

About Diabetes



diabetes

This health information is being provided for general educational purposes only. Your health care provider is the single best source of information regarding your health. Please consult your health care provider if you have any questions about your health or treatment.

Myths About Type 2 Diabetes and Insulin

It's not always easy to separate myths from facts, especially when it comes to your health. But knowing the truth about diabetes and insulin may help you manage your blood sugar. This information is not intended as a substitute for professional medical care. Only your health care provider can diagnose and treat a medical problem.

Myth 1: Insulin will make me gain a lot of weight.

Fact: People may put on weight when they start taking insulin because it causes the body to store calories from food. Following a meal and exercise plan may help keep you from gaining a lot of excess weight.

Myth 2: Taking insulin means I've failed with pills or my diabetes is getting worse.

Fact: Diabetes is a progressive disease. Over time, some people who start on pills may need to add insulin later to help control their blood sugar. Everyone's body is different. Your health care provider can tell you what will work best for you.

Myths and Truths

Myth 3: Injecting insulin is very painful and will interfere with my schedule.

Fact: The insulin needle is small and thin. Insulin is injected into the fatty layer just under the skin, where there are fewer nerve endings. Many patients taking insulin say it has become a part of their daily routine.

Myth 4: Insulin is addictive.

Fact: Insulin is not addictive like narcotics. It replaces a hormone your body once made naturally.

Important Insulin Information

Possible side effects may include blood sugar levels that are too low, injection site reactions, and allergic reactions, including itching and rash. Tell your health care provider about all other medicines and supplements you are taking because they can change the way insulin works. Daily glucose monitoring is recommended for all people with diabetes.

Getting the Big Picture

Talk to your health care provider about what medications are right for you. Remember, medication is only a part of treating diabetes. Following a meal plan, staying active, regularly checking your blood sugar level, and taking all diabetes medications as prescribed are all important steps.



Knowing Your **Diabetes Terms**

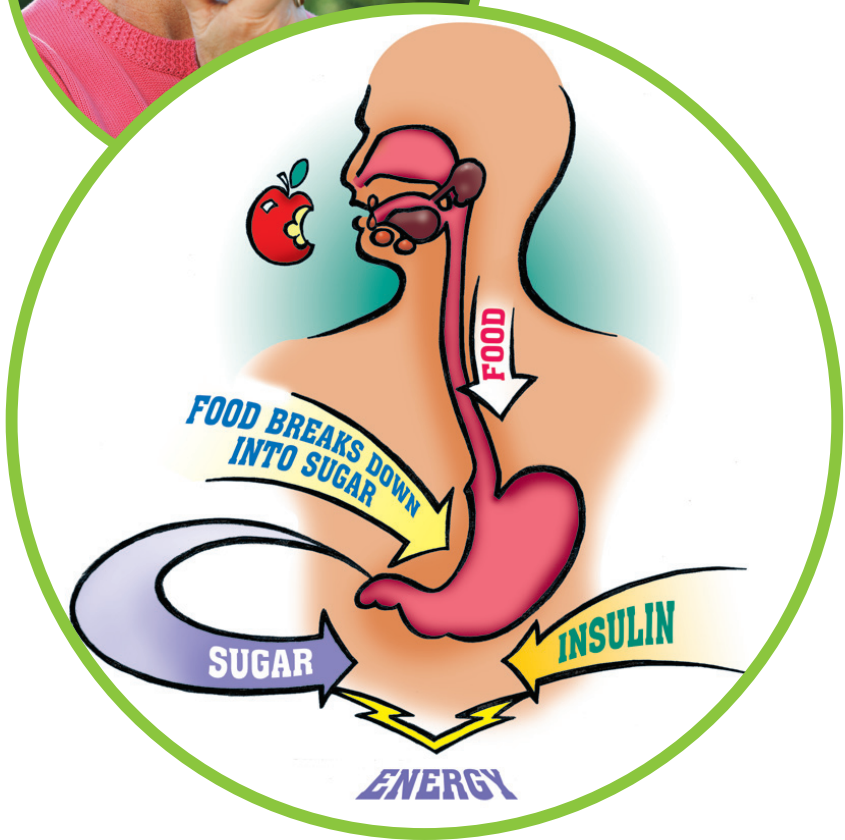
QUICK DEFINITIONS		
Term	What It Means	How It Affects You
A1C (also called HbA1C)	A test your health care provider gives. Shows the sugar level in your blood over the last 2-3 months.	Lowering your A1C may lessen problems caused by diabetes. Discuss your A1C level with your health care provider.
Diabetes	A disease that occurs when your body cannot use or produce insulin as it should. It is a chronic illness that requires medical care and self-management.	If not controlled, diabetes may lead to serious health problems. You can take steps to help control blood sugar and lower the risks of complications.
Glucose	A type of sugar found in your blood that is the body's main source of energy.	Treating diabetes is based on balancing insulin and glucose levels in the blood.
Insulin	A hormone that helps your body use blood sugar for energy.	Without insulin, glucose cannot go to your cells.
Type 2 Diabetes	The most-common form of diabetes. Formerly called "adult-onset diabetes," but you can get it at any age.	Being overweight or inactive increases your chances of getting diabetes.



Understanding Glucose and Diabetes

When you have diabetes, you have too much sugar (glucose) in your bloodstream. Here's what happens:

1. When you eat food, your body changes it into sugar in your bloodstream. That happens with most foods, not just sweets.
2. Your body also naturally makes insulin. Insulin helps move the sugar from your blood into your body's cells for energy.
3. If your body cannot produce enough insulin or cannot properly use the insulin it has, the sugar (glucose) cannot move from your bloodstream to your cells.
4. Your cells don't get the sugar they need for energy, and glucose builds up in your blood. Over time high blood sugar puts you at risk for developing diabetes and related complications.



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Knowing Your A1C Number

Your health care provider does a type of blood test—the A1C test—to tell how well the sugar (glucose) in your blood has been controlled. This shows your blood sugar control over the past 2 to 3 months.

You should discuss your A1C goals with your health care provider. Many patients with diabetes have an A1C goal of less than 7%. However, your individual goal may be more or less depending on your age and/or health history.* Talk to your health care provider about the right goal for you. If your blood sugar is not controlled, you may be at risk for developing serious complications later. The good news is that your health care provider can recommend a treatment plan of diet and exercise and can add medicine if you need it.



*For example, some seniors may have a goal of less than 8% depending on health history.

Getting Control

Your health care provider will check your A1C level on a regular basis. But, you also need to check your blood sugar level each day. This is an important part of tracking your blood sugar level. To do this, you use a special meter (a blood glucose meter) that measures your blood sugar at home, instantly. Keeping track of your level can help you and your health care team set goals, or targets, for your blood sugar.



High and low blood sugar can occur without symptoms, so check your level regularly!

One of the best ways to do this is with a daily diary:

1. Check your blood sugar level and record it.
2. Write down the foods you ate, exercise you did, and medicines you took.

Over time, you will see what makes your level go up or down. And, remember, always work together with your health care provider to find the right medicine and dose for you.

Managing Diabetes:

The Highs and Lows

Managing diabetes is a balancing act.

- **Too High:** If blood sugar is too high (hyperglycemia), you may feel tired or moody.
- **Too Low:** If your blood sugar is too low (hypoglycemia), it can be scary. Check your blood sugar if you suddenly have any of these:

- **Shakiness**
- **Dizziness**
- **Sweating**
- **Hunger**
- **Headache**
- **Clumsy or jerky movements**
- **Seizure**
- **Difficulty paying attention, or confusion**
- **Tingling sensations around the mouth**
- **Pale skin color**

That's why it's so important to educate yourself—and those who care for you—about low blood sugar and what to do if it happens to you. It can happen because of

- **Missed, small, or delayed meals**
- **Too much insulin or diabetes medication**
- **Increased activity/exercise**
- **Excessive alcohol**

If your blood sugar is too low,
Here are some tips to raise it quickly

- **3 to 4 glucose tablets** (check the Nutrition Facts label for carbohydrates per tablet; most tablets are 4-5 grams—at least 15-20 grams are needed). Note: this is a good, quick source of glucose.
- **½ cup (4 oz) of regular soda**
- **½ cup (4 oz) of juice**
- **2 tablespoons of raisins**
- **4 or 5 saltine crackers**
- **4 teaspoons of sugar**
- **1 tablespoon of honey or corn syrup**

Recommended Guidelines

Controlling your A1C levels over time helps reduce the risk of complications later.

- **A1C:** Less than 7%. However, your individual goal may be more or less depending on your age and/or health history.*
- **Plasma blood glucose before meals:** 70-130 mg/dL

Talk to your health care provider about your appropriate target level and possible problems and ask any questions.

*For example, some seniors may have a goal of less than 8% depending on health history.



