PREKURE CLINIC

The PREKURE Clinic Approach

How we work

The PREKURE Clinic practises lifestyle, metabolic and behavioural medicine. We help you get to the root cause of your health problems, not just the symptoms. If you are dealing with weight, menopause, type 2 diabetes, poor sleep or low mood, and you want to know what is actually driving it, we can help. We show you your options with real numbers, so you can see what each one is likely to do for someone like you, then help you change what you can. Whatever brings you to us, we work the same way. Each of these areas has its own pathway, and PREKURE Me covers anything that does not fit neatly into one.

Professor Grant Schofield and Dr Jenni Hurling

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PART 1

The PREKURE Clinic approach at a glance

The gap we fill

Weight, blood sugar, sleep and mood problems often share the same roots: how we eat, sleep, move, handle stress and drink, and what those habits do to our metabolism. Standard care usually meets these problems late, one at a time, with a prescription and a short appointment. We know a lot about how to change these habits, but that knowledge rarely makes it into a 15-minute appointment. We built the PREKURE Clinic to put that science to work, one person at a time.

Our principles

1. **Personalised to you.** The best plan works for your body and fits your life, metabolically and behaviourally, so you can keep doing it.
2. **Measured.** Your Metabolic Map and your own results show where you are starting and what has changed. If something is not moving, we help you change the plan.
3. **Lifestyle is always part of the solution.** Sometimes medicine is too. Medicines work better, and their benefits last longer, when lifestyle is working alongside them.
4. **We treat change as a series of experiments.** Try something, see what happens, learn and adjust.
5. **Informed decisions.** For each option you get the likely benefits, the likely harms and your realistic chance of success, in numbers out of 100 or 1,000, so you can decide.
6. **Science first.** We use the best current evidence, say how strong it is, and adapt when it changes.

Our pathways

If this sounds like you	Pathway	Our guide
"I keep starting again."	Weight, including GLP-1 medicines	Read our guide
"It's not just my age."	Perimenopause and menopause	Read our guide
"I've been told to get my blood sugar down."	Insulin resistance, prediabetes and type 2 diabetes	Read our guide
"I can't remember the last good night's sleep."	Sleep	Read our guide
"I'm running on empty."	Mental fitness, including stress, low mood and anxiety	Read our guide

If this sounds like you	Pathway	Our guide
"I've been told everything's normal, but I don't feel right."	PREKURE Me, our general pathway	See below

Whichever pathway you start on, you get the same approach: a coach every week, a PREKURE Doctor when you need one, your Metabolic Map, and your GP kept in the loop.

PREKURE Me: for everything else

Not everyone arrives with a tidy label. PREKURE Me is for people who feel something is not right, or who do not fit another pathway. We start with your Metabolic Map. People often come with:

- Tiredness, brain fog or "I just don't feel like myself", despite normal blood tests.
- Several things drifting: sleep, weight, energy, mood, stress.
- Early warning signs: rising blood pressure, cholesterol or triglycerides, or a fatty liver.
- A strong family history of heart disease or diabetes.
- Cutting back on alcohol, smoking, vaping or late-night screens.
- Building strength and fitness to age well.
- Recovering from illness, injury or a tough time.
- Several long-term conditions needing one joined-up plan alongside their GP.
- Living with an autoimmune condition or long-term fatigue, and wanting help with sleep, food, movement and stress alongside your specialist care.

If another pathway fits better, we will point you there. If something needs a doctor first, such as unexplained weight loss, chest pain or a new or severe symptom, we will ask you to see your GP, who can examine you in person, before anything else. We promise a clear picture, a plan, weekly support and honest measurement, not a guaranteed result.

Metabolic and lifestyle medicine first

Metabolic medicine asks how well your body copes with everything life puts through it, and how well it returns to normal afterwards. Behavioural medicine asks what you are doing day to day, and how to change it in a way that lasts. We put both first because they sit upstream of most long-term disease.

Lifestyle is always part of the solution, but not always the whole of it. When a medicine will help, we will say so, and we will help you get the most from it.

What we mean by metabolic. Your body is built to keep itself in balance. Every day something pushes it away from its normal state: a meal, a poor night, a hard workout, a stressful day, an infection. A healthy metabolism copes with the change and settles back to normal. Metabolic health is how well your body does this. It tells you more than any single fasting number (van Ommen 2009; van Ommen 2014).

Load and capacity. Whether your body gets back to normal depends on two things. **Load** is everything that pushes on the system: too much food and drink, ongoing stress, poor sleep, long hours sitting, alcohol and illness. **Capacity** is your ability to absorb that load, built mainly by muscle and fitness, with sleep and rest giving the body time to recover. When load stays higher than capacity for months or years, the system stops settling back and wear and tear builds up (McEwen 1998). This is why exercise matters so much: it builds capacity, so you bounce back more easily when life knocks you off track (Goodpaster 2017).

When the system stays out of balance, it shows up as weight gain around the middle, rising blood sugar, high blood pressure, fatty liver, poor sleep, low energy or low mood. These look like separate problems, often treated by separate people, but they often come from the same place. Poor metabolic health is now the norm. In the United States, only about 7% of adults met optimal levels across weight, blood pressure, blood sugar, cholesterol and heart disease in 2017 to 2018 (O'Hearn 2022).

What we mean by behavioural. Food, sleep, movement and stress drive much of that metabolic strain. So do habits that pull hard on the brain's reward system: alcohol, smoking and vaping, other drugs, and hours of scrolling, streaming or gaming that crowd out sleep and movement. All of these are behaviours, shaped

by habits, environment, work, family, money and mood. Behavioural medicine is the science of changing them: setting goals that fit, building skills and routines, changing the environment, planning for setbacks, and getting support. It works best with regular support over months, not a one-off session or talk. In the Diabetes Prevention Program, intensive lifestyle support cut new cases of type 2 diabetes by 58% over about three years, compared with 31% for metformin (Knowler 2002).

At the PREKURE Clinic, this means:

- We look at the whole picture, from sleep, food, movement, stress and alcohol to your metabolic health, not only the symptom you came in with.
- Your PREKURE Doctor can order and interpret tests, review your medicines, and prescribe when a medicine earns its place.
- Your coach works with you every week, because the weeks between appointments are where outcomes are won or lost.
- Coach and doctor work from the same plan, and your GP stays in the loop.

Lifestyle and medicine work best together. Lifestyle affects how much medicine you need, how well you tolerate it, and how well your results hold if you stop. In one trial, people who had already lost weight on a diet then spent a year on a GLP-1 medicine, exercise or both. Those doing both lost about twice as much body fat as either group alone, and kept off more weight than those who only exercised (Lundgren 2021).

Clear numbers, and the choice is yours

Before you choose any approach, you should know how likely it is to help, how likely it is to harm, and your realistic chance of success. That is what informed consent means, and it is how every PREKURE pathway guide is written.

Numbers you can picture. We show what happens to 100 or 1,000 people like you, not percentages that sound bigger than they are. "Halves your risk" can mean 40 in 100 falling to 20, or 2 in 1,000 falling to 1. Both are a 50% cut, but they are very different decisions (Akl 2011).

How many need to take it. The number needed to treat is how many people need to use an approach for one extra person to benefit. The number needed to harm

is how many need to use it for one extra person to be harmed (Laupacis 1988). Two examples:

Approach	Benefit	Harm	What it tells you
Intensive lifestyle support for people with prediabetes (Diabetes Prevention Program, 3 years)	NNT (number needed to treat) about 7 to prevent one case of type 2 diabetes (metformin: about 14)	No serious harms; it takes time and effort	Lifestyle was about twice as effective as the medicine
Statins (about 4 years)	For every 255 people treated, about 5 fewer heart attacks or coronary deaths, and a similar number fewer strokes and artery procedures*	NNH (number needed to harm) 255 for one extra case of type 2 diabetes	For most people at raised heart risk, benefit clearly outweighs this harm, and lifestyle can reduce both risks

Sources: Knowler 2002; Sattar 2010. *Statin benefit is for a 1 mmol/L fall in LDL cholesterol.

Your realistic chance of success. Trials often report the best case, so we also tell you what happens to everyone who starts, and over time. For example, in the DiRECT trial, 46 in 100 people offered a structured weight-loss programme were in diabetes remission at one year and 36 in 100 at two years, counting everyone who started (Lean 2018; Lean 2019). That is an excellent result, and it also means more than half were not in remission by two years.

Then you decide. We lay the options out fairly, alongside what matters to you. Laying options out this way helps people feel better informed and clearer about what they value (Stacey 2017). The choice is yours.

Personalisation: what will work for you

The best plan is not the one with the best average result in a trial. It is the one that works for your body and that you can keep doing in your life.

Metabolic personalisation: your body. People respond differently to the same food, sleep loss or stress. When 800 people ate identical meals, their blood sugar

responses varied widely, and personal factors, including gut microbes, helped predict who responded how (Zeevi 2015). A larger study in the UK and US found the same, with genes explaining only part of the difference (Berry 2020).

Behavioural personalisation: your life. The diet that works is mostly the one you stick to. In a trial of four popular diets, how well people kept to the diet predicted weight loss; which diet they were on did not (Dansinger 2005). In a large trial comparing healthy low-fat and healthy low-carbohydrate diets, average results were the same, but individuals ranged from losing about 30 kg to gaining about 10 kg, and neither a genetic test nor an insulin test predicted who would do better on which (Gardner 2018). But simply picking a diet you like is not enough on its own either (Yancy 2015). What matters is the fit: your capability, your opportunities and your motivation (Michie 2011), and then checking that it is working.

	Metabolic personalisation	Behavioural personalisation
The question	What is driving this in my body?	What can I realistically change and keep doing?
What we look at	Your Metabolic Map, measurements, blood results, medicines, symptoms, family history	Your routines, work and family life, sleep, stress, food preferences, culture, budget, past attempts
Examples	Carbohydrate reduction for someone with high insulin and blood sugar; strength training to build muscle; treating poor sleep that is pushing glucose up	Starting with sleep rather than food because that is where you have energy to change; a ten-minute walk after dinner rather than a gym membership
How we know it is working	Your results move	You are still doing it in month six

Evidence first, then fit. Personalising does not mean anything goes. We choose from approaches with real evidence behind them, match them to you, and test them against your own results. Some personalised nutrition products sell more precision than the science can yet deliver, and we will not overclaim.

Data and your Metabolic Map

What your Metabolic Map is. Your Metabolic Map is a coach-reviewed picture of six areas of your daily life and health: sleep and recovery; nourishment; movement and strength; stress and mental wellbeing; alcohol, smoking and exposures; and metabolic health. You complete one questionnaire (about 15 minutes, or 25 with the optional detail), and your coach builds the Map with you in your first weeks. Each area shows as "supporting you", "worth exploring" or "not yet mapped". Anything we do not have data for shows as not mapped.

What it is not. The Metabolic Map is not a diagnosis, a disease risk score, a biological age or a validated clinical test.

Setbacks are how we learn

Every change is an experiment. We plan for setbacks from the start and treat each one as information that improves the next version of your plan, so you keep moving forward rather than starting again.

Why relapse is expected. Most people who change a habit slip back at some point. After weight loss, for example, people in structured programmes had, on average, regained just over half of their lost weight by two years and about four-fifths by five years (Anderson 2001). This is not a lack of willpower. The body defends its weight, life gets in the way, and new habits take months to become automatic. Keeping a change going depends on different things from starting it: habits, ongoing motivation, support, and a life set up to make it easier (Kwasnicka 2016).

Lapses and relapses. A single slip (a big weekend, a bad week of sleep) is a lapse. It only becomes a relapse if it turns into "I've blown it" and giving up. Relapse prevention, which comes from addiction medicine, teaches people to spot high-risk situations, plan for them, and get straight back on track after a slip (Marlatt and Donovan 2005). We use the same skills across every pathway.

If you have a bad month. You will not be told off for a bad month. Your coach will ask what got in the way, what that tells us, and what to try next. If you leave and come back, we pick up where you are, not where you started.

What we are not

Some things we deliberately do not do.

- **Not a one-diet clinic.** We are not keto, vegan, fasting or any other single camp. Lower-carbohydrate eating has strong evidence for some problems, especially high blood sugar, and we use it where it fits, but it is one tool among several.
- **Not anti-medicine.** We do not tell people to stop medicines they need. When a medicine earns its place, we say so, and we help you get the most from it.
- **Not a prescription shop.** We will not hand out GLP-1 or other medicines without the assessment, monitoring and lifestyle support that make them safe and effective.
- **Not a replacement for your GP or emergency care.** We work alongside your GP and keep them informed. In an emergency, call 111.
- **Not a quick fix or a guarantee.** We give you realistic odds, not promises. Many long-term conditions can be improved, and some can be put into remission, but not all of them, and not for everyone.
- **Not here to judge.** We meet you where you are, with curiosity rather than judgement. Weight, blood sugar, sleep and mood are health issues, not character tests, and there is no blame in how you got here.

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This page is general information based on published evidence as at November 2026. It is not personal medical advice. Talk with your doctor or a PREKURE Doctor about what is right for you.

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