

more healthy habits

healthy habits • healthy habits • healthy habits • healthy habits

Besides the 4 main pieces to your diabetes self-management plan—monitoring, medication, meal planning, and regular exercise—other habits are also important. This chapter gives additional guidelines for staying healthy every day, your whole life long.

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SIGNS OF DIABETES COMPLICATIONS?

When you have diabetes, you need to listen to your body—and trust your instincts. Any time you don't feel right and can't explain it, call your healthcare provider.

It's especially important to call your healthcare provider if you notice any of these possible signs of diabetes complications:

- Vision problems or changes
- Unexplained, overwhelming fatigue
- Discomfort in your legs while walking
- Numbness or tingling in your hands or feet
- Chest pain
- Cuts or sores that stay infected or take a long time to heal

A TOOL FOR YOU

Intermountain Healthcare makes a wallet card to help people with diabetes keep track of various medical tests and appointments. If you don't have one already, ask your care team.

Get regular medical care

You have a lot of responsibility for your health—but you shouldn't try to go it alone. You need regular appointments with your care team to make sure your self-management plan is working well, and to check for and treat any long-term problems. Your providers can also help monitor and manage factors (besides diabetes) that put your health at risk, such as high blood pressure and high cholesterol.

How often you see your providers depends on your health, your care team's recommendations, and other factors. Intermountain recommends the schedule below for various screenings and immunizations.

Schedule for routine medical care for people with diabetes

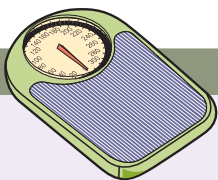
What to check	How often?
HbA1c Goal is less than 7%, or _____	2-4 times/year
Blood pressure Goal is lower than 130/80, or _____	At least 2 times/year
Cholesterol Total cholesterol is 200 mg/dL or less, or _____ LDL goal is 100 mg/dL or less, or _____ HDL goal is above 40 mg/dL for men, or _____ above 50 mg/dL for women, or _____ Triglyceride goal is less than 150 mg/dL, or _____	At least every other year
Dilated eye exam Helps prevent and detect eye problems	1 time/year
Foot exam Don't forget your own daily foot care and inspection	At least 1 time/year
Dental exam Regular cleaning and checkups help prevent and detect tooth and gum disease	2 times/year
Urine microalbumin/creatinine ratio Goal is less than 30, or _____	1 time/year
Flu shot	1 time/year
Pneumococcal vaccine	Once (repeat at age 65)

Maintain a healthy weight

If you're overweight, losing weight is one of the single greatest steps you can take to control your diabetes. That's because as you get rid of excess fat, you increase your body's sensitivity to insulin. This makes it easier for you to control your blood glucose. You and your doctor might even find that you need less medication for your diabetes. You're also likely to see other benefits such as lower blood pressure and cholesterol.

For a safe, permanent weight loss, let your care team help you. They can create a complete program that tailors the following elements just for you:

- **Consistent exercise and activity.** Your team can design your exercise program to help make sure you're using all of the calories you're eating—plus a few more—until you lose weight.
- **A restricted-calorie meal plan.** When your dietitian creates a meal plan to support your weight loss, they'll probably ask you to count calories as well as servings. They may also ask you to limit fat in your diet, and boost your intake of some foods to help make sure you're getting the nutrients you need while you lose weight.
- **Goals and supervision for a gradual, permanent weight loss.** Crash diets—and fad diets—are rarely effective in the long term, and are often unsafe. Your team can give you personalized goals and support for losing weight slowly and permanently. A good goal for most people is to try to lose weight at a rate of 1-2 pounds a week.



BECOME A LOSER— BUT SLOWLY!

Keep in mind that permanent weight loss usually happens gradually. A good goal for most people is to try to lose weight at a rate of 1-2 pounds a week. If you're losing weight faster than that, you're probably doing something unhealthy.



Calories in = calories out?

According to experts, maintaining a healthy weight is usually a calorie-balancing act—making sure that the number of calories you eat is appropriate for the energy you use in your daily activity.

- If you eat more calories for a period of time, you'll gain weight unless you increase your activity level to offset the imbalance.
- If you eat fewer calories and/or increase your activity, you can expect to lose weight.
- If you're using all the calories you're eating, you've achieved a balance that will allow you to keep weight off for the long term.

PREFER A PROGRAM?

If you think you'd like to participate in a group weight loss program, let your care team know. They can direct you to a program—through Intermountain Healthcare or another organization—that meets your needs.



FOR MORE INFORMATION







on weight management for you and your family, see *The Weigh to Health* available from your Intermountain Healthcare provider or at www.intermountainhealthcare.org/weight.



begin changing your “heavyweight habits”

Change is rarely easy. As you begin trying to lose weight, you'll probably find that many of your old, familiar habits interfere with your good intentions. How do you break the cycle—and begin winning the battle of the bulge?

The key is increasing your awareness. Here are a few ideas to help you recognize some of the behaviors that may have led to your excess weight—and to help you substitute healthier habits:

- 
Make room for more movement. Look for ways to be more physically active all day long—not just as part of your formal exercise sessions. Look for opportunities to stand rather than sit down, and to walk rather than drive. Choose active recreation—like dancing or hiking—more often than passive entertainment like watching television.
- 
Beware of “unconscious eating.” It's easy to overeat if you're watching television or doing some other distracting activity at the same time. Turn off the TV during your meals or snacks. Be aware of—and enjoy!—every bite you take.
- 
Watch out for “emotional eating.” People often go off their meal plan as a response to their emotions—such as boredom, loneliness, or stress. Don't rely on food to be your main source of entertainment, companionship, or comfort.
- 
Be extra aware of your portion sizes. You can control your portion sizes by keeping serving platters off the table, eating from smaller plates and bowls, and measuring your helpings as you serve yourself. Avoid eating directly from food packages, and keep in mind that if it's bigger than your hand, it's probably more than one portion! See page 65 for more tips on controlling your portions.
- 
Lead yourself out of temptation. Most people have “trigger foods” that they tend to overeat. Figure out what your triggers are—potato chips? chocolate? ice cream?—and try to keep them out of your house.
- 
Write it down. Write down what you eat throughout the day. This will help focus your weight loss efforts, and help your healthcare providers see what works best for you.

How do I know if I'm overweight?

There are two common measures used by healthcare providers to help determine if you're at an unhealthy weight: the **body mass index (BMI)** and **waistline measurement**.

1 Body mass index (BMI)

BMI is a mathematical formula that expresses the ratio of your weight to your height. Studies have shown that this ratio is a better predictor of body fat than any other measure of height and weight. All adults with a BMI of 25 or more are considered at risk for premature death and disability. This risk increases as the severity of obesity increases. See the chart below to see which risk category your weight puts you in.

2 Waistline measurement

Studies have shown that carrying too much fat around your stomach can also increase your risk for disease. Use a tape measure to measure around your natural waistline (just above your hipbones).

- For women, greater than 35 inches is too high.
- For men, greater than 40 inches is too high.

Body Mass Index (BMI) Table

BMI	Normal						Overweight					Obese									
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
Height	Body Weight (pounds)																				
4'10"	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186
4'11"	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193
5'	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199
5'1"	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206
5'2"	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213
5'3"	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220
5'4"	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227
5'5"	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234
5'6"	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241
5'7"	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249
5'8"	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256
5'9"	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263
5'10"	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271
5'11"	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279
6'	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287
6'1"	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295
6'2"	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303
6'3"	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311
6'4"	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320




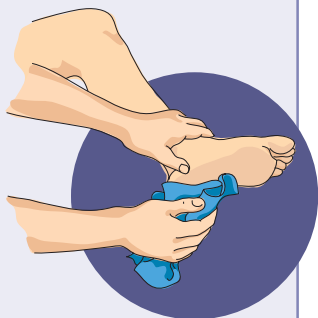
To use the BMI table, find your height in the left-hand column, and then move across to your weight. The number at the top of the column is the BMI for your height and weight. The label across the top indicates which category you're in (normal, overweight, or obese). Keep in mind that BMI should not be the only tool used to assess risk. For example, people with high muscle density (such as athletes) may be perfectly healthy at a higher BMI.


Care for your feet


Diabetes puts your feet at risk for serious problems caused by nerve damage or poor circulation. Even a minor, seemingly harmless skin irritation can cause a major problem in your high-risk feet. Fortunately, taking care of your feet every day can go a long way toward preventing serious problems. Follow the foot-care guidelines described below.





- 
Wash your feet every day. Use warm water, and be gentle! Don't use hot water, or soak or scrub your feet. Doing these things can damage the skin. Afterward, dry your feet thoroughly, especially between the toes.



- 
Avoid temperature extremes. Don't use heating pads or hot water bottles, and never place your feet near a fire or on a heater vent where they can easily get burned.

- 
Prevent and treat dry skin. Use petroleum jelly (Vaseline) on your skin. It's especially good for places that are prone to drying and cracking, like feet, hands, and elbows. But be careful not to get it between your toes—trapped moisture there can become a breeding ground for infection.

- 
Don't use sharp tools or harsh chemicals on your feet. Don't try to remove calluses, warts, or corns yourself with razors, scissors, or chemical agents. Leave this to your healthcare providers.

- 
Keep your toenails trimmed. Cut toenails straight across, and use an emery board to smooth the edges.



What to expect from your foot exam

In addition to daily care of your feet, you need regular foot exams. Help remind your healthcare provider to check your feet by taking your shoes and socks off at each visit. Or, make an appointment with a **podiatrist** (foot specialist) for your foot exam. During your exam, here's what you can expect:

- Your healthcare provider will generally begin with a **review of your medical history**. Be sure to tell your provider about any foot problems you're having now or that you have had in the past.
- To **check the circulation in your feet**, your provider will take the pulse in each foot and ankle, and in some cases, order an ultrasound test to measure blood flow.
- To **test for nerve damage**, your provider may use a thin nylon wire to test how much feeling you have in various areas of your feet. Your provider may also assess your sensitivity to vibration and temperature.
- Finally, your healthcare provider may **evaluate the condition of the skin and bones of your feet**. Your provider may check the position of your toes, and look for weakness or collapse in your bones and joints. To evaluate bone and skin infections or other problems, your provider may order an x-ray, a bone scan, an MRI (magnetic resonance imaging), or a CT scan (computed tomography).



care for your feet



Be “shoe smart.” Taking care of your feet means being smart about footwear. Here are a few guidelines:

- Always wear shoes or slippers to protect your feet. Never go barefoot, even indoors or when running to the bathroom in the middle of the night.
- Always wear socks with your shoes—but don't wear tight socks or garters. Don't wear socks that have holes in them, or socks that have been mended.
- Avoid wearing plastic shoes, flip-flops, and open-toed or pointy-toed shoes.
- Break in new shoes gradually.
- Buy and wear comfortable shoes that don't pinch or rub. When buying new shoes, make sure the toe box is roomy enough to allow you to wiggle your toes, and make sure the heel fits without slipping.
- Inspect your shoes for rough, worn, or sharp internal parts. Your foot may not feel a problem with your shoe.
- If you often have foot problems, consider wearing customized shoes or inserts that are designed to protect pressure-sensitive areas of the feet.



Inspect your feet every day.

This helps catch problems before they become serious. If you have trouble seeing your feet, use a hand mirror or ask someone to help you. Look closely at each foot—top, bottom, and in between your toes—watching out for the following:

- Cuts, scratches, and sores
- Blisters, corns, and calluses
- Dry skin and cracked skin
- Thickened or ingrown toenails
- Color and temperature changes
- Areas that are cold, tingling, red-colored, or puffy (swollen)

If you see any of the problems listed above, call your healthcare provider.

Care for your skin

Diabetes can hurt your skin in two ways:

- **Dry skin.** If your blood glucose is high, your body loses fluid—which can cause your skin to get too dry. Also, nerve damage caused by diabetes can decrease the amount you sweat. This also contributes to dry skin.
- **Infections.** The biggest problem with dry skin is that it can promote infection. Dry skin can be itchy, and prone to cracking. Scratches and cracks allow germs to enter and cause infection. And, if your blood glucose is high, it feeds germs and makes infections worse.



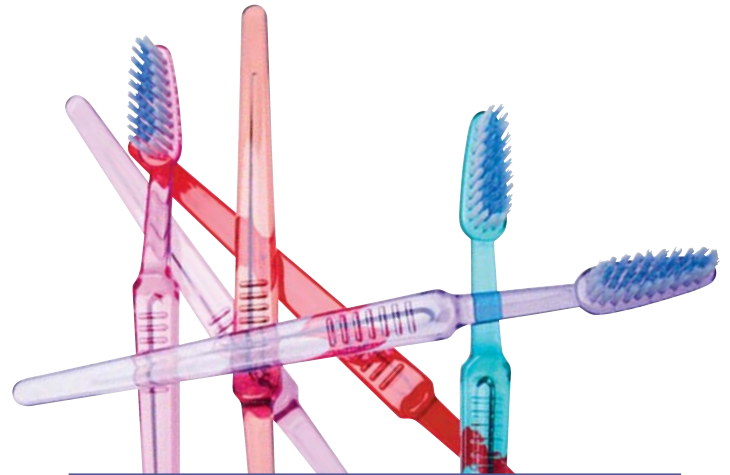
how to care for your skin

To keep your skin healthy, follow these guidelines:

- ✓ **Wash with warm water (not hot water).** You probably don't need to use soap on most days. But when you do use soap—make sure it's mild soap. Rinse well afterwards.
- ✓ **After you wash, dry yourself well.** Make sure you thoroughly dry places where moisture can collect—places like between your toes, under your arms, under your breasts, and between your legs.
- ✓ **Keep your skin moisturized** with petroleum jelly (Vaseline). At night, you can slather it on your feet, then put socks on to keep your sheets from getting greasy.
- ✓ **Wear all-cotton underwear.** Cotton allows air to move around your body better.
- ✓ **Wear gloves and other appropriate clothing** to protect yourself when you're doing work that may injure your skin. For example, wear gloves and long sleeves when trimming a thorny hedge.
- ✓ **Use a sunscreen** and common sense to avoid sunburn.
- ✓ **Drink lots of fluids,** such as water, unless your care team tells you not to. This will help prevent skin dryness from the inside out.

Care for your teeth and gums






Tooth, mouth, and gum diseases are more common in people with diabetes. In part, that's because when you have high blood glucose, your saliva makes your mouth an inviting home for disease-causing bacteria.



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care for your teeth and gums

To help prevent tooth and gum problems, follow the guidelines below:

-  **Brush your teeth** with toothpaste after every meal. Use a soft toothbrush, and rinse your mouth thoroughly.
-  **Rinse your toothbrush** thoroughly after each brushing, store it vertically (with the bristles at the top), and replace it at least every 3 months. (Toothbrushes can harbor bacteria.)
-  **Floss your teeth** once a day.
-  **Clean your dental bridges or dentures** exactly as your dentist has instructed.
-  **Keep your regular dental appointments.** Make sure your dentist knows you have diabetes.

Signs of tooth trouble?

Don't forget to visit your dentist every 6 months for a routine cleaning and checkup. You should also call your dentist if you notice any of the following:

- Bleeding gums when you brush or eat
- Red, swollen, or tender gums
- Pus between your teeth and gums when you press on your gums
- Persistent bad breath or bad taste in your mouth

HIGH GLUCOSE AND GUM DISEASE: A 2-WAY CONNECTION?

According to the American Academy of Periodontology, recent research suggests that the relationship between periodontal (gum) disease and diabetes may go both ways: not only does diabetes put you at risk for gum disease, but severe gum disease may make it more difficult for people with diabetes to control their blood glucose.

That's why it's important to prevent gum disease if possible—and to treat it promptly if it does occur.



TRY, TRY AGAIN

If you've tried to quit smoking before without success—try again! Most smokers make at least 5 attempts before they're able to quit smoking for good.

Ask your healthcare provider for a copy of Intermountain's *Journey to Freedom*—or find it at www.intermountainhealthcare.org/prevention. This booklet presents a step-by-step approach to quitting and lists more Intermountain, state, and national resources to help you.

Quit smoking

You already know that smoking is bad for your health, and that you should quit. But if you're a smoker with diabetes, you have three especially urgent reasons to quit:

- Smoking contributes to insulin resistance.
- Smoking speeds up the damage to nerves and blood vessels that often occurs with diabetes.
- Smoking puts you at especially high risk for other diabetes complications—including eye, kidney, and heart disease.

If you're a smoker, today is a great day to quit. Look below for ideas to help you.



find a program to help you quit smoking



For structured support to help you kick the smoking habit, you may want to join one of the programs listed below:

- **Smoke Breakers 801.442.5599.** Smoke Breakers is a class-based smoking cessation program available at several Intermountain hospitals. It's available to SelectHealth members for a deposit, which is refundable after completion of the program. Non-members may participate for a non-refundable fee.
- **Free & Clear 1.800.292.2336.** The Free & Clear program is a 12-month, confidential, phone-based smoking cessation program. You will receive one-on-one telephone support from a smoking cessation specialist, a quit guide and workbook, and a stress management tape and workbook. This program is available at no charge to all SelectHealth members.
- **Utah Tobacco Quit Line:** in English at 1.888.567.TRUTH (1.888.567.8788), or en Español, 1.877.2NO.FUME (1.877.266.3863). The Utah Tobacco Quit Line is a free, phone-based service available to all teens, uninsured adults, or adults on Medicare and/or Medicaid in the state of Utah. In addition to other services, the Quit Line provides support and information for pregnant women trying to quit smoking.
- **Freedom From Smoking 1.800.586.4872.** Freedom From Smoking is an 8-week, class-based smoking cessation program offered by the American Lung Association.

Manage stress

Everyone has stress in their lives—but not everyone is “stressed out.” Since stress can make your blood glucose rise, it’s important to make sure your responses to stress are healthy. See the table below for tips on recognizing stress—and managing it in a healthy way.

h o w t o manage your stress

Take the stress test...

Although some of the behaviors and changes listed below might come from your diabetes or another health problem, they’re often symptoms of stress.

- Sleeping too little or too much
- Nightmares or poor sleep
- Nervous habits like nail-biting or foot tapping
- Eating too much or too quickly
- Decreased sex drive
- Teeth grinding
- Irritability or impatience
- Migraine or tension headaches
- Muscle tension
- Shallow breathing or sighing
- Racing heart
- Upset stomach
- Cold or sweaty hands

...then take action

Most people need to train themselves to have healthy responses to stress. The list below gives a few ideas.

- ✓ **Stop and breathe.** When you first notice stress symptoms, stop what you’re doing—or thinking—and take a few deep breaths. Yoga, meditation, or prayer can also give you a few useful minutes of “time-out” and help you calm down.
- ✓ **Adjust your outlook.** Your reaction to stress begins with how you perceive stress. Do you tend to imagine worst-case scenarios, obsess over details, or take things too personally? See if you can adjust your perceptions. Try to see the humor in difficult situations, and give others the benefit of the doubt. Finally, try to put things into perspective by asking, “Will this matter in five years?”
- ✓ **Re-prioritize your time.** Are you too busy—or too busy with things you don’t really enjoy? Or do you find yourself with too much free time (which invites you to worry more)? If so, schedule your time to reflect your interests. Have the courage to say “no.” Choose to enjoy your activities, without feeling rushed or pressured.
- ✓ **Develop de-stressing habits.** What helps you relax? Escape from your worries with a healthy distraction like socializing, exercising, or pursuing a favorite hobby.

DIABETES BURNOUT

You know what to do for your health—but you just aren't motivated to keep up the daily grind of self-care. Are you alone in this feeling? Hardly. It's so common that it has a name: diabetes burnout.

Deal with burnout and other negative emotions when they arise. These feelings may be common, but they shouldn't be ignored.

Deal with depression and “burnout”

For most people, the strong emotions that often come with a diabetes diagnosis—denial, anger, fear, and sadness—ease with time. But they may not stay away forever. These feelings tend to occur in cycles, bubbling up again as you face new challenges in your life with diabetes.

The table below shows some common trends in the emotions of people with diabetes. Although the experience of diabetes is different for everyone, it might help you to know what others have felt—and when you might face these same feelings yourself.

WHAT you may feel

Sometimes your emotions may just need to run their course—and sometimes they may signal a more serious depression that requires treatment. See the next page to help you know the difference.

- **Denial.** When you're first diagnosed, you tell yourself that your doctor made a mistake: “Not me—this must be someone else's test result!” Later on, you convince yourself that your diabetes has gone away, or that it's really not a very serious disease.
- **Fear or anxiety.** You fear diabetes complications. You're anxious about your future. You worry about how people see you, how you're handling self-management, or if your children will get diabetes. Or you just feel uneasy—without knowing why.
- **Anger or self-pity.** You get hung up on the “unfairness” of having diabetes. You're angry about the burden of daily self-management activities, or just resent having to think about your health every day.
- **Sadness.** You feel a sense of loss about your “old” (pre-diagnosis) body, self-image, or lifestyle. You feel defeated by the rigors of self-management, or discouraged about what the future may hold.

Keep in mind that emotional problems often have physical causes. For example, poor blood glucose control, medication side effects, and chemical or hormonal imbalances can all contribute to emotional problems.

WHEN you may feel it






Even if you've adapted well to your diabetes, negative feelings may crop up from time to time. Often there seems to be no “good reason” for your mood. But sometimes you're responding to specific events in your life. Common times for negative feelings to appear—or re-appear—are listed below.

- **At the time of your diagnosis.** News of your disease can be overwhelming. Grieving for yourself is natural—and even healthy—so long as it's not debilitating.
- **After your first episode of low or high blood glucose.** Such episodes can be frightening, and leave you feeling vulnerable.
- **If you're pregnant or thinking about starting a family.** Parenthood is an important milestone in anyone's life. It makes sense that your feelings about your diabetes are more intense right now.
- **If you have recurrent infections.** You have yet another reminder—as if you need one!—that you have a chronic condition. Plus, you have the additional burden of treating the infection.
- **When your self-management plan changes.** What used to work to control your diabetes isn't working anymore—and you wonder why. You dread taking new medication, starting insulin shots, or other changes.
- **If long-term complications appear.** You may feel that all your hard work to control your diabetes has failed. You fear for your health.

h o w t o

cope with negative emotions










What can you do to cope with negative feelings? First, you need to acknowledge and try to understand your emotions. This will help you know what, if anything, you need to do about them. **The goal is to make sure that your feelings don't interfere with your care—or with your ability to live a full, satisfying life.** Here are a few ways to do this:

- 
Recognize when your emotions may be harmful. Negative emotions can sometimes be helpful. For example, anger or fear may motivate you to take better care of yourself. Sadness might give you an excuse to cut back on activities, and give yourself a needed break. But you need to recognize when your emotions are harmful—and when you should seek help. Look to the list at right to help you evaluate your feelings.
- 
Seek out support. Besides your care team, seek support from other people. A counselor, diabetes support group, or religious guide may be able to help you get through the rough patches. You can also look online for diabetes discussion boards or chat groups. Such resources can put you in touch with people who understand what you're going through.
- 
Keep up with your care—and make adjustments when necessary. Poor blood glucose control can play havoc with your emotions. So even when you feel down, blue, sad, and bad, try to keep up with your self-management activities. And if you're having problems with blood glucose control, in spite of good self-management? Don't accept it as your fate. Talk to your care team about how you can solve the problem.
- 
Deal with the stress effect. Stress can make a dark mood even darker. See page 85 for information on recognizing stress—and handling it in a healthier way.
- 
Be kind to yourself—and set realistic goals. Everyone with diabetes has bad days. Everybody feels tired and alone, and slips up with self-management from time to time. So if you feel bummed out, burned out, or just plain out of it—don't beat yourself up. Focus on what you've been doing right, then set a realistic, short-term goal for yourself. Motivation is fueled by success—and success depends on having practical, achievable goals.



Is it depression?

If you have any of these symptoms—or if you've just been feeling down for two weeks or more—call your healthcare provider. You may be depressed.

- 
Loss of pleasure. You don't take interest in things you used to enjoy.
- 
Change in sleep patterns. You sleep too much, too little, or poorly.
- 
Change in appetite. You eat more or less than usual.
- 
Trouble concentrating. You can't watch a TV program or read an article because other thoughts or feelings get in the way.
- 
Loss of energy. You feel tired all the time.
- 
Nervousness or fidgeting. You always feel anxious, or you have trouble sitting still.
- 
Guilt. You feel you "never do anything right" and worry that you're a burden to others.
- 
Moving or speaking slowly. People may have noticed this.
- 
Suicidal thoughts. You feel you want to die or are thinking about ways to hurt yourself.

Your healthcare providers can help determine a strategy to get your life and your health back on track.