

Study investigates link between prediabetes and youth beverage intake

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Adolescents in the U.S. exceed the current recommendation of sugar sweetened beverage consumption and a new study in the Journal of Pediatric Health Care shows a link between the beverage and an

increased risk for a prediabetes diagnosis.

In 2019, the Centers for Disease Control and Prevention revealed that one in five adolescents are living with prediabetes, which is a [health condition](#) in which blood sugar levels are higher than normal, but not yet high enough to be diagnosed as type 2 diabetes. The condition also increases the risk of developing type 2 diabetes, chronic kidney disease, heart disease, and stroke.

Intake of added sugars, such as those found in sugar sweetened beverages, is associated with weight gain and poor metabolic health. The study examined the relationships between consumption of fruit juice, milk, water and prediabetes.

"This study offers information for health care providers, supporting detailed discussions about health risk associated with intake of a range of sugar sweetened beverages when counseling on healthy dietary intake in [clinical settings](#)," said study author Naomi N. Duke, MD, Ph.D., MPH.

The study found significant associations between youth consumption of a variety of sugar sweetened beverages and increased odds of having been told by a health care provider they have prediabetes. These relationships were found even after taking into account youth physical activity, sleep, and body mass index information.

All intake frequencies for water were associated with reduced odds of prediabetes. Study findings support what medical and public health authorities advocate, water is the preferred beverage to meet adolescents' daily hydration needs.

The research was published in the March/April 2021 edition of the *Journal of Pediatric Health Care*.

More information: Naomi N. Duke. Youth Beverage Intake and Reported Prediabetes: Choice and Frequency Matter, *Journal of Pediatric Health Care* (2020). [DOI: 10.1016/j.pedhc.2020.10.005](https://doi.org/10.1016/j.pedhc.2020.10.005)

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