and see what our carbs Like, one of the kind of borderline ones I didn't know about was corn. So, in my own weight loss journey when I was trying to lose weight and I was Like, okay. Carbs, yeah, I agree. They definitely pack on the pounds. So what can I and I thought, oh, corn's a vegetable? A lot of people do and then you find out, oh, it's not exactly, you know. And it actually still is a carb. It's better. You know, so a corn tortilla is better than a flour tortilla, but it's still a significant amount of carbs. So just reducing or, completely eliminating certain sources of carbohydrates and glucose definitely can improve things because and, again, it goes hand in hand because when you do that, the weight comes down.



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**Dr. Lu:** And so it's both consuming less carbohydrates and getting your weight down make you in a better place, right, where you might come out of prediabetes zone into normal zone or out of diabetic zone into prediabetes zone. So, it just depends. So that's definitely a non-medicinal option for all patients and definitely should be the first line for everyone is, hey. If you can fix it in diet and weight loss and no medication, great. I love for that to happen. And that's what I tell all my prediabetics is, hey. This is exciting because, I mean, yes, its bad news, but the good news is, but you can actually do something about it without taking a medication, but it's totally up to you.

**Gina:** See, that was gonna be my next question. Is prediabetes? When people think of prediabetes, they like start freaking out, oh my gosh, I'm prediabetic. But like you're saying, it seems like it is reversible.

**Dr. Lu:** Yes. Absolutely. Absolutely. So, yes. Definitely, if you can lose and, again, depending on, obviously, how bad your p l if are you at that 5.7 or that, what, 100? Or are you at 125, the upper range and, you know, what is it, 6.4%. Right? And so, obviously, you got more work to do the higher again, because it's a spectrum, but it's definitely possible.

**Gina:** Yeah.

**Dr. Lu:** And, you know, there really are patients who, experience significant weight loss through various means, but they're in those rare cases, they, you know, especially people who are losing 50 pounds or more, they are actually able to stop even full, Like, diabetic hypertension, medications.

**Gina:** Wow.

**Dr. Lu:** Because they lose so much weight that those conditions improve and, yeah.

**Gina:** So basically, eating in moderation. Moderations of your sugar intake like you're saying with the what is it, "Natural candy."

**Dr. Lu:** Yes. The natural candy. Yes. That's why that's all the animals, the monkeys, they love those bananas and other fruit because they need that sugar because they're so active. But the rest of us are not that active. We don't need so much sugar. \*\*everyone laughing\*\*

**Gina:** Totally understand.

**Wendy:** So, in case you're curious about your numbers, remember, we will start biometric screening soon. So, keep an eye out for more details to come.

**Gina:** And those that are on the Fort Bend County medical plan can always utilize the Fort Bend County employee clinic to know your numbers.

**Wendy:** Thank you, Dr. Lu, for joining us today.



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**Dr. Lu:** Yeah. Thank you for having me very much. And I I would, definitely agree with biometric screening as I started. A lot of people with prediabetes, even diabetes actually, have no symptoms. They don't know. We've definitely, met various patients through, Like, pre-employment physical sometimes, or other just, you know, various other reasons. And we discover one day that, oh, wow. You're not just prediabetic. You're full blown, terribly controlled diabetic. Had no clue. So, it is very important to test. And that's why we recommend annual wellness exams, with your, primary care provider, and they can do that at our clinic, and definitely the biometric screenings. I'm sure that's at least one of the reasons why we do that.

**Wendy:** Yes.

**Dr. Lu:** To catch all those asymptomatic people who don't realize that they have something that needs to be addressed, whether it's blood pressure, cholesterol, diabetes. I mean, all of those can certainly be symptom free, asymptomatic, and then I always tell patients, you know, usually by the time you have symptoms, it's too late. And you don't wanna wait till it's too late. It's always easier to change course early on in that prediabetes range and make the right, decisions before that.

**Gina:** Be proactive. Absolutely. And that's a wrap for this week's Benefit Detective Podcast. I'm Gina.

**Wendy:** And I'm Wendy. And stay tuned for part two of our discussion on prediabetes.

**Gina:** And remember, the Benefit Detectives are here to help.