THE EMOTIONAL SIDE OF DIABETES

When you find out you have diabetes, the first thing you may think about is your physical health.

However, caring for your mental health is equally important.

COPING WITH THE DIAGNOSIS

Being diagnosed with diabetes can come as a shock and can set off a variety of emotions such as **fear, denial, and anger**.

- 1. **Learn as much as you can**. Ask questions and make sure you get answers that you can understand. **Knowledge is powerful** and can improve your confidence to succeed in managing diabetes.
- 2. Set realistic goals. Don't try to make too many changes at once. Speak with your healthcare provider and prioritize.
- 3. Focus on things you can control. Make healthy food choices, be active, and get enough sleep.

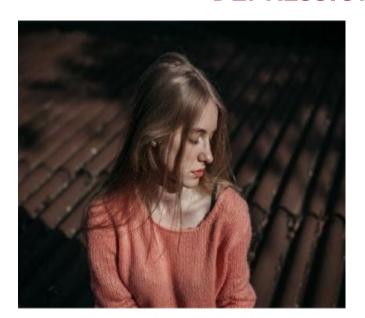
DISTRESS CAN HAPPEN

Diabetes can be difficult to live with. The day-to-day management can become overwhelming and lead to distress or burnout. Be aware of the **signs of distress** such as frustration, lack of motivation, feeling defeated, and wanting to give up.

Distress is common but remember that nobody is perfect at managing diabetes. **Don't be afraid to ask for help.**

Don't beat yourself up if you eat more than you planned or couldn't exercise. You don't have to be perfect to keep blood sugar levels in your target range.

DEPRESSION CAN HAPPEN



You may ask, "Why me?".

Anxiety and depression are common and should not be ignored. Feeling blue is normal, however loss of enjoyment in your favorite interests, having difficulty sleeping, and feeling hopeless are all **signs of depression**.

Let your healthcare provider know if you experience these symptoms for more than 2 weeks.

ASK FOR AND ACCEPT HELP AND SUPPORT

Diabetes is easier to manage when you don't feel alone.

- Reach out to family members for emotional support.
- **Talk to your health care team** about things that are getting in your way of succeeding such as transportation or trouble paying for medications.
- **Consider a support group.** Talking about how you feel and learning from others who share your experiences can be very valuable.
- Keep things in perspective and maintain a positive attitude.

MANAGING YOUR DIABETES MEDICATIONS

Sometimes meal planning, weight loss, and exercise are not enough to keep your blood glucose in a healthy range. The next step may be to add medication.

There are several types or classes of diabetes medications. Each works in a different way. Your doctor will decide which medication is right for you.

This will depend on:

- your physical condition
- how you respond to the medicine
- if your blood glucose levels remain too high, your medications may need to be adjusted
- other medical conditions you may have

IT'S IMPORTANT TO KNOW THE BASICS ABOUT YOUR MEDICATIONS

These include:

- The name of your medications, both the genetic and brand names
- The dose that has been prescribed
- The time of day and/or the number of times per day that you should take the medication
- Whether or not you should take it on an empty stomach or with meals If you should avoid alcohol while taking the medication
- If there are any foods you need to avoid
- If there are any side effects you should watch for
- How the medication should be stored

ALSO BE SURE TO:

- Keep a copy of your medications in a place you can easily find it. It's a good idea to give a copy to a friend or family member as well.
- Tell all your doctors about the medications you are taking.
- Use the same pharmacy so all your information is in one place and interactions between medications can be minimized.

IT'S IMPORTANT TO TAKE YOUR MEDICATIONS AS PRESCRIBED

Not taking your medications as your doctor has prescribed, may affect your health and even be dangerous.

If you are having trouble taking your medications, ask yourself:

- Am I not taking my medications due to an unpleasant side effect? Are they too expensive?
- Am I just forgetting to take them? Is it just too much of a hassle?

DO NOT ADJUST YOUR MEDICATION ON YOUR OWN

Talk to your doctor about possible changes that may help reduce any obstacles that are keeping you from taking your medications as prescribed.

UNDERSTANDING TYPE 2 DIABETES

WHAT IS DIABETES?

- Diabetes is a condition that causes blood sugar (also called: blood glucose) levels to rise higher than normal. This is called hyperglycemia.
- When you eat, your body breaks food down into glucose and sends it into the blood.
- Insulin, a hormone made in your pancreas, helps move the glucose from your blood into your cells so that it can be used as fuel for energy.

WHAT IS TYPE 2 DIABETES?

- In Type 2 Diabetes, your body has trouble using the insulin that it makes. This is called insulin resistance.
- At first, your pancreas makes more insulin to make up for this. But over time, it isn't able to keep up and the blood sugars remain high.
- When blood sugar levels stay high, you are at a higher risk for heart disease, kidney disease, blindness, and nerve pain.

WHAT INCREASES YOUR RISK FOR DEVELOPING TYPE 2 DIABETES?

- History of high blood sugar
 Prediabetes
- Age 45 or older Ethnicity (being Black,
- Hispanic/Latino, American Indian, Asian American, or
- Pacific Islander) Overweight

- Having a parent or sibling with diabetes
- Not physically active High blood pressure
- Low HDL cholesterol or high triglycerides
- Polycystic Ovary Syndrome

HOW IS TYPE 2 DIABETES TREATED?

The goal of treatment is to help you feel good and prevent long-term problems. To meet these goals, your health care team will work with you to create a care plan that includes lifestyle changes and medications.

The best way to reach these goals is to:

- 1. Have a healthy eating plan that meets your needs and helps you reach your goals. What you eat, how much you eat, and when you eat are all important.
- 2. Stay physically active and get regular exercise.
- 3. Take your medications (both pills and injected medications) as prescribed by your doctor.

Adapted from "Understanding Type 2 Diabetes", an American Diabetes Association resource.

HOW TO USE A NUTRITION FACTS LABEL

Servings per Container: Number of total servings in the package

Serving Size: Amount you need to consume to get all the nutrients listed on the label Calories: The amount of energy from carbohydrate, fat, and protein in one serving % Daily Value: 5% or less means the product is a low source of that nutrient. 20% or more means the product is a high source of that nutrient.

Fat: Saturated fat and trans fat can increase your risk for heart disease.

Sodium: Limit to 2300mg per day to lower your risk for high blood pressure and heart disease

Total Carbohydrates: The amount of natural sugar, added sugar, starch, and fiber; use this number if you are counting carbohydrates.

Fiber: Choose foods high in this (>20% Daily Value) to improve heart and digestive health Added Sugar: Syrups, sweeteners, or sugar added during the processing of foods. Choose foods with little or none.

Vitamins and Minerals: Nutrients of which people don't always get the recommended amount.

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Ingredients: Listed by weight; the item weighing the most is listed first. Choose foods high in fiber, vitamin D, calcium, iron, and potassium. Choose foods low in saturated fat, sodium, and added sugar

LOW BLOOD GLUCOSE (HYPOGLYCEMIA)

Hypoglycemia, also known as low blood glucose, is when your blood glucose levels have fallen low enough that you need to take action to bring them back to your target range.

This is usually when your blood glucose is less than 70 mg/dL. However, talk to your doctor about your own blood glucose targets and what level would be too low for you.

WHEN CAN IT HAPPEN:

Low blood glucose can happen when:

- You've skipped a meal or snack or have eaten less than usual.
 - Consistency is key! Eating about the same number of carbohydrates and having meals around the same time every day will help you avoid low blood glucose.
- You've taken more medication or insulin than needed.
 - Taking the prescribed dosage of medication is necessary for maintaining a safe range of blood glucose.
- You have been more physically active than usual.
 - Exercise puts high demands on your muscles which forces them to utilize the glucose in the blood as fuel. Increasing exercise without adjusting your intake may result in low blood glucose.

The most effective ways to prevent exercise-induced hypoglycemia are:

- Focus on complex carbohydrates such as whole grains, starchy vegetables, and legumes which provide several types of sugar that dissolve more slowly in your system.
- Eat six small meals and snacks rather than the usual three large meals.
- These should be made mostly of complex carbohydrates and proteins such as lean meat, eggs, or dairy.
- Avoid simple sugars. These will cause a rise in insulin which will cause your blood glucose to drop.

WHAT ARE THE SYMPTOMS?

Each person's reaction to low blood glucose is different. It's important to learn your own signs and symptoms which may include:

- Feeling shaky, nervous, or anxious
- Mood swings, irritability, impatience, and confusion
- Tingling or numbness in the lips, tongue, or cheeks
- Sweating, chills, clamminess
- Fast heartbeat
- Feeling light-headed or dizzy, headaches
- Hunger, nausea
- Color draining from the skin
- Feeling sleepy, weak, or having no energy
- Blurred/ impaired vision
- Coordination problems, clumsiness
- Nightmares or crying out in sleep
- Seizures

WHAT SHOULD YOU DO?

The 15-15 Rule: Have 15 grams of carbohydrates to raise your blood glucose and check it again after 15 minutes. You can use:

- Glucose Tablets or Gel Tube (see instructions on package) 4 ounces (1/2 cup) of juice or regular soda (not diet)
- 1 tablespoon of sugar, honey, or corn syrup 8 ounces of nonfat or 1% milk
- Hard candies, jellybeans, or gumdrops (check food label to see how many you should consume)

Repeat these steps until your blood glucose is **at least 70 mg/dL**. Once your blood glucose is back to normal, eat a meal or snack to make sure it doesn't drop again.

Make a note about any episodes of low blood glucose and **talk with your health care team** about why it happened. They can suggest ways to avoid low blood glucose in the future.

CHECKING AND TRACKING BLOOD GLUCOSE

Checking and tracking your blood glucose is important. You can use the results to make decisions about food, physical activity, and medication.

HOW DO I CHECK MY BLOOD GLUCOSE

Many people use a **blood glucose meter** to check their blood glucose levels several times per day. A meter is a small device that tests a tiny drop of blood and then displays your blood glucose level at that moment. The **lancet** is the device used to prick the skin to get the drop of blood.

BEST TIMES OF DAY TO CHECK BLOOD GLUCOSE?

Many people check blood glucose **first thing in the morning** and before they eat meals; this is called a "fasting" measurement.

You may also want to check **after meals** when your blood glucose is likely to be higher; this is called a "postprandial" measurement.

Other good times to check:

- When you are having symptoms or just don't feel right
- When you are ill
- Before, during, or after physical activity
- Before you drive
- Before bed

BEST TIMES OF DAY TO CHECK BLOOD GLUCOSE?

Follow your meter's instructions for the most accurate results. Make sure to:

- Keep your meter clean
- Ensure your test strips have not passed their expiration date Store your strips as recommended on the box
- Code (set up) your meter for your test strips if necessary. Use the control solution as recommended
- Make sure your blood sample is big enough

If your meter is not working at all, it may need new batteries.

HOW DO I TRACK MY BLOOD GLUCOSE?

Keep track of your blood glucose readings in a **logbook or app on your computer** or phone. Write down your blood sugar reading and the time of day that you measured it.

Tracking your blood glucose can tell you how well your diabetes care plan is working. Bring your blood glucose log to your health care appointment. You and your provider can discuss your results and decide how and when to make changes to fine tune your diabetes care plan.

Make notes about anything out of the ordinary such as:

- Missed dose of medication
- More or less physical activity than usual
- Illness Stress
- Missed meals
- Dining out



When looking at your results, ask yourself the following questions:

- 1. Has my blood glucose been too low several times this week?
- 2. Has my blood glucose been too high several times this week?
- 3. Has my blood sugar been out of my target range at the same time of day for three days in a row?
- 4. What are possible reasons for any of the trends you've noticed?

EXAMPLE: MIGUEL'S STORY

 Miguel has been on vacation this week. His blood glucose has been between 210 and 230 mg/dL almost every day before dinner. Usually, his blood glucose before dinner is about 150 mg/dL. He realizes that he hasn't been as active as usual. To help keep his blood glucose on target, Miguel decides to take a walk each afternoon.

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UNDERSTANDING THE A1C TEST

WHAT IS AN A1C TEST?

The A1C test is a blood test that indicates what your average blood glucose levels have been for the past three months.

WHAT DOES MY A1C RESULT MEAN?

The A1C test results can help determine if you have prediabetes or diabetes.

Normal 4% to 5.6% Prediabetes 5.7% to 6.4% Diabetes greater than 6.5%

WHAT IF MY A1C RESULT IS NOT WHAT I EXPECTED?

Ask your doctor to help identify factors that may be increasing your blood glucose. Your doctor may recommend diabetes education to learn more ways to improve your results.

HOW OFTEN SHOULD I GET AN A1C TEST?

The A1C Test should be completed once or twice per year. It can be checked more often if there are changes in your medication or lifestyle factors that may affect blood glucose levels.

IF I TEST MY A1C REGULARLY, DO I STILL NEED TO CHECK MY BLOOD GLUCOSE?

Yes. Checking your blood glucose each day can help you make decisions about what you should eat that will improve your blood glucose levels over time.

This project was supported, in part by grant number 90INNU0025-01-01, from the Administration for Community Living, U.S. Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy

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Adapted from "Understanding Your A1C Test", an American Diabetes Association resource.

ADJUSTING READY-MADE MEALS FOR DIABETES

If you receive meals from a home delivery service, they may not be tailored for diabetes. Below are some examples of meals you may receive. With a few adjustments, you can make these meals more diabetes friendly.

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If you receive this COLD meal	Make these diabetes-friendly changes
Grilled chicken on kaiser roll Honey mustard broccoli salad Mandarin Pineapple 1% Milk	Keep: Grilled chicken Kaiser roll Mandarin Pineapple 1% Milk Choose EITHER rinse the salad to reduce the amount of dressing OR eat 1/2 of the portion
Ham and cheese on whole wheat bread Mustard beet salad Tropical fruit 1% Milk	Keep: Ham and cheese on whole wheat bread Mustard beet salad Tropical Fruit 1% Milk
Chicken pasta salad Honey lime corn salad Whole wheat roll Fresh fruit 1% milk	Keep: Chicken pasta salad Fresh Fruit 1% Milk Omit: Honey lime corn salad Whole wheat roll Add: Non-starchy vegetable or salad

If you receive this HOT meal	Make these diabetes-friendly changes
Seafood Creole with brown rice Stewed Okra Biscuit Fresh Fruit Orange Juice 1% Milk	Keep: Seafood Creole with brown rice Stewed Okra Fresh Fruit 1% Milk <u>Omit:</u> Biscuit Orange Juice <u>Add:</u> Non-starchy vegetables such as green beans or carrots
Sloppy Joe with whole wheat buns Potato Wedges Mixed Vegetables Diced Pears Orange Juice 1% Milk	Keep: Sloppy Joe Mixed Vegetables Diced Pears 1% Milk Omit: Orange Juice Add: Non-starchy vegetables such as green beans or carrots Choose: EITHER 1/2 of the whole wheat bun OR 1/2 portion of the potato wedges
Parmesan Chicken Patty Garlic Rotini Broccoli Wheat Bread Pineapple Apple Juice 1% Milk	Keep: Parmesan Chicken Patty Broccoli Pineapple 1% Milk Omit: Apple Juice Add: Non-starchy vegetables such as green beans or carrots Choose: EITHER 1/2 portion of rotini OR 1/2 of the wheat bread

ADJUSTING A "REGULAR DIET" FOR DIABETES

If you are preparing meals yourself or you are receiving meals prepared by others, refer to My Placemat (a resource from the American Diabetes Association) for guidance. Here are the general principles:

BUILDING A DIABETES FRIENDLY PLATE

Try to fill:

- 1/2 of the plate with non-starchy vegetables
- 1/4 of the plate with whole grain carbohydrates
- 1/4 of the plate with lean proteins

Examples and Suggested Serving Sizes

NON-STARCHY VEGETABLES

- Asparagus
- Broccoli
- Carrots
- Brussels Sprouts
- Cabbage
- Celery

- Cucumber
- Eggplant
- Leafy Greens
- Mushrooms
- Okra
- Green beans

- Snap Peas
- Peppers
- Zucchini
- Tomatoes
- Salad

WHOLE GRAIN CARBOHYDRATE FOODS

- 1/2 cup of cereal, rice, or pasta 1
- Sweet Potato
- 1 slice of bread, waffle, or pancake
- 1/2 cup starchy vegetables Peas, Corn,
 Lima Beans, Potato, Plantain, Acorn,

- Squash, Butternut Squash,
- 1/3 cup lentils, split peas, or beans
- 1/2 bagel
- 1/2 english muffin 3 cups of popcorn

PROTEIN FOODS

- Small chicken breast, about 3 ounces or the size of a deck of cards, Small pork chop or 2 slices roast pork or baked ham
- Small lamb chop or 2 slices roast lamb Small fish filet or 1/2 cup water packed tuna 2 slices lean beef or 1 medium burger
- 1/2 cup part skim mozzarella
- 2 slices swiss, cheddar, muenster, or provolone cheese 1/2 cup low fat cottage cheese
- 2 tablespoons peanut butter

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