

Prediabetes: What the Next Year Can Change

Prediabetes can return to normal. What the numbers mean, the weight and activity targets the evidence supports, and where to start in South Africa.

"Your sugar's a bit high. Let's keep an eye on it." If you've heard that from a doctor, you probably have prediabetes. It's easy to file away as not urgent, because it usually causes no symptoms at all. But it's the stage where what you do matters most, and the one stage where blood sugar can genuinely go back to normal.

What prediabetes means

Prediabetes means your blood glucose is higher than normal but not yet in the range used to diagnose type 2 diabetes. The test most doctors use is HbA1c, which reflects your average blood sugar over about three months:

- **Below 5.7%:** normal
- **5.7 to 6.4%:** prediabetes
- **6.5% or higher:** diabetes

Fasting glucose and a glucose tolerance test are also used. Ask your doctor which test you had and what the result was. Knowing the number makes progress easy to see.

Why it's worth acting now

The International Diabetes Federation estimates that 1 in 8 people worldwide are at high risk of developing type 2 diabetes, and its World Diabetes Day theme for 2026–27 is **early action**. In South Africa, around 3 million adults have impaired glucose tolerance, one of the forms of prediabetes (IDF Diabetes Atlas, 2025).

The encouraging part is recent. In the German Prediabetes Lifestyle Intervention Study, people whose glucose regulation returned to normal during a one-year lifestyle programme had a **73% lower risk of developing type 2 diabetes two years after the programme ended** (Sandforth et al., *Lancet Diabetes & Endocrinology*, 2023). Researchers now argue that getting blood sugar back to normal, not just "losing some weight", should be the goal.

The targets are smaller than people expect

The ADA's 2026 Standards of Care support a structured lifestyle programme aiming for:

- **About 7% weight loss**, kept off. For someone who weighs 90 kg, that's roughly 6 kg.

- **At least 150 minutes of moderate activity a week**, such as brisk walking.

Working with a registered dietitian is part of that recommendation. Dietitian counselling helps people with prediabetes change their eating, move more and reach 7 to 10% weight loss.

Where to start this week

- **Use the plate.** Half non-starchy vegetables, a quarter protein, a quarter quality carbohydrate. It works with pap, rice, samp and potatoes, as long as each keeps to its quarter. Our diabetes guide shows it in detail.
- **Move fibre up slowly.** Oats, beans, lentils, whole fruit and vegetables. Higher fibre intakes, towards about 35 g a day, are linked with better blood sugar control (Reynolds et al., *PLoS Medicine*, 2020).
- **Walk after supper.** Even a few minutes of light walking after a meal lowers the blood sugar rise compared with sitting (Buffey et al., *Sports Medicine*, 2022).
- **Protect your sleep.** Losing about 90 minutes of sleep a night for six weeks increased insulin resistance in a randomised trial in women, especially after menopause (Zuraikat et al., *Diabetes Care*, 2024).
- **Don't drink your carbohydrate.** Fruit juice, sweetened drinks and sweet coffees raise blood sugar fast, with nothing to slow them down.

When to see a dietitian

If your HbA1c is in the prediabetes range, now is the right time. A first visit covers your results, your medical history and medication, an InBody body composition scan, and a plan built around your week. Follow-ups track the numbers that matter, so you can see the change, not just hope for it.

Book at resethealth.co.za/book, or WhatsApp Bellville & Panorama on 064 502 8158 or Durbanville on 079 574 7859. Online consultations are available across South Africa.

References

- American Diabetes Association. Standards of Care in Diabetes 2026, Sections 2, 3 and 5. *Diabetes Care* 2026;49(Suppl 1).
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- Reynolds AN, Akerman AP, Mann J. Dietary fibre and whole grains in diabetes management. *PLoS Med* 2020;17(3):e1003053.
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This page is general information and doesn't replace advice from your own doctor or dietitian.