

managing diabetes

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Scientific research continually increases our knowledge of diabetes and the tools to treat it. This chapter describes what you can expect from diabetes treatment right now—and what’s on the horizon. It also sets out the goals for diabetes self-management, previews what you need to do to reach those goals, and outlines how family, friends, and your diabetes care team can help.

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THE ROLE OF RESEARCH

When medical researchers discovered insulin in 1921, they dramatically changed the lives of people with diabetes. Today, research continues to improve diabetes care. It also offers a promise for prevention, improved treatment—and even a cure—for the future.



FOR MORE INFORMATION

For the latest on what's happening in various areas of diabetes research, look to the organizations listed on page 105. Their websites and newsletters can provide the most up-to-date news about diabetes research.

Diabetes care today and tomorrow

Here's what you can expect from diabetes care, based on what we know today—and what's being studied for the future.

Living well today

Right now, there is no cure for diabetes. Whether you have type 1 or type 2, you have a chronic (lifelong) illness that you need to continually monitor and manage.

The good news? Diabetes is highly controllable, and you can have a long and healthy life in spite of your disease. Thanks to medical research, today we know a lot about what you can do to take care of yourself. Learning about and doing these things can be a challenge, but it will yield a big reward: your good health.

Hope for tomorrow

But what about diabetes care in the future? Although no one knows for certain what the future of diabetes care looks like, it's reasonable to expect that as medical research advances, diabetes care will only get better. Right now, scientists are working to better understand the following:

- Specific genes that cause diabetes, weight gain, and high blood pressure
- How we can prevent or delay common diabetic complications, such as diseases of the heart and blood vessels
- Why some people respond well to certain diabetes medicines, while others don't
- How insulin therapy can be improved
- The growth and workings of cells that affect metabolism, such as fat cells and insulin-producing cells

Research projects like these can improve strategies for preventing and treating diabetes and its complications. Ultimately, the goal is to wipe out this disease altogether.

Your goal = control

As you learn to take care of your diabetes, you'll hear a lot about controlling your blood glucose. Glucose control is vital—but there's more to diabetes treatment than that.

People with diabetes are more likely to die of a heart attack or stroke than of any other cause. High blood glucose alone isn't to blame for this—high blood pressure and high cholesterol are nearly always factors as well. They can also play a role in other complications of diabetes, such as kidney disease. That's why doctors now set 3 main goals for diabetes treatment: control of blood glucose, blood pressure, and cholesterol.

1

Controlling your blood glucose

Your doctor will give you a target range for your blood glucose levels. Your aim is to keep your blood glucose within these ranges most of the time by following your treatment plan every day.



▶ See pages 42-47 for guidelines for monitoring blood glucose levels.

2

Controlling your blood pressure

The usual target for people with diabetes is 130/80 mmHg or less. But if you have kidney disease, your doctor may give you a lower target of 125/75 mmHg or less.



▶ See page 76 for information on monitoring your blood pressure.

3

Controlling your cholesterol

Depending on your sex and other factors, your doctor will set targets for various types of fat and cholesterol in your bloodstream. Here are the usual targets for people with diabetes:

LDL levels:
less than 100 mg/dL

HDL levels:
greater than 40 mg/dL in men
greater than 50 mg/dL in women

Triglyceride levels:
less than 150 mg/dL

▶ See page 76 for information on monitoring your cholesterol.



TREATING THE TRIO

If controlling these 3 health factors at once sounds complicated—don't worry. Although you might have separate medications for glucose, blood pressure, and cholesterol, you don't have to do different things for each condition. The healthy habits built into your diabetes self-management plan—like exercise and healthy eating—treat all 3 of these conditions.

Introduction to self-management

Your goal is good control—of blood glucose, blood pressure, and cholesterol. But how do you get there? Primarily through self-management. This is a big job. Self-management affects many different aspects of your life, and at first, you'll probably need to make changes in your lifestyle. For most people with diabetes, this means taking on the activities summarized below (and explained in detail later in this guide).

Here are the key pieces of most self-management plans:

 <h3>Monitoring blood glucose</h3> <p>Two different kinds of tests—self-tests and HbA1c tests—can give you a good understanding of your blood glucose control.</p> <p>▶ See page 39 for more information.</p>	 <h3>Following a meal plan</h3> <p>Eating healthy is one of the best things you can do to help protect your health. A meal plan will help you do this.</p> <p>▶ See page 57 for more information.</p>
 <h3>Taking medication</h3> <p>Depending on the type of diabetes you have—and how your body responds to the other pieces of your management plan—your doctor may prescribe medication to help control your blood glucose, blood pressure, and cholesterol levels.</p> <p>▶ See page 49 for more information.</p>	 <h3>Getting regular exercise</h3> <p>Regular exercise is another key piece of your treatment. Your healthcare providers can get you started on a program that gives you the best chance for better health today—and in the long run.</p> <p>▶ See page 67 for more information.</p>

Putting the pieces together ▶

To complete your picture of good health, you need ALL of these pieces, ALL of the time. It may take a while before you understand how each piece works and how they fit together—but you can do it.



Working with others to care for yourself

Although you have the biggest responsibility for your day-to-day care, many other people will help you. This section tells you who you can rely on, and how you can work best with them.



Your diabetes care team

Many healthcare providers may help you manage your diabetes. You might not work with all of these people, and their roles often overlap. Still, it helps to know who they are—and what part they may play in your care.

- **Primary care provider.** This is the person you usually see for health problems. Your primary care provider could be a family practice doctor, a general internist, a nurse practitioner, or a physician assistant.
- **Diabetes educators.** Diabetes educators are specially trained nurses, dietitians, or other healthcare providers who can help explain your diabetes and create individual treatment plans for you. They can also teach you skills like meal planning, and offer support and encouragement to keep you on track. Educators can work with you one-on-one, or in a diabetes education class.
- **Physician specialists.** You might see one or more specialists as part of your care. For example, you might see an endocrinologist. An endocrinologist is a doctor who specializes in hormone problems, including diabetes. You might also visit a podiatrist (foot doctor), an ophthalmologist (eye doctor), or other specialist to help you prevent, detect, and treat complications of diabetes.
- **Other healthcare providers.** Pharmacists, exercise specialists, and other healthcare providers may also work with you to help you manage your diabetes.
- **Care manager.** Care managers (also called case managers or disease managers) can help coordinate and reinforce your diabetes treatment plan.



DIABETES EDUCATION

To contact a diabetes educator, see the list of phone numbers on page 104 of this guide.

As you work with these professionals, keep in mind that YOU are the most important person on your care team! See the next page for ideas about how you can lead your team—and feel in control of your health.

MYTH

"I can cure my diabetes with herbs (or vitamins, or acupuncture, or energy belts, or...)"

TRUTH

If you hear or read anything that promises a cure for diabetes, don't believe it. It really IS too good to be true—and might even be unsafe for you to try.

Diabetes is a serious medical condition. So before you change anything about your self-management plan, get the advice of your medical care team. Your health is too important to risk on unproven therapies!

ONLY YOU....

Lots of people have diabetes—but there's no one exactly like you. And no one cares more about your health than you do. That's why you need to be an active participant in your care, helping your care team figure out the best possible care for your unique situation and personality. Remember, you're the leader of the team—not a passive observer.

The team leader: YOU

How can you work well with others to manage your diabetes? Here are a few ideas:

- **Ask questions.** The more you know, the better decisions you'll make. And your team members can offer better advice if they know what you're interested in, and what you don't understand.
- **Give feedback.** To decide on a care plan with you, your healthcare providers need to know how you are responding to treatment.
- **Be comfortable with your care team.** Choose to work with people who are knowledgeable about diabetes, AND who click with you personally. Don't be afraid to shop around a little.
- **Trust yourself.** A big part of caring for yourself is learning to pay attention to your body, your emotions, and your behaviors. If something in your care plan doesn't feel right for you, don't ignore it. Talk to your healthcare providers. You might need an adjustment in your plan.



Don't be afraid to talk about...

It's important to discuss any concerns with your care team, even when they involve the following:

- **Money.** Medications, supplies, and office visits can get expensive. But there are ways to make sure that finances don't get in the way of good care.
- **Sex.** Most people—not just people with diabetes—have sexual concerns at some point in their lives.
- **Technical terms and concepts.** Don't worry about looking foolish. Diabetes is complicated! But it's your team's job to make sure you know the whats, whys, and hows of your care.

Remember, your care providers are trained to help you with a wide range of issues—from the practical to the personal. To help you succeed in self-management, they need your feedback and leadership.

family or friend?

What you can do



Do

- **Acknowledge the disease—and the ways it affects your loved one and you.** The adjustments you make may not be easy, and the emotions you feel may be intense. But ignoring them never helps—though honesty and humor often do.
- **Adopt healthier new habits—like regular exercise and a better diet—along with your loved one.** With you as an active partner, your loved one will probably find it easier to live a healthier lifestyle. You'll benefit, too, from healthier daily habits!
- **Offer support and comfort.** Managing diabetes is a lifelong challenge, and your loved one will go through many ups and downs. On a “down day,” go out of your way to show love and concern. You don't have to try to fix every problem. Sometimes just listening, or offering a hug, is the best thing you can do.

Supporting someone with diabetes often means doing new things—and NOT doing others. If your loved one has diabetes, you may be wondering what you can do to help them. The lists below give a few ideas.

Don't

- **Don't act like a police officer.** Trying to control someone's behavior rarely works—and it can damage your relationship.
- **Don't lead them into temptation.** For example, if your loved one is trying to cut down on junk food, do them a favor by not keeping it in the house. And never encourage them to stray from their self-management plan. “It's all right to skip a few days of exercise,” “One bite won't hurt”—if you find yourself saying things like this, ask yourself what your motivation is.
- **Don't broadcast your loved one's condition.** Although diabetes is nothing to be ashamed of, not everyone feels comfortable talking about it in public. Talk to your loved one about when and how to discuss diabetes with others.