LEARN ABOUT DIABETES: PREVENT, TAKE CHARGE, MANAGE

PREVENT
WHAT EXACTLY IS PREDIABETES AND HOW COMMON IS IT?

One in three American adults has prediabetes, but only 10 percent of them know they have it. Prediabetes means a person's blood glucose (sugar) level is higher than normal, but not high enough yet to be diagnosed with diabetes. People with prediabetes are on the road to develop type 2 diabetes within several years, and are also at increased risk for serious health problems, such as stroke and heart disease. There are some prediabetes risks you can't control, like age and family history. But there are things you can do to reduce your risk, such as increased physical activity and weight loss. And making these lifestyle changes can also help prevent or delay the onset of type 2 diabetes. There are not usually symptoms when you have prediabetes. Talk to your doctor to know for sure. A simple blood test can confirm if you have prediabetes.

Source: doihaveprediabetes.org
TAKE CHARGE
WHAT IS DIABETES?

General Diabetes Facts and Information

Diabetes is a disease in which the body is unable to properly use and store glucose (a form of sugar). Glucose backs up in the bloodstream — causing one’s blood glucose (sometimes referred to as blood sugar) to rise too high.

There are two major types of diabetes. In type 1 (formerly called juvenile-onset or insulin-dependent) diabetes, the body completely stops producing any insulin, a hormone that enables the body to use glucose found in foods for energy. People with type 1 diabetes must take daily insulin injections to survive. This form of diabetes usually develops in children or young adults, but can occur at any age. Type 2 (formerly called adult-onset or non-insulin-dependent) diabetes results when the body doesn’t produce enough insulin and/or is unable to use insulin properly (insulin resistance). This form of diabetes usually occurs in people who are over 40, overweight, and have a family history of diabetes, although today it is increasingly occurring in younger people, particularly adolescents.

How is diabetes treated?
There are certain things that everyone who has diabetes, whether type 1 or type 2, needs to do to be healthy. They need to have a meal (eating) plan. They need to pay attention to how much physical activity they engage in, because physical activity can help the body use insulin better so it can convert glucose into energy for cells. Everyone with type 1 diabetes, and some people with type 2 diabetes, also need to take insulin injections. Some people with type 2 diabetes take pills called "oral agents" which help their bodies produce more insulin and/or use the insulin it is producing better. Some people with type 2 diabetes can manage their disease without medication by appropriate meal planning and adequate physical activity.
Everyone who has diabetes can best manage the condition by learning how to monitor their blood glucose and getting into a routine of scheduling appointments with a support team.

- Daily blood glucose testing will help determine how well their meal plan, activity plan, and medication are working to keep blood glucose levels in a normal range.
- At least once every six months, visit a diabetes specialist (an endocrinologist or a diabetologist).
- Periodically, see other members of a diabetes treatment team, including
  - a diabetes nurse educator, and
  - a dietitian who will help develop a meal plan for the individual.
  - an exercise physiologist for help in developing a physical activity plan
  - a social worker, psychologist or other mental health professional for help with the stresses and challenges of living with a chronic disease.
- Schedule regular eye exams (once a year) by an eye doctor expert in diabetes eye care to make sure that any eye problems associated with diabetes are caught early and treated before they become serious.

Source: Joslin Diabetes Center
MANAGE

7 TIPS FOR CAREGIVERS

A diabetes diagnosis can be overwhelming. As caregivers, we want to support our loved ones and help them enjoy the healthiest lives possible. But what is the best way to do that? We talked to experts—both health care providers and people who have been there—to learn what is helpful and what to avoid.

1. Start Your Education Now
   Any diagnosis presents a learning curve. Your first and best step in becoming an ally for your loved one is to arm yourself with education, says Shantanu Nundy, MD, of Mary’s Center, a Washington, D.C., health care and social services center for low-income families.
   Some people believe that diabetes is “not a big deal” or, alternately, that it’s a death sentence, so it’s important to know the facts. “As physicians, we try to debunk [misconceptions], but information coming from a trusted family member or friend is really powerful,” Nundy says. “[Diabetes is] something you can live a long, healthy life with, by managing it.”
   You can ask your loved one’s health care provider about where to learn more, including books, online communities, support groups, and sites such as the American Diabetes Association’s diabetes.org.

   The learning curve can be steep, says Stacey Simms, whose 9-year-old son, Benny, was diagnosed with type 1 seven years ago, but she says it has been manageable for her and him. “My advice is to take a deep breath and realize that the beginning is the worst,” Simms says. “Now it’s just our routine, and it will become yours as well, eventually.”
2. **Take Some Time**

You can learn things and make changes bit by bit, to avoid overhauling your lives based on a loved one’s diabetes.

Jessie Gruman, PhD, should know. She’s a psychologist and five-time cancer survivor who wrote a book on coping with a new diagnosis: AfterShock: What to Do When the Doctor Gives You—or Someone You Love—a Devastating Diagnosis. She suggests giving yourself and your loved one time to digest the information. “People are shocked, and they feel like their life has changed in these earth-shattering ways,” she says. “As we learn more, as time goes by, as we adjust, as we make decisions, the way we feel changes a lot.”

So don’t rush your loved one (or yourself) from mourning to acceptance. Instead of saying, “You’re not going to feel this way tomorrow,” it may be more helpful to say, “This is really scary. What are you most worried about?”

3. **Encourage Self-Care, but Don’t Be a Pest**

There’s a fine line between checking in on someone’s well-being and what Gerald Strauss, PhD, a psychologist with the Veterans Affairs (VA) health care system, calls “miscarried helping”—also known as nagging.

“Though people really do want to help their loved ones with diabetes, this backfires and just sends people running in the opposite direction,” he says. Don’t pester: Explain what you would appreciate your loved one doing. Strauss suggests role-playing these requests with health care providers or a diabetes care team to make sure your approach will be well-received.

Of course, with children, you will have to supervise, so weigh how much they might be able to handle on their own, advises Anne Doyle, a member of the Diabetes Forecast Reader Panel. Her daughters both have type 1 diabetes. “Give them one task at a time, and give them time to be successful at it,” she suggests. “Also be ready to take some responsibilities back from your child if you see them struggling.”

Preteen and teenage children often need parental supervision to stay consistent with care.

4. **Make Changes Together**

Your loved one’s diagnosis probably means making some lifestyle changes. Going through that alone might feel isolating, so why not make the changes together as a team or household? Start
exercising together or look for diabetes-friendly recipes together—then cook and eat them together.

“A lot of the things that improve the care for someone with diabetes are actually good for everybody,” Nundy says. “It’s always better than going it alone.” Nundy knows this firsthand: He’s helped his mom care for her type 2 diabetes.

5. Set Small Goals

Taking a step-by-step approach is the easiest way to make permanent lifestyle changes, says Elizabeth Koustis, RD, LD, of the VA. Doing small things, such as taking a walk after dinner, can improve blood glucose and overall diabetes management, and allow you to look at the results and reevaluate as needed. “I think that’s very motivating for the patient, and they can continue to move forward,” Koustis says.

Offer help only if you really mean it. Saying “let me do anything I can to help you” is so broad, most people won’t take you up on it. So be specific about what you’re able to help with, and offer only if you really can help, says Gruman. “There’s nothing harder than to ask for help and then have it refused,” she says. So can you give your loved one a ride to the doctor? Then offer that—it’ll be appreciated.

6. Work with the Diabetes Care Team

Attend doctor’s appointments and diabetes education classes together if your loved one agrees. Nundy suggests listening to what both health care providers and the patient are saying, chiming in with what you know, and asking questions to help your loved one get the best care possible. That includes making sure the health care team is complete, including, say, a dietitian or a mental health counselor, if needed.

“Often doctors don’t know that patients are having trouble with their medications or [aren’t] able to follow a diet plan, and patients are often reluctant to share this information with the doctor or simply are too overwhelmed with their care,” Nundy says. “Caregivers can advocate for their loved ones simply by listening and sharing with the doctor, and then trusting them to make the right decisions that reflect their loved ones’ needs.”
7. Find Support for Yourself

The best way to be a caregiver is to take care of yourself, too. “Not only does the patient feel stress, but I think it’s important to explain that the caregiver can feel the stress,” says Kathryn Leciejewski, PharmD, BCACP, who works with Strauss and Koustis at the VA. “Acknowledging it can help with coping with it.” If you can find a support group for caregivers, so much the better. Kara Wilson was able to meet other parents of children with diabetes after her son, Isaac, was diagnosed with type 1 diabetes in 2012. “It helps so much to meet others who are going through exactly what you are dealing with,” Wilson says. “We need to hug each other and take comfort in the support we can offer one another.”

Source: American Diabetes Association