

LETTER TO EDITOR**Lifestyle measures for primary prevention of T2 Diabetes Mellitus (T2DM)**

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Worldwide, the number of adults with diabetes was 285 million in 2010 and it will be 439 million in the year 2030. Although the genes we inherit may influence the development of type 2 diabetes, they take a back seat to behavioral and lifestyle factors. Data from the Nurses' Health Study suggest that 90 percent of type 2 diabetes in women can be attributed to five such factors: excess weight, lack of exercise, a less-than-healthy diet, smoking, and abstaining from alcohol. From this data it can be said that up to 90 percent of diabetes prevention is possible with behavioral and lifestyle factors intervention. This intervention should be given to the people through primary prevention. The purpose of primary prevention is to limit the number of people who develop a disease by controlling causes and risk factors for the disease. Primary prevention may include two basic approaches, namely population approach and high risk group approach. Based on the findings of lifestyle prevention studies, international bodies like the International Diabetes Federation (IDF) recommends that: everyone is encouraged to engage in at least 30 min of moderately intense (e.g. brisk walking) most days of the week, everyone should be encouraged to maintain a healthy weight, adults with BMI > 25 kg/m² in Europeans and > 23 kg/m² in Asians should be encouraged to attain and maintain a healthy weight and/or 5–10% weight reduction and children should be encouraged to attain and maintain weight for height in the normal range. Primary prevention can be accomplished by the promotion of health and the reduction of risk factors through personal and community-wide efforts. Strong epidemiologic evidence indicates that diabetes is associated with lifestyle. People who migrate to Westernized countries, with their more sedentary lifestyles and "Westernized" diets, have greater risk of developing type 2 diabetes than do their counterparts, who remain in the native countries. Populations undergoing Westernization in the absence of migration, such as North American Indians and Western Samoans, also have experienced dramatic rises in obesity and type 2 diabetes. Meanwhile, numerous prospective cohort studies have suggested that the combination of a Western diet and lifestyle is primarily responsible for the increased risk of diabetes. So the concluding messages are; DM type 2 is a major challenge to human health, it can be prevented, primary prevention is suitable and affordable, lifestyle interventions are effective in prevention and diabetes can be managed with life style alone.