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Prediabetes, Diabetes & *Your Care Team*

What the numbers mean in plain English, questions to ask, low-blood-sugar safety, never change a medicine on your own

GUIDE 10

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BEFORE YOU START

- This guide is educational. It is not medical advice and does not replace care from your own doctor. We do not diagnose or interpret your lab results — your doctor does.
- Erection problems can be an early sign of heart disease, diabetes or high blood pressure. Please book a checkup with your doctor.
- Get urgent care right away for chest pain, fainting, or an erection that lasts more than 4 hours.
- If you have heart disease or another health condition, ask your doctor before starting new exercise.
- **Diabetes medicines:** if you take medicine for diabetes (especially insulin or a sulfonylurea), changing how you eat or move can cause **low blood sugar**. Talk with your doctor before you change your routine, and never change a dose yourself.
- Not for people with type 1 diabetes or an eating disorder unless their care team is involved. If you have kidney disease, check protein targets with your doctor.
- **Never stop, start or change any medicine without your doctor.**

CHAPTER 1

The numbers in plain English

Many men first hear the word "prediabetes" at a routine checkup, sometimes after mentioning erection problems. It means blood sugar is running higher than normal, but not yet in the diabetes range. It is very common in US adults, and most people who have it do not know. The useful news is that it is a signal to act early, together with your doctor.

Your doctor uses ranges such as those published by the **American Diabetes Association (ADA)** to read these tests. Here is what each test measures:

- **A1C** — a blood test that reflects your *average* blood sugar over roughly the past 2–3 months. No fasting needed.
- **Fasting plasma glucose** — blood sugar after not eating for at least 8 hours, usually first thing in the morning.

- **Oral glucose tolerance test** — blood sugar measured before and 2 hours after a sweet test drink. It shows how the body handles an "After-Meal Window" under standard conditions.

A1C RANGES COMMONLY PUBLISHED BY THE ADA (FOR REFERENCE ONLY — YOUR DOCTOR INTERPRETS YOUR RESULT)

A1C RESULT	COMMONLY DESCRIBED AS
Below 5.7%	Normal range
5.7% to 6.4%	Prediabetes range
6.5% or higher	Diabetes range

The ADA also publishes ranges for fasting glucose and the glucose tolerance test; ask your doctor which range your result falls in and what it means for you. A diagnosis usually needs a repeat or a second test, and A1C can read differently with some conditions, such as certain anemias. That is exactly why a single number on a portal is a conversation starter, not a verdict.

> **Other numbers that matter.** Blood pressure, cholesterol (lipids), kidney tests and waist size are all part of the same metabolic and blood-vessel picture. Ask which ones you are due for.

CHAPTER 2

Your care team and the questions to ask

Diabetes and prediabetes care is a team effort. Depending on your situation, your team may include:

- **Primary care doctor** — orders tests, makes the diagnosis, prescribes and adjusts medicines.
- **Endocrinologist** — a hormone and diabetes specialist, if things are complex.
- **Registered dietitian** — helps turn the Plate rule into a plan that fits your food, budget and medicines.
- **Diabetes care and education specialist** — teaches medicine use, blood-sugar checks and low-blood-sugar plans.
- **Pharmacist** — checks interactions, including with any medicine for ED.
- **Urologist** — for erection concerns; treatment options, such as PDE5-inhibitor medicines, are prescribed by a doctor.

Questions to bring

- [ ] Which of my results are in the prediabetes or diabetes range, and what does that mean for me?
- [ ] When should I repeat these tests?
- [ ] Can my medicines cause low blood sugar? What is my plan if it happens?
- [ ] I want to add after-meal walks and change my plate. Do any doses need review first?
- [ ] Should I check my blood sugar at home? When, and what should I do with the results?
- [ ] Could my erection problems be linked to my blood sugar, blood pressure or blood vessels?
- [ ] Can you refer me to a dietitian or a diabetes prevention program?

> **"I've started walking after meals and changing how I eat. Before I go further, I want to make sure my medicines are still right for that."**
>
> **"I've also noticed changes with erections. I've read it can be connected to blood sugar and heart health — can we look at that too?"**

CHAPTER 3

Low-blood-sugar safety

Low blood sugar (**hypoglycemia**) is mainly a risk for people who take insulin or certain pills, such as sulfonylureas. It can happen when you eat less, eat later, move more, or drink alcohol — which is why a new walking habit or a lighter dinner needs a word with your doctor first.

! **Common warning signs.**

- Shaking, sweating, a fast heartbeat
- Sudden hunger, irritability or anxiety
- Dizziness, blurry vision, headache
- Confusion, trouble speaking, unusual sleepiness

Severe low blood sugar — fainting, seizures, unable to swallow safely — is an emergency. Call 911.

The "rule of 15" — confirm it with your care team

Many diabetes organizations teach a simple method often called the **"15-15 rule"**: if your blood sugar is low, take about 15 grams of fast-acting carbohydrate (for example, glucose tablets, or about 4 oz / 120 ml of regular juice or regular soda), wait about 15 minutes, check again, and repeat if it is still low; then eat a snack or meal. **Your care team may give you different numbers or steps** — ask them to confirm your own plan, write it below, and keep a fast-acting sugar source with you.

WORKSHEET

My low-blood-sugar plan, as confirmed by my care team:

What I carry, and who to call:

! **Never change a medicine yourself.** Even if your numbers improve or you feel better, do not skip, stop or lower a diabetes, blood pressure or any other medicine. Tell your doctor what has changed, and let them decide.

CHAPTER 4

Programs that can help, and your visit sheet

The **CDC-led National Diabetes Prevention Program (National DPP)** offers a year-long lifestyle change program for people with prediabetes or at risk of type 2 diabetes. It runs in person and online, with a trained coach and a group, and covers food, activity and coping with stress. Ask your doctor about it, or search for the National DPP on the CDC's website. If you already have diabetes, ask about **diabetes self-management education and support (DSMES)** services.

MY VISIT SHEET — RESULTS ARE FILLED IN FROM MY REPORT; MY DOCTOR EXPLAINS THEM

TEST	DATE	MY RESULT	WHAT MY DOCTOR SAID
A1C			
Fasting glucose			
Blood pressure			
Cholesterol (lipids)			
Kidney tests			
Waist (inches)			

WORKSHEET

My current medicines and doses (bring the bottles if unsure):

Next test date and next visit:

SOURCES

- American Diabetes Association — Standards of Care in Diabetes: diagnosis and classification; hypoglycemia

- Centers for Disease Control and Prevention (CDC) — National Diabetes Prevention Program; prediabetes
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) — the A1C test; low blood sugar; diabetes and sexual problems
- Association of Diabetes Care & Education Specialists — DSMES services
- American Urological Association — guideline on erectile dysfunction

This product is for educational purposes only and is not medical advice. It does not diagnose, treat, cure or prevent any disease. ED can be a sign of a serious health condition — please see a doctor. If you take medicine for diabetes, talk with your doctor before changing your diet or activity. Results vary. © 2026 EvenKeel. For personal use only.