Diabetes:

What Your Doctor Won’t Tell You

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*Diabetes will give you time to live; under what circumstances is up to how you control your diabetes right FROM THE START!! A good life can be had, having diabetes!!*

--JonBen, USA

**A Note about Attitude**

*Being in a good frame of mind helps keep one in the picture of health.*

~Author Unknown

People often react in one of two ways when they learn they have diabetes.

They might rail against their fate, shaking their fist at the heavens and shouting, "Why me?" They hear their diagnosis as a death sentence, and often see themselves as victims of the cruel forces of the universe. They give up, and live out the rest of their lives as though they had one foot in the grave. These patients often feel that there's no point in modifying their diet or starting an exercise program, because what good will it do? It won't cure their diabetes, so they often wonder why they should even try.

The other group might also be upset to learn of their diagnosis. After all, life is going to change now, and all changes require a time of mourning for the people undergoing them. But this group, instead of asking, "Why me," ask a different question. They ask, "What do I have to do to live the longest, fullest, healthiest life possible from this point on?" And once the answer is given, they act on it. If the doctor says to cut carbs, they say goodbye to their favorite desserts. If they are supposed to start exercising, they figure out the best way to do that. They look at their family and friends and resolve to be there for them as long and as well as possible.

People in this second group know the difference between, "I have diabetes," and "Diabetes has me."

The difference is all in your head, as it were. As Olympic gold medalist Scott Hamilton put it, "The only disability in life is a bad attitude." He wasn't just spouting platitudes; Hamilton has struggled with cancer and undergone several surgeries and rounds of treatment. He claims that attitude makes the difference between a victim and a victor.

You are you: a unique person with skills, gifts, and people who love you. You can choose to continue that, with the addition of some necessary lifestyle changes. And what are a few changes compared to the healthy and happy life that could be ahead of you...if you only decide that that's how it's going to be.

*Diabetes is an opportunity that will give you a good diet to live by, prevent you from being overweight and, because you are forced to do your exercises, you will remain slim or slimmer than you would be if you carried on the old way. See it as an opportunity for healthy living and discipline in your everyday life. It’s a big chance to live longer and better than you would possibly have had without it!*

--JonBen

**Introduction**

It’s pretty easy to find the basic information you need about diabetes. Since about 10% of the United States’ population has this condition, books, pamphlets, checklists, informational DVD’s, and websites abound to help you figure out what’s going on in your body and what to do about it. A recent check of a small-town library turned up over 60 books about the various aspects of living with diabetes. You should absolutely read those materials, because as they say, knowledge is power. If you want power over your own life and your own body, you’ll need all the information you can get.

Another excellent resource for learning about your diabetes is your health care provider. That’s why doctors, nurses, nurse-practitioners, physicians’ assistants, and diabetes educators are there—to help you learn about and manage your condition. Use them fully and don’t ever be embarrassed to ask them questions or to confide your symptoms or fears to them. They are trained in this, they’ve seen it before, and they can help.

But diabetes isn’t a theory or a research paper or an entry in a medical textbook. In the end, it’s something that’s going on in *your* life; in the end, it’s going to affect your thoughts, feelings, relationships, and day-to-day choices. Because of that, because of the on-the-ground realities of your life and your diabetes, there are things your books and websites might not be able to tell you. In fact, there are things even your health care provider might not be able to tell you, especially if that person isn’t personally dealing with diabetes.

There are things you can only learn in one of two ways. The first way is learning from experience, the hard way, trial and error, live and learn, or making the most of your mistakes. You know how this works; this is the learning that happens when you get caught with a flat tire and a flat spare—you learn the hard way to regularly check your spare.

But there’s another way to learn that applies to life in general and to life with diabetes. You can listen to others and learn from their mistakes and successes. What if it was your best friend’s spare that was flat when he needed it, and he told you the story? You wouldn’t say, “Sad story, but my spare will never go flat,” would you? Of course not. You’d say, “Gosh, I never knew that was a danger! I think I’ll start checking my spare whenever I get my oil changed!” You didn’t have to be stranded on the side of the road to learn the lesson. You learned from someone else’s experience.

That’s what I am trying to do in this diabetes e-book. Some people who are farther down the road in this journey have learned valuable lessons and want to share them with you. In some cases, it’s how to avoid danger, and in some cases, it’s how to improve your quality of life. Either way, these lessons had to be learned the hard way. This book is filled with the things others wished someone had told them. These are the things that make life easier, healthier, more convenient, more pleasurable, and longer. Some of them are little tips and some are major changes, but here, for the first time, are the things many diabetics wish someone had told them.

That’s what they’re going to tell you.

The fact is, most diabetics don’t get the greater part of their information from their doctors. Doctors can tell you what’s going on inside your body and what medicines can treat it, as well as a few other things, like “you need to lose weight” and “reduce your carbs.” But that leaves a lot of your life that you alone have to deal with. Where do you go for information about those other questions?

*For my part I do trust my doctors and health care practitioners insofar as they are educated, qualified and experienced professionals. That said, I do still feel the onus is more on the individual nowadays to arm themselves with knowledge about the areas that affect us personally. There is so much specialisation and sub-specialisation in the research community these days that I do accept at times that I simply know more about the latest on my own condition(s) than my doctor does. I simply have more time and motivated self-interest to read the latest research in the areas that interest me.*

-Frank

*Doctors are definitely a vital resource, but there's something to be said about practical advice from those who actually live with diabetes: i.e. eating peanut butter and cottage cheese (a tip I got on a diabetes forum) before bed time has eliminated my previously high BG levels in the morning.*

-Finnegan

Some of these tips aren’t the kinds of things that are subject to medical evaluation, but those that are have been checked out with medical professionals. Nobody can tell you everything you need to know; just like in every area of life, there will be some lessons of diabetes that you have to learn the hard way. But maybe, with a little help from those who’ve been there, it won’t have to be quite so hard.

In the following pages you’ll read some things that maybe nobody ever explained to you, and a lot of experienced advice from fellow diabetics on how to handle your condition and enjoy your life.

1. **How Did I Get Diabetes?**

Some people are surprised when they find out they have diabetes, and some people are resigned…they figured this was coming at some point. But most people tend to see how their condition will affect their life—what they have to do and what they have to give up—and not the long and complex process that led to them getting diabetes in the first place.

There are two major types of diabetes: type 1 (which used to be called juvenile diabetes) and type 2 (formerly called adult-onset diabetes). Both of them are caused by genetics; that is, there is something buried deep within your cellular code that has programmed you to get diabetes. Or, at least, it has programmed you to be *at risk* of diabetes—to perhaps develop it someday. If you have type 1, your body simply can’t make insulin, and you will have to take synthetic insulin. If your genetic code predisposes you to type 2, there are sometimes measures you can take to prevent diabetes from developing, sometimes you can delay it, and sometimes it was going to happen no matter what you did. It was just a matter of time.

If you’re reading this, chances are that something happened in your life to trigger that gene into going active. Here are a few of the things that might have caused you to draw the winning ticket in the diabetes lottery.

* **You have a family history of diabetes.**
* **You’re overweight.**
* **You had an illness or surgery.**
* **You have a lower income.**
* **You are African American, Hispanic, Asian, Native American or Pacific Islander—non-white ethnic groups are 2 to 4 times more likely to become diabetic.**
* **You are over age 40.**
* **You are a woman.**
* **You don’t get enough sleep. Lack of sleep causes your body to hoard fat and reduce muscle, and increases hormones that make you feel hungry.**
* **You have a great deal of stress in your life.**

Of course, people with these risk factors aren’t the only ones who develop diabetes. A rich 30 year old white man could still develop diabetes—he’s just not as likely to develop it as others who do have those risk factors.

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***Did you know…?***

World Diabetes Day is November 14

<http://www.worlddiabetesday.org/>



***Ladies!***

***What You Need To Know About Diabetes***

* More than half of all diabetics are women and girls.
* Heart disease is the #1 killer of women, and diabetes is a major cause of heart disease. Women are less likely to survive heart attacks than men.
* You can get a temporary form of diabetes while you are pregnant, called gestational diabetes. It usually goes away after the baby is born, but it leaves you at a higher risk to develop type 2 later in life.
* Girls and young women with type 1 diabetes have a death rate 5 times higher than the general population.
* Women with diabetes are more likely to lose their vision than men are.
* Girls with type 1 diabetes are more likely to have eating disorders.
* About 1/3 of all women with diabetes don’t know they have it. Therefore, it’s uncontrolled and doing unrestricted damage on their bodies.
* By age 65, women are twice as likely to live in poverty as men. Poverty is a major risk factor for diabetes.

1. **Food**

The link between diabetes and food is intimate and runs deep. Food, of course, doesn’t cause diabetes, but it’s still a very common myth that eating too much sugar will cause you to develop diabetes. It won’t; diabetes is usually a genetic disorder, except in the rare cases where someone develops it in response to an illness, pregnancy, medical therapy, or surgery. However, food choices or food availability can affect weight and body mass index (or BMI, the ratio of total body fat to total body weight), and those things can trigger the gene that causes diabetes. Eating too much sugar can make you gain weight, and being overweight can trigger your diabetes gene.

**Is it really hunger?** Dieticians and diabetes educators make a helpful distinction between hunger and appetite. Hunger is a physiological response to the body’s being without food. Appetite is the desire to eat. Hunger is a normal and healthy signal, and on a good eating plan, you shouldn’t have a lot of it. Nobody wants to be hungry all the time, and spending too much time feeling that way can sabotage your resolve to eat healthy. Appetite, on the other hand, is what you’re feeling when you wander into the kitchen, open the fridge, stare into it and say, “I’m hungry, but I don’t know what I want. Oh, look, cake!” It’s often a default response to boredom, stress, depression, or heightened emotions. Hunger is natural, but appetite can be disciplined and reprogrammed.

**ALL carbs affect blood sugar.** It’s not just sugar that raises blood sugar. Most people know that they need to stay away from ice cream, cookies, and soda. But actually, a carb is a carb—your body doesn’t care where it came from. When you’re first diagnosed with diabetes, you need to cut out as many carbs as possible (a no-carb diet is neither possible nor desirable, but a low-carb or carb-controlled diet is always a good idea for diabetics). That means staying away from bread, pasta, rice, grains, potatoes, and even fruits, especially at first. As you start to get into the rhythm of watching what you eat, testing your blood sugar, and modifying insulin in response to your blood glucose levels, you can carefully start adding a few carbs to your diet, and then monitoring how your body reacts to them. If you know you’re going to be eating more carbs, such as at a party, you can allow for it by increasing your insulin or exercising an extra amount.

**Adjust your insulin to your carb intake**...not your carb intake to your insulin. People often think that they are tied to a certain dose of insulin and can only eat foods that will be balanced by that predetermined dose. Actually the opposite is true; make your food choices first, then adjust the insulin dose to balance out your carb intake. This doesn’t mean you can eat whatever you want with no repercussions, but your choices come first, then the medical response to them.

**Avoid MSG.** MSG (monosodium glutamate) is a preservative often found in Chinese food. Chinese food isn’t a great choice for diabetics, anyway, since it tends to be high-fat and high-carb, but MSG is particularly bad. It can cause an extreme increase in insulin in the short term, and a compound allergic reaction—symptoms of which can be headaches, loss of vision, and obesity. Diabetics should read labels, as always, but when you go out for Chinese, simply ask for no MSG in your food.

**Snacks.** Try to keep your snacks to around 15 carbs, and of course, avoid refined sugar. Don’t be too afraid of natural fats; they have a bad rap, but a certain amount of fats is good for your body.

***Some ideas for snacks:***

***Nuts***

***Cheese***

***Dark chocolate (70% cocoa or higher)***

***Pork rinds/scratching***

***Cold (home-cooked) meats***

***Boiled eggs***

***Peanut butter***

**Plan ahead for snacks and cravings.** One of the advantages that unhealthy snacks have over healthy ones is their convenience. Healthy food is more preparation-intensive. This is why it will require some work to make it as easy to eat healthy food as it is to eat unhealthy food. For cravings, keep small servings of candy on hand; either peppermints or small chocolates, such as bite-sized (or “fun-sized”) candy bars or Rolos—one satisfying bite is usually all your craving requires, and anything else is just extra sugar and fat. For snacks, pre-cut some fruits, veggies and cheese, so that it’s easy to just reach in and grab a few cheese sticks, celery sticks or apple slices on the go. Hard boil a few eggs for an at-work snack. Take an hour or so, once a week, to prepare your week’s snacks, then grab them when the urge strikes. It will give you fewer excuses to return to less healthy eating patterns.

**General helpful guidelines for food.** There really is no such thing as a “diabetic diet.” Everyone should eat this way: low artificial sugars, moderate natural fats, and food as close to its natural state as possible.

*Real whole food is the order of the day, preferably local and in-season, grown/reared on nutrient rich land, grass-fed beef and pastured chickens, for example. This means eat whole (unprocessed, unpackaged, unadulterated) food, which includes a natural balance of fat, protein and carbohydrates (as well as vitamins, minerals etc...). There really is no need to be afraid of natural fat; it’s gotten a bad rap.*

-Frank

**Sugar free may not be so great.** Some “sugar free” products may take out the sugar, but they replace it with sugar alcohols such as sorbitol and mannitol. For diabetics, this can cause several unpleasant results. Your blood glucose might rise, you might experience painful cramping and diarrhea, and you could develop uncomfortable gas pains for as long as several days at a time. You can experience these side effects even after only having a stick of sugar free gum.

**Artificial sweeteners might not be so great, either.** Recent studies have shown that all other factors being equal, groups of subjects who use artificial sweeteners (chiefly aspartame, but also saccharine) had twice the incidence of diabetes than groups who used real sugar or other natural sweeteners.

**Fat Free is definitely bad.** When fat is taken out of a food product, so is the flavor. In order to put some flavor back in, the manufacturers add in sugar, to make up for the missing fat. Therefore, people trying to watch their weight by eating fat-free foods end up putting on even more weight because of the increase in sugar. Diabetics don’t have to be afraid of natural fats, as long as they eat them in moderation. Fats help you digest, they help you feel full, and they help your body absorb the nutrients in the food. And they taste good, so they don’t need all that extra sugar added.

**Natural is better.** It’s true that some foods, even in their most natural state, can wreak havoc on a diabetic’s blood glucose levels. But as a general rule, the less processed and closer to nature food is, the better it is for the human body. Instead of buying food with added sodium, preservatives, and processed sugars, experiment with sea salt, natural herbs and spices, and moderate amounts of natural sweet flavorings. Even a few drops of honey can go a long way toward making something flavorful without adding too much sugar.

*A major thing with low-carb diet methods is to avoid highly processed carbs, such as baked goods and certain fruits and vegetables. Fruit juices, for instance, are generally a poor idea because they have no fiber and little besides fruit, sugars and water so they spike blood glucose levels very fast.  
  
Rice, potatoes, peas, or corn are also poor choices since they all create blood glucose spikes. The best veggies are the cruciferous ones: broccoli, asparagus, Brussels sprouts, cabbage and cauliflower. The best fruits for us are berries, blueberries being the best of them for us. Berries have a fair amount of fiber and their sugars go to work slowly without causing spikes. Fine when they're in season, anyway.*  
 --Ted Quick, Co-Owner-All Diabetic International

**Add food instead of subtracting it.** The government pyramid recommends that everyone eat 5 servings of vegetables and 3 servings of fruits a day. Almost nobody achieves that standard, but it’s what your body needs for optimal health. Try thinking of your new diet as things you get to add, rather than things you have to subtract or can’t have any more. You get to add tangy apples, plump blueberries, rich broccoli, springy salads, and lots more of the colorful and tasty gifts of nature. In fact, the more colorful your food is, the more nutritious it is. Add a banana with your breakfast, a half an apple with your lunch, and a side of broccoli with lemon juice with dinner. Snack on celery sticks with all-natural peanut butter in them or blueberries with cream. The more good food you add, the less room, and the less desire, you have for the bad stuff.

**Have a pre-breakfast snack.** Diabetics have long noticed that their blood sugar tends to spike more after breakfast than any other meal. Researchers have discovered that the best way to avoid this unpleasant spike is to eat a protein snack 1-2 hours before your real breakfast. Most of the snacks in the tests had 15 grams of protein and 15 grams of carbs, and the result was that blood sugars remained steady after the regular breakfast.

**Plan out your meals and make a list.** There are so many benefits to doing this. A planned menu means that you know what’s for dinner tonight. That means that you don’t stand in front of the fridge trying to decide what you’re in the mood for, and you don’t end up eating out on a whim—both of those scenarios too often end with you eating something that’s fast but bad for you. If you have a shopping list for your meal plan, you can go to the store once a week, which means less time and less gas spent on daily trips, and—most importantly—fewer impulse buys. Most people buy at least one thing on impulse every time they go to the grocery store, so if you only go once a week, rather than three or four times, that’s a lot fewer chances to buy something you’re craving but should avoid.

**Use a crock pot.** Low-carb diets, such as those followed by diabetics, often rely heavily on meat, which can get quite expensive. The solution might be to use your crock pot. Besides the many conveniences crock pots offer, they are also economical. You can buy inexpensive or tough cuts of meat, or meats on sale, and cook them all day, resulting in tender, juicy stews and other dishes.

**Cook big, freeze small.** One of the challenges of eating a healthy diabetic diet is that you can’t always eat what everyone else is having. Sometimes that leads people to either give in and eat the family meal, or not eat at all because they don’t want to cook another separate meal. The solution is to spend a day cooking your favorite meals, then freezing them in individual portions. If everyone else is eating something you can’t have, just take out one of your frozen meals and pop it in the microwave. This is also useful for diabetics who live alone, and who sometimes find it discouraging to cook for one. Choose some favorites on a day when you have plenty of energy, and reap the rewards by simply reheating on the days when you don’t feel like cooking.

***Have a craving for chocolate?***

Here are two ideas suggested by many diabetics:

1. **Choose dark chocolate.** It has far less sugar, and it has anti-oxidants milk chocolate doesn’t have.
2. **Eat chocolate chips.** Instead of splurging with an entire candy bar, try eating just 5 chocolate chips. If one dose isn’t enough, try eating 5 at a time, every 10 minutes, for an hour. It satisfies cravings and avoids the blood sugar spike a big serving of chocolate would give you.

**You must take personal responsibility.**

**You cannot change the circumstances, the seasons, or the wind,**

**but you can change yourself.**

***— Jim Rohn***

1. **Drink**

**It’s not really alcoholic calories that hurt you!** Of course, calories from alcohol don’t have any vitamins or minerals, and these calories are processed like fat. If you know that, you’re more likely to be careful with how you drink. Some drinks, such as a light beer, an ounce of liquor in a mixed drink, or a glass of wine, have low amounts of calories and can be enjoyed with few side effects. What trips up diabetics is the extras in drinks—for example, cream, which is used in a White Russian or a Grasshopper. Cream can take a 100-calorie drink and make it a 400-500-calorie drink. The same is true of sugary mixes such as pina colada or margarita mixes. There’s also a social component; at a party or a game, you might drink a light beer (perfectly fine) but also munch on Chex Mix and chips all night (possibly problematic). Keep your eyes on the things that go along with the alcohol, drink your alcohol moderately and responsibly, and there’s no reason you can’t enjoy a party as much as anyone else.

**Alcohol makes your blood sugar drop.** Sometimes the drop in blood sugar can be so steep and so sudden after drinking alcohol, that your health is endangered. If you have a few drinks, make sure to test your blood sugar before going to bed, have a snack to bring yourself back into balance, and have someone check on you in the morning, just in case you become hypoglycemic.

**Drink alcohol with food...or else!** Here’s the “or else” part: alcohol drunk by itself can cause blood sugar to fall so low that you slip into a coma or even die. But, alcohol drunk with snacks or meals—as long as you’ve made allowances for it in your meal plan—can work wonders for your glucose levels. According to one source, “one study shows that blood sugar levels do not differ for 12 hours after a meal between diabetic patients who drink a shot of vodka before dinner, a glass of wine with dinner, or a shot of cognac after dinner, and those who drink an equal amount of water.”[[1]](#endnote-1) This means that these drinks, taken with food, have as little effect of your glucose levels as water does.

**Juice boxes are great emergency carbs** for that sudden blood sugar drop. They don’t need to be refrigerated, they’re small so you won’t overdo it, and they can fit into a purse or pocket. They also usually come with a hit of vitamins, especially vitamin C, so they’re doing double duty in benefitting you.

**Hunger or thirst?** Most people don’t drink enough water, so many of us confuse our hunger signals with our thirst signals. For diabetics, who always have to be conscientious about weight management, drinking enough water is essential. It’s also necessary for preventing over eating, and making sure your body has what it needs to do its job. So, the next time you’re feeling hungry, drink a glass of water first, and only *then* make a food choice.

**Hydrate!** Imagine that you’ve poured a cup of sugar into a pot of boiling water. As the water boils away and is lost in steam, what’s left in the pot gets sweeter and sweeter. The concentration of sugar gets higher. That’s what happens to the sugar in your blood if you don’t constantly add water to it—as the water leaves your body, your sugar concentration gets higher and higher. You’ve got to keep that water flowing through your body. You’re already under enough stress with your blood sugars making liver, kidney, and nerve function challenging – why make their job harder by depriving them of something as basic to life as water? You know the rule, so stick to it: 64 ounces of water a day. 8 to 10 eight-ounce glasses. It makes a world of difference to your health, energy, weight loss, appetite, and general well being.

**Coffee may prevent diabetes…sometimes**. Studies show that people who drink 4 or more cups of coffee a day have a 56% lower risk of diabetes than those who don’t, and that caffeine can help keep diabetes symptoms from getting worse. Caffeine has other benefits, as well, including elevating metabolism, lowering blood pressure in some people, and reducing the risk for some kinds of cancer. However, coffee drunk right after a meal can raise your post-prandial (after-meal) blood glucose spike, so that might not be the best time to drink it. It can also elevate blood pressure in some people, so that’s something you want to watch carefully. Caffeine also dehydrates you, so a good rule of thumb is for you to drink an extra glass of water for every cup of coffee you drink.

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***Did you know?***

Some people find that pre-ground coffee elevates their blood sugar, but if they buy beans and grind them themselves, they can have all the coffee they want with no spikes.

1. **Exercise**

Exercise is absolutely necessary for diabetics**.** There are no exceptions. Even if you're not trying to lose weight, even if you're not worried about heart disease or stroke, even your blood sugar is perfectly managed at all times—it doesn't matter; exercise is not optional for diabetics. Because you are at a higher risk for many illnesses, you have to make sure your heart, lungs and their associated systems are as strong as they can be. Exercise is the only way to keep your muscles and organs strong and functioning well, and it's the only way to achieve and maintain a healthy weight.

The benefits of exercise are almost too numerous to list.

* It strengthens your muscles and organs...and with stronger muscles, you burn more calories even when you're not doing a thing.
* It increases your metabolism, which gives you more energy and makes it so you burn calories faster.
* It helps you lose weight.
* It increases your self-esteem.
* It improves your flexibility and range of motion.
* It decreases your blood sugar.
* It decreases your cholesterol.
* It reduces your blood pressure.
* It reduces both hunger and appetite.
* It makes you less tired.
* It has been proven to reduce depression and anxiety as effectively as medication in most cases.

Once you get over your initial resistance, it makes you healthy and happy, so there's no reason to keep avoiding it!

Exercise is important for diabetics because it:

* Uses up excess blood sugar
* Keeps your heart strong and helps it fight heart disease
* Staves off depression
* Helps your blood circulate to your extremities to prevent neuropathy
* Strengthens your bones

**Everyone can do something.** Even if you're an amputee, as some diabetics are, there's no reason you can't get out some hand weights and do some lifts right there in your wheelchair. Many Pilates exercises focus on strengthening your core—your abdominal, chest, and pelvic muscles—and since these muscles are the largest groups of muscles in your body, once you work them out, you'll be burning calories right and left. Pilates can often be modified for sitting exercises, and your doctor or diabetes educator can help you find other exercises that are suited toward whatever difficulties you experience.

*If I could give any advice right now it would be to get a personal trainer if at all possible. Even if it is just for a few sessions. I really couldn't afford it, but I decided it was necessary for my health. I was amazed at how many different ways there are to exercise every part of your body even if you can't move well or suffer a lot of pain. That being said, you really have to want to change or it isn't going to happen.*

-Terri

**Be careful if you have complications.** Check with your doctor or diabetes educator about what exercises are good for you. Everyone can do something, but there's no point in doing something that makes you feel worse. In most cases moderate walking is a good choice of exercise, but it might be risky if you have neuropathy, for example. Cycling and swimming are other good ones, because they get your heart pumping without putting strain on your joints, but they can be too much for people with heart problems. In general, avoid strenuous activities, such as heavy weight lifting or working out in extreme temperatures.

**Eat a small snack before exercising.** Exercise lowers your blood sugar. It also raises it. Your body produces more blood sugar in order to feed your muscles during the extra work, but it also uses up more of that sugar as it works. What often happens is that people will experience a sharp drop, and then rebound to higher levels than before. In order to keep your levels safely low and stable, have a small carb snack (around 15g of carbs) before you exercise, and your body can use those carbs for your workout energy.

**5. Weight Loss**

It seems kind of confusing at first, but being overweight doesn’t cause diabetes. An overweight person without the diabetes gene won’t develop diabetes. And a healthy-weight person with the diabetes gene might develop it—because there are other risk factors, and other events that might trigger your diabetes gene.

Obesity is an epidemic in the West, especially in the United States. If you’re overweight, you’re probably well aware of the effects of those extra pounds in your life. If you’re reading this book, it has probably already led to diabetes. But there’s also heart disease, high blood pressure, impaired liver and bowel functions, breathlessness, sweatiness, increased risk for every cancer, and self-esteem issues. Depression is more common in heavy people, as is poverty, unemployment, and a frustrating difficulty in finding attractive clothes to wear.

The poverty factor is one that shouldn’t be overlooked in weight management or in diabetes management. The obesity rate in the United States has gone up as per capita income has gone down, and obesity is often the function of restricted food choices. It’s often hard for both the overweight and their more slender brothers and sisters to understand that obesity is almost never a function of moral inferiority or lack of willpower.

There was a time when being large was a sign of prosperity and status: if you were fat, it meant you were wealthy enough to eat a lot. If your wife was fat, it meant that you were a good provider. If your kids were fat, it meant that you were preparing an inheritance of prosperity for them—and that you could afford hired help to do the really hard work, so your kids didn’t have to.

But nowadays just the opposite is true. If you are poor, you probably know you should eat better, but fatty meat is cheaper than lean meat, and sugary snacks are cheaper than healthy ones. Your paycheck has to cover housing, car, and utilities, so you buy food with whatever’s left, and that’s often going to mean the *least expensive* food, not the *best* food. Produce, whole grains, and natural foods seem unrealistic and out of reach.

It’s also possible that you just don’t know how bad some of your usual food choices are. Most adults didn’t receive nutrition education as children—and the education that is out there is suspect and sometimes harmful. For example, the government food pyramid suggests 5 servings of grains and starches a day, but for people—even non-diabetics—with carb allergies, carb addictions, carb sensitivity, or insulin resistance, that number is a sure formula for weight gain. Many nutritionists are still pushing the low-fat diet for weight loss, and while that’s moderately effective for some people, statistics and numerous new studies show that the rise in obesity has coincided with the national emphasis on low-fat diets. Low fat means more sugar, and sugar is at the root of much of the current weight struggle in our culture. So, even if you’ve been *able* to make healthy food choices, you may simply not know how to make them.

Any discussion of diabetes is necessarily also a discussion of weight loss. Weight loss can be such an effective tool in the fight against diabetes that sometimes no other weapons are needed. Unfortunately, the people who need to lose weight the most are the ones who have the hardest time doing it—whether that’s due to economics, lack of knowledge, or genetics. But there are tips and tricks available to you from other diabetics that can help in the struggle to lose weight. In addition to this section, make sure you also read the sections about food, drink and exercise.

*I have been losing weight and controlling my blood glucose levels going on for about 6 months now and, wow, I have lost 20 pounds and my a1c went from 6.8 to 5.8 -- big difference! The food I eat and exercise I do really make a difference.*

-Melinda

**Keep a food journal.** Many people resist this activity, yet it is the single easiest and most effective step available for losing weight. You might think to yourself, "I'll just remember what I ate in general," but you lose a lot of valuable benefits that way. First of all, you don't remember as accurately as you think you do. That cookie you grabbed on your way through the kitchen might not make its mark on your memory. It's also too easy for us to justify our indulgences if we don't write them down; we might think, "Oh, that was just a tiny piece of cake, it doesn't really count. My food intake was otherwise perfectly healthy." Writing your food consumption down is a non-judgmental activity; you simply write what exists. Analysis and value judgments come later. Part of that analysis is to look at your food intake in detail over several days—something you can't do if you haven't recorded it. By looking at several days' worth of eating information, you are then able to see what your patterns are, and to address those patterns. If you don't do something to get those patterns outside of yourself, you'll never see them clearly.

*First, start preparing a daily diary to keep track of your diet, exercise regimen (if appropriate), and blood sugars. Many people (both diabetics and prediabetics) are able to control/delay to onset of diabetes through diet and exercise. One way is to consider eating the same number of calories each day, but to spread them out (5 smaller meals) so no meal will cause an excessive increase of your blood sugars.*

--Wambo

**Set goals and reward yourself.** Set goals for yourself of 5 pounds at a time for the first 20 pounds. If you're very overweight, 5 pounds might not look like much, but it represents a good beginning, and a commitment to your health and life that should be rewarded. So reward yourself. Make a short list of non-food rewards that you can only have at every 5-pound achievement. A new CD, going to a movie, a set of pens or a new pair of shoes...all of these things provide positive reinforcement and give you something to keep working for.

**Start small.** You can't change everything all at once. You'll get overwhelmed and discouraged. Start with one do-able thing. Perhaps this week you're going to cut up several stalks of celery to snack on. Or maybe you'll eat a salad with lunch every day. Or maybe you'll stop adding sugar to your coffee. Each of those changes will make a difference, and will be established by the time you add a new one next week.

**Measure.** Nothing is as inspiring as measurable success. When you start a new plan, program, or just renew your commitment to your health and weight loss, track your numbers in terms of your blood glucose levels and your A1Cs, as well as your pounds lost. Watching those things go down and stay down will keep you strong when you’re tempted to give up.

**Every day may not be good, but there's something good in every day.**

***~Author Unknown***



***Did You Know…?***

Losing just 10% of your body weight has significant and measurable positive effects. Your blood sugar levels drop, your blood pressure drops and there is less of a risk of neuropathy. If you’re overweight, start by losing that first 20 or 25 pounds. It might not get you back into a bikini, but it will make a world of difference to your health and well-being.

**6. Health and Complications**

When it comes to diabetes complications there are two rules that every diabetic needs to follow:

1. **You’re more at risk, so you have to be more careful.** If you knew the streets were icy, you’d be more likely to wear your seatbelt, right? Same thing. Sure, you can deal with a complication if it happens, just like you could deal with a fender bender, but there’s no doubt that it’s better to avoid it altogether.
2. **Don’t worry about it.** Sure, pay attention to it, plan for it, and respect what could happen, but don’t *worry* about it. Don’t let caution turn into anxiety. With diligent care for your health, you can avoid or delay many complications, and prolong your life well into your elderly years.

**Vision.** Get your diabetes under control before you go to the eye doctor. Fluctuating blood sugar can cause fluctuating vision, making an optometrist's reading nearly useless. Try to be consistent so you know what prescription of glasses or contacts will be helpful.

***While diabetics are at higher risk for vision problems,***

***it’s also true that most diabetics only experience minor eye problems.***

Diabetics hear the term “retinopathy” quite often, but health care professionals don’t always take the time to explain what it means. In one sense, it’s a catch-all term referring to any eye or vision complications of diabetes. More specifically, retinopathy refers to two related conditions that are common among diabetics.

The less severe of these is ***non-proliferative retinopathy***. Over a long period of time, uncontrolled blood sugar can cause damage to the blood vessels to the retina. This damaged condition doesn’t usually have any symptoms, so it’s doing all its destructive work behind the scenes. This kind of eye complication won’t make you go blind.

If that first kind of retinopathy goes on long enough, and if it gets bad enough (big ifs, but possible), it will develop into the second kind, ***proliferative retinopathy***. You get this when your eyes attempt to forge new blood vessels to your retinas, but those vessels are new and weak, and not up to the job. They make a mess of everything, and you eventually can lose your vision.

Remember, with care and balance and regular check-ups, the lesser of the two retinopathies can stay that way.

**Magnesium deficiency.** Between 50% and 75% of Americans experience a deficiency in this important mineral—not surprising considering that it's found chiefly in green leafy vegetables, nuts, fruits and legumes (peas and beans). According to Dr. Michael Schacter of the Schacter Center for Complementary Medicine, traditional medicine has recently started to understand the importance of magnesium:

*Up until recently, conventional medicine's interest in magnesium has been only by obstetricians, who have used injectable magnesium sulfate extensively in the treatment of high blood pressure and pre-eclampsia and eclampsia of pregnancy. But recently, conventional physicians have become interested in treating patients with acute heart attacks, chronic cardiovascular disease, heart arrhythmias, diabetes, asthma, chronic fatigue syndrome and many other disorders.[[2]](#endnote-2)*

**Chromium deficiency.** Chromium is found in very small amounts in the bloodstream and tissues, but it is still an important part of human nutrition. It is necessary for metabolizing blood sugar, and it also helps with mood stabilization and heart health. Chromium deficiency can both mimic diabetes and be a factor in the onset of diabetes. In countries where there is a higher amount of chromium in the blood, there is a lower instance of diabetes. Some people find that taking either chromium GTF or chromium picolanate supplements helps them keep their blood sugar balanced.

**Cinnamon.** Cinnamon helps insulin process sugar more efficiently. Recent research showed that diabetics who ate 1/4 teaspoon of cinnamon twice a day for 40 days reduced their fasting blood sugar 18% to 29%, triglycerides 23% to 30% and cholesterol 12% to 26%. Cinnamon is delicious for sprinkling on food or using in cooking, but you can also take it in capsules, which you can get at any drug store.

**Alpha Lipoic Acid.** This supplement, also called ALA, mimics the function of insulin in the blood. Many people who take it find that they have to lower their insulin doses almost immediately. ALA can also be used to reduce or even reverse neuropathy, although it must be administered intravenously in large doses to have this effect. ALA is a powerful antioxidant, and can have many other positive effects on your health, in addition to its good effects on diabetes. It can be taken with a small dose of Biotin to help increase its effectiveness.

**Gamma Linoleic Acid.** This acid is found in Evening Primrose Oil, which is often taken in combination with ALA. It encourages nerve growth and good blood flow, and is often used to prevent or treat neuropathy.

**Wear a MedicAlert bracelet.** If you become hypoglycemic—a condition that can arise suddenly and unexpectedly—others around you might think you're drunk. Some of the symptoms are similar –confusion, inability to focus, balance troubles, etc. The fact is, all you need is a hit of sugar, such as a sip of juice or a piece of candy. The bracelet on your wrist can tell those around you, as well as emergency personnel, just what you need to get back to normal.

**Rub Vicks Vapo-Rub, Ben Gay, or other menthol into your skin to treat neuropathy.** The tingling feeling the medicine produces can help stimulate your nerves and fight the progression of neuropathy.

**Keep your mouth squeaky clean!** Diabetics are more prone to gum disease than most people, so brush and floss scrupulously. Make sure dentures fit right so you don’t get mouth sores.

**Look over your feet every single day.** Don’t skip this step, even if you think your feet are fine. If you can’t see your feet very well, have someone else give your feet a once-over. Because of circulation problems, diabetics can’t always feel when they’ve injured their feet, and even a small cut or scrape can become infected if it’s not caught early. Don’t mess with your feet; if you have a cut, contact your health care provider immediately. If you don’t take care of your feet, they could end up amputated, but that’s largely preventable.

**Diabetic shoes?** Some people spend hundreds of dollars on special diabetic shoes designed to support weakened feet and to help avoid rubbing, ingrown toenails, or other foot problems. Before you try the more expensive specialty shoes, consider buying a pair of Crocs. Crocs actually makes a line of shoes called Relief Crocs, which sell for between $20 and $75—far less than diabetic shoes, which often run between $150 and $200. Crocs come in several different colors, so you can get a good black pair for dressing up, a brown pair for casual wear, and even pairs to match your favorite outfits. Many diabetics swear by Relief Crocs; some even say that they’re the only shoes they’ll wear anymore.

**Put your feet up.** Studies have shown that there’s a reason we put our feet up at the end of a long day—and that reason can help diabetics reduce or avoid neuropathy in the feet and everywhere else. When we’re tense, the body directs blood flow to the essential organs, such as the heart, lungs, and brain. But when we relax, blood flow, carrying life-giving oxygen, can be redirected toward the rest of the body, including the extremities and the digestive organs. Relaxing with your feet up after a meal helps you get healing oxygen to your feet, helps sores heal faster, and reduces the pain of neuropathy.

**Get enough sleep.** Lack of sleep will sabotage every healthy choice you try to make for your body. Lack of sleep increases stress, which increases blood sugar. It also inhibits weight loss, in part because during times of stress, your body hoards fat for its own protection. Another reason is that lack of sleep slows down your metabolism, whereas enough sleep maximizes the effectiveness of all your other strategies. The simple fact is that if you’re getting enough sleep, diet and exercise work. If you’re not, they don’t.

**Frozen shoulder.** If your bowling or golf games are suffering due to “stiff-man syndrome,” that can be due to complications from diabetes. This problem, commonly known as “frozen shoulder,” is medically called Adhesive Capsulitis (AC), and is the result of the collagen within major joints being flooded with too much sugar, changing its consistency. If you’re having trouble reaching high shelves, turning your head fully from side to side, or moving naturally, this could be a complication from diabetes. Your doctor can give you collagen injections to help ease the pain and build up the collagen in your joints, but the best thing you can do for avoiding it is to keep your blood sugar under control. If it gets really bad, you might need physical therapy to restore your range of motion.

**Going to the Doctor**

When you’re first diagnosed, you might not even know what questions to ask your doctor. By the time you realize that you need to know more, you may have so many questions that you’re embarrassed to ask them all in a single visit. It’s important to remember, whether you’re diabetic or not, that you are the primary caretaker of your own body. Some doctors understand that, and some don’t, so here are a few tips for your doctor visits.

* **Write your questions down.** If you have a lot of questions, are anxious or upset, or you feel rushed in your doctor appointment, chances are you’ll forget to ask things you’ve been wondering. Jot down your questions on a pad of paper between appointments, and don’t let the doctor leave the room until all your questions are answered *to your satisfaction*. That means that your doctor has explained things in such a way that they’re clear to *you*, in simple language, with a full discussion of the practical implications. Remember, if you have to ask for clarification again and again, the fault’s not with you; it’s with the doctor who can’t teach necessary concepts to his or her patients.
* **Bring someone with you.** If you’re newly diagnosed with diabetes, you might feel overwhelmed with information. Two memories are better than one, and a friend or relative can remind you of instructions you may not remember.
* **Don’t take any attitude.** Doctors are busy people, and many doctors’ offices double or triple book every appointment slot, so you can bet that every minute your doctor spends with you is a minute someone else is kept waiting. That’s the doctor’s fault and the doctor’s problem, not yours. If your doctor projects an attitude that makes you feel like your questions are inconvenient or that he doesn’t have time to deal with your fears, you need to confront that. There’s nothing worse than feeling stupid for asking questions—especially vital questions. You can be polite but firm, and say something like, “I have several questions. It might take a few minutes for me to get through them.”
* **Be prepared to get your information elsewhere.** The only people who are really experts on diabetes are endocrinologists and diabetes educators—and of course, other diabetics. Your generalist can’t always give you the detailed information you may need, so they give you the general information they have. That’s not going to be enough for you, so start making connections. Join online forums and support groups. Go to the classes offered in your area. Read books and health magazine. Talk to other diabetics. Your doctor is one good resource, but only one of many. It’s a good idea to check the medical reliability of the other information you receive, but don’t expect everything to come from your doctor.
* **Get copies of all your records.** You might end up needing a new doctor, going to a specialist, or requiring hospitalization or emergency care, and there’s no guarantee that all your medical staff will talk to each other, know your history, or even have access to your records. You should have copies of everything. Some doctors don’t like to give out the results of tests, thinking (somewhat justifiably) that it takes medical expertise to interpret those results. Sometimes that’s true, but they’re still your records, and diabetics learn a lot of medicine along the way. You might end up knowing as much as your doctor or more about the results of labs and bloodwork. In any case, a doctor has no right to refuse you your own records, and you do have a right to have copies of them.

***Guys…***

One of the less known complications of diabetes is erectile dysfunction, known as ED or EDS. Getting and maintaining an erection depends on healthy blood flow, and diabetics have blood flow problems in their extremities…even *that* extremity.

Don’t despair; there are treatments that can help you out with this. First of all, of course, there are two things you must do:

* Keep your diabetes controlled and your overall health as good as you can make it
* Keep the lines of communication open with your partner

Once you’re on top of those issues, make an appointment with a urologist. There are therapies, medications, and other treatments, including penile implants. Don’t let embarrassment keep you from getting help with what can be a very treatable problem.

**7. Hidden Costs and Saving Money**

There’s no doubt about it, diabetes can be an expensive condition. With extra medications, healthy foods, test strips, lancets, special shoes, and all of the other things that go into keeping a diabetic healthy, it can be very hard to keep on top of expenses. The first temptation when times are tight is to cut back on those things that seem to cost the most. Don’t give in—there’s always a way to get the things you need! There are corners you can cut and help that is available to get you what you need to manage your diabetes and maintain your health.

**Is there a difference in the quality of test strips for different prices?** The short answer is, no, not really. Inexpensive test strips from retail discount stores such as Wal-Mart are just as accurate as more expensive ones that you can get from pharmacies or manufacturers. Some people prefer to buy their own test strips, because if you get them through a prescription from your doctor, Medicare and other insurance companies severely restrict the number they will pay for. For many people, it's just easier to buy them themselves. It also keeps testing control in your hands; in the end, you should be the one to determine how often you test, not your insurance company or the government.

*It is just different packaging. IMO, this is just a way for meter companies to be able to charge insurance companies a different price. Just be careful and make sure you are buying test strips that have not expired. You can even buy strips off ebay, but watch the expiration dates. One of the best places to buy strips is from Diabetic Supplies Online, Diabetes Testing Supplies & Products, or American Diabetes Wholesale.*

--Amery

**There's no such thing as a free meter.** Well, technically, there is. Many companies give out their meters for free, and new diabetics often jump at the chance to get such an important piece of equipment at no cost. Of course, that obligates you to buy that brand of test strips...and that's where the "gotcha" is. The meter was free, but the test strips cost 2 or 3 times more than other, less expensive strips you can buy with other meters (even if you paid for those meters!). Any money you saved by getting a free meter is gone in a month or two, and you end up paying more.

**Medical bills might be negotiable.** Many people are surprised to hear that the bill you get in the mail is not necessarily the final word in doctor, ambulance, or hospital fees. If you know you will need a procedure, talk to your health care provider before the procedure to work out lower rates and a payment plan. If you had an emergency, you can still talk with your hospital about getting your fees lowered. Don’t forget that in the hospital, the doctors who attend you will often bill separately, so you’ll have to work out arrangements with them individually.

**Medicare covers diabetes education.** When you are first diagnosed, or whenever your doctor prescribes it, you can be referred to a diabetes education class. This includes 10 hours of training in self-management and self-care, including nutrition education. If you are newly diagnosed, ask your doctor for this referral; it could give you the foundational knowledge you need to begin taking responsibility for your own health. Medicare also covers 2 hours per year of continuing education for diabetics, as well as nutrition therapy—3 hours the first year, and 2 hours every subsequent year. Remember, knowledge is power, so don’t let this free education go to waste.

**COBRA isn’t going to help you much.** If you lose your insurance because you lost your job, you are eligible to remain on your former employer’s health insurance plan for up to 18 months at the same level of coverage. This is called COBRA, or the Consolidated Omnibus Budget Reconciliation Act. The problem is your employer doesn’t have to cover any part of your premium. That means that if you want to stick with this plan, you have to pay for all of it. Most people simply can’t afford that kind of monthly expense.

*Most people don't know that they can save 50-90% just by going to an outpatient facility vs. the hospital. This is nothing new, insured patients have had this option for years. There are over 2000 different procedures that a patient can do away from the hospital to save money. Testing like MRI, CAT scans, X-ray. etc., can be performed at free standing companies (not owned by the hospital) for pennies on the dollar vs. the hospital. The mark up on services provided by the hospital can be found on the web site Hospitalvictims.com. Free standing facilities are everywhere. People need to shop their health care like they shop for anything else they pay for.*

-Derek

*I get Metformin and Levothyroxine (Synthroid) for $4 per drug each month at Target. I believe they're both on Wal-Mart's $4 list, too. I don't know what all your medications are, but if you're taking the same drugs that I am for diabetes and hypothyroid, then you should be able to get them substantially cheaper. I told my doctor point blank that I needed the cheapest medication possible. He had the Target list in his office and prescribes me drugs only off that list.*

*--Bonnie*

*Are test strips now an issue for you? You can switch to a meter with cheap strips like the Reli-On. I bought my strips in bulk on eBay (600 for about $40) and I've never had a problem with them, but it's a risk that some people (understandably) do not want to take. You can also cut back on your doctor's appointments by 1) telling your physician that you can't afford to go as often and to only order the most essential labs and 2) testing your A1c with the Reli-On Home A1c Kit and emailing/mailing/faxing your doctor the results so that he or she knows that you're keeping in control and will be more likely to extend your prescriptions without a visit. Of course, you'd have to talk to your doctor about the last one - some might not be willing to do that.*

-Snusnu

*I am a certified diabetes educator and most of the pharmaceutical companies have programs to provide free medication to those without insurance who qualify. Of course, it won't help everyone. But it might be a good idea to check it out. The way it works is that you apply through your doctor to submit necessary forms to the company's program and then they will ship the medicine to your doctor to be dispensed to you. Usually someone has to reapply every six months and they receive three months' worth of medicine at a time. You can go to the individual company web site or there are data bases of different medicines and the company programs. One of the data base web sites is:* [*http://www.rxassist.org*](http://www.rxassist.org)

-Rosalie

Additional websites and programs include:

* www.totaldiabetessupply.com
* www.northdrugstore.com
* [www.myfreestyle.com](http://www.myfreestyle.com)
* Your Public Health Department

**Start with older drugs.** New developments in diabetes treatment happen all the time, but that doesn’t mean you always have to try something new. New treatments can be expensive, when sometimes the good old stand-bys work just fine. Older drugs actually have several advantages over newer ones:

* Your body is used to them and you’ve already done most of your experimenting with dosages.
* They have proven safety records. A new drug, such as the recently-recalled Avandia, may present health risks that nobody knows about yet.
* Most of the older drugs have been around long enough for the patents to expire, which means they’re available as generics—and that means they qualify for some major discounts. For example, metformin is included in Wal-Mart and Target’s discount plans, and can cost $18 a month or less. The newer drug, Actos, works similarly for about $240 a month.

**Ask for combination drugs.** Many diabetics take several different prescriptions—paying co-pays or cash for each separate medication. But in some cases, you can get a prescription that combines two of your needed medicines. Two meds in one pill equals one payment. The most common combination drugs are:

* **GlucoVance,** a combination of glyburide plus [metformin](http://diabetesmonitor.com/metf-qa.htm).
* [**Avandamet**](http://www.avandamet.com/)a combination of [rosiglitazone](http://diabetesmonitor.com/avandia.htm) plus [metformin](http://diabetesmonitor.com/metf-qa.htm).
* **Metaglip,** a combination of glipizide plus [metformin](http://diabetesmonitor.com/metf-qa.htm):.
* [**Actoplus Met**](http://www.actos.com/actoplusmet/home.aspx) a combination of [metformin](http://diabetesmonitor.com/metf-qa.htm) plus [pioglitazone](http://diabetesmonitor.com/actos.htm).
* [**Duetact**](http://www.duetact.com/)**,** a combination of [Amaryl](http://diabetesmonitor.com/amaryl.htm) plus [Actos](http://diabetesmonitor.com/actos.htm).
* [**Janumet**](http://www.janumet.com/)**,** a combination of [Januvia](http://diabetesmonitor.com/januvia.htm) plus [metformin](http://diabetesmonitor.com/metf-qa.htm):

If you’re taking more than one medication for your diabetes, ask your doctor if they can be combined to help you reduce costs.

**Double the dose, halve the price.** Ask your doctor to prescribe a double dose of medication for you. This could be either a pill that's twice as big that you cut in half, or twice as many pills that will last you twice as long. Most doctors are more than willing to help you cope with the costs of your treatment, so don't feel embarrassed to ask. Your co-pay, or the total cost, will be the same if a pill has 10 mg of medication as it would be with 20 mg...so why not get 20 and make it last twice as long?

**What Does Medicare Cover?**

Many people are confused by what Medicare provides and what it doesn’t. Here is a quick run-down of the medications and supplies you can get on Medicare.

**Part A**

US citizens over age 65

Citizens under age 65 who have ALS or end-stage renal failure

Anyone eligible for railroad retirement benefits

Anyone eligible for Social Security benefits

Anyone whose spouse qualifies under the above criteria

The above people don’t have to pay for Part A coverage, which takes care of hospital services. If you are 65 and don’t meet the other criteria, you can still get coverage, but you have to pay a monthly premium.

**Part B**

Same qualifications as above.

Part B covers doctors’ visits and outpatient care.

Part B requires a monthly premium of $96.40. It also requires a $100 deductible and 20% co-pay.

**Part C**

This is an insurance plan paid for by the government but administered by a private health insurance company. You usually pay the premium that the private plan requires.

Part C rolls the services of Parts A, B, and D into one private plan. In many cases, the resulting health care is superior to what you’d get on Original Medicare.

**Part D**

This is the prescription drug element of Medicare.

There is a premium, co-pay, and a limitation as to how much the government will spend on your medications in any given month. Fortunately, there is also a cap on how much you’ll be required to spend out of pocket. Once you hit that cap, your costs will go down significantly.

If you can’t afford the Part D expenses, there might be help for you.

**Diabetic Education**

10 hours of education the first year

2 hours of education every subsequent year

3 hours of nutritional education the first year

2 hours of nutritional education every subsequent year

**Diabetic Supplies**

Insulin pumps and supplies for those who take insulin and who qualify

Blood glucose monitors

Blood glucose test strips

* 100 per month if you’re on insulin
* 100 every 3 months if you’re not on insulin

Lancets

* 100 per month if you’re on insulin
* 100 every 3 months if you’re not on insulin

Spring loaded lancet devices

Glucose control solution for calibrating meters

Your physician can prescribe more, but he or she has to document your need for more before Medicare will cover it. All of the above supplies must be prescribed by your doctor—and don’t forget to check that they write a specific number of lancets or test strips on the prescription. They can’t just write “as needed,” or Medicare will reject it. You’ll need a new prescription every 6 months.

8. **Medication and Insulin**

Insulin is the central issue in diabetes—does your body make any at all, does it make enough, and will your cells accept it? Type 1 diabetics don’t make any insulin at all, so they have to take synthetic insulin, but Type 2 diabetics don’t always need to take synthetic insulin. Don’t think of insulin as a measure of better or worse—think of it in terms of what’s right or wrong for your body at any given time. It’s not helpful to tell yourself, “My diabetes must be really bad because the doctor already wants to put me on insulin.” That kind of thinking is out there, but it doesn’t really describe the reality of insulin use for diabetics.

The truth is that there’s no reason to resist insulin if it’s the best treatment for your body and your situation.

**Types of Insulin**  
  
There are four major categories of insulin, based on the effect they have on the body. These are rapid acting, short acting, intermediate acting, and long acting. These names refer to how long they take to kick in and how long they do their work.

* ***Rapid-acting insulin*,** such as insulin lispro (by Eli Lilly & Company) or insulin aspart (by Novo Nordisk), begin to work about 5 minutes after injection, peak in about 1 hour, and continue to work for 2 to 4 hours. Inject this type of insulin about 10 minutes before a meal. Some can also be administered right after a meal or at bed time.
* ***Regular or Short-acting insulin*** usually reaches the bloodstream within 30 minutes after injection, peaks anywhere from 2 to 3 hours after injection, and is effective for approximately 3 to 6 hours. Inject this type 30 to 60 minutes before a meal.
* ***Intermediate-acting insulin*** generally reaches the bloodstream about 2 to 4 hours after injection, peaks 4 to 12 hours later and is effective for about 12 to 18 hours. Depending on your medication and your needs, you might take this once or twice a day.
* ***Long-acting insulin*** (ultralente) reaches the bloodstream 6 to 10 hours after injection and is usually effective for 20 to 24 hours. This might be taken first thing in the morning, in the evening, or divided up into 2 doses through the day.

There is also glargine (GLAR-jeen) insulin, which is very long-acting insulin. It starts to lower blood glucose levels – on average -- within 1 hour after injection, and keeps working evenly for 24 hours after injection.  
  
*Premixed insulin* can be helpful for people who have trouble drawing up insulin out of two bottles and reading the correct directions and dosages. It is also useful for those who have poor eyesight or dexterity and is a convenience for people whose diabetes has been stabilized on this combination.

**Insulin delivery.** There are a few ways you can get insulin where it needs to go. These include syringes, pens, and pumps.

**Pain with injections.** Sometimes injecting insulin is easy and painless, and sometimes it hurts. Here are some tips for having less pain with your injections:

* Inject in a fatty area, such as your stomach or thighs. Most diabetics prefer the stomach for higher doses.
* Use a new needle. Reusing needles is okay, but when it starts to hurt, it's time for a new one.
* Let your insulin reach room temperature; cold insulin stings more on injection.

**Where should you inject?** When diabetics are first started on injected insulin, many people have a hard time injecting themselves. Fear of needles is common, and fear of pain is universal. Some options for injecting are the upper arm, the thigh, the rear end, or the stomach. Suprisingly, most people find the stomach the easiest and least painful place to inject. That’s hard for inexperienced injectors to believe—there’s something about injecting in your stomach that sounds disturbing and painful. Yet, once they try it, most diabetics say they wouldn’t inject anywhere else. Abdomen shots work faster, too, so you might have to take the increased speed of processing into account if you change sites.

*Injecting into the abdomen really is much more comfortable, even if that seems absolutely contrary to common sense. You're not injecting into your stomach or any organs, or even  
into the space between organs - you're just injecting into the fat layer right below the skin, and the abdomen is a good place to find enough fat to inject comfortably. I think of the fat as a buffer zone between my skin and the inner me - that helps me.*

--Nancy

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***Did you know…***

That insulin resistance increases in the winter months?

Both studies and anecdotal evidence demonstrate that diabetes is diagnosed more often in the colder months, and that people who have kept their blood glucose levels under control for months find that it starts to elevate toward the end of October

(at least in the Northern Hemisphere!).

**Insulin often causes weight gain.** It's listed as one of the side effects, but not everybody realizes that it's going to be as significant a problem as it is. Insulin enables your body to absorb the benefits of the food you eat—including fat and calories. Diabetics are in a catch-22 this way: they must control their weight in order to control their diabetes, but they must have insulin to survive. When it's time to go on insulin, make sure your doctor includes education about the weight gain you might experience. Ask for referrals to a dietician or other resources for maintaining healthy weight. It’s a little harder to keep your weight under control when you’re on insulin, but it is possible!

**Every body is different!** Just because your friend gained weight on Actos doesn't mean you will. Just because Avandia was a miracle drug for your relative, doesn't mean it will solve all your problems. One of the most challenging things about diabetes is how uniquely every body reacts; no two are quite the same, and nobody knows *you* like you do.

**Frio bags come in handy.** Frio bags are insulated medication bags. They come in varying sizes and are great for keeping your insulin cool after it's been opened. If you need to carry meds around with you, or you're in a situation where it's hard to access a refrigerator, keep your insulin in one of these Frio bags. You can get them online at [www.frious.com](http://www.frious.com/).

**Use needles more than once.** Many diabetics are surprised to learn that you can use needles, syringes, lancets, and insulin pen needles more than once. Many experienced diabetics use their needles multiple times until the finger stick begins to hurt a little bit. This saves you considerable money on replacement needles. However, there are some precautions you should take if you're going to use your needles more than once. Recap your syringe, don't let the needle touch anything but your skin and the insulin bottle, use different syringes for different insulins, don't use a needle if it's bent or dull, don't clean your needle with alcohol, and never, ever, share needles with someone else.

**24-hour meds don't last 24 hours!** Medications such as Lantus claim to be 24-hour treatments for diabetes or high blood sugar, but the fact is, they usually last 20-22 hours. It depends in part on body chemistry, of course, but you can't usually expect to take your medications at the same time every day; you'll go a little earlier each day for maximum control.

**Don't be afraid to test again.** Your meter can be off by up to 20% on any given reading, so if you get a reading that seems unusual for you, don't panic. Test again and see if you get more typical numbers. If subsequent readings are still high, then act to lower your numbers.

**Where you inject can affect how insulin works.** Insulin works fastest when injected in the abdomen, next fastest in the upper arms, then in the thighs or buttocks.Get into a routine of injecting in the same general area at the same time—for example, morning insulin in your abdomen, and evening insulin in your thigh. Don’t inject in the exact same site too often, though, or you might form hard lumps or scar tissue under your skin. Spread it around.

**Eating Out?** It’s no fun to have to leave the party and go to the restroom to test or to give yourself an injection—but most people don’t want to make others uncomfortable by poking themselves or injecting in public, either. Experienced diabetics have a few ideas to offer:

1. Pre-load your syringe before you leave the house. That way, you don’t have to spread out your paraphernalia on the back of a toilet or on a public sink. You can cap the needle to avoid accidents.
2. Do it in the car before you enter the restaurant.
3. Sit by the wall and inject in the stomach.
4. Hold your hand on your lap under the table; your companions might know what you’re doing, but the other patrons won’t.
5. Consider using an insulin pen, which allows you to just dial and shoot, rather than measuring out your insulin and messing around with needles and syringes.
6. Inject through your clothes so you don’t have to bare your skin in public.

*I used to go into the bathroom stalls, but that is very unsanitary. Any part of a rest room is unsanitary. I would look or ask for a table that was kind of private and load my insulin below the table and inject in my stomach through my shirt. Many diabetics inject through their clothing. My syringe was never visible to people at other tables. With practice you can be very good at this. If you get a pump someday it will be a breeze. Just push a few buttons. People will not even notice.*

--Richard

***Hypoglycemia:***

***Why Do People Go Low?***

Diabetics often think in terms of lowering their blood sugar, but there is such a thing as too low. It’s called hypoglycemia, and it can be more dangerous, more quickly, than high blood sugar (or hyperglycemia). In general, normal blood sugars are between 80 and 120 (though normal can vary from person to person); the more you sink below 80, the more likely you are to experience the negative effects of low blood sugar. There are many reasons your blood sugar might fall into the unsafe range.

* You’re not yet under good control, and you regularly have wide swings in your readings.
* You have been exercising.
* You have drunk alcohol.
* You took too much insulin, or you took insulin expecting to eat but didn’t.
* You have lost weight or gotten your blood sugar under good control, and your medications are now too high for your needs, driving your glucose levels too low.

***How Do You Know When You’re Low?***

Low blood sugar causes some unpleasant side effects, making it pretty clear that something is going on that shouldn’t be. These effects can include:

* Shakiness
* Dizziness
* Sweating
* Hunger
* Headache
* Paleness
* Clumsy or jerky movements
* Seizure
* Difficulty paying attention
* Confusion
* Tingling sensations around the mouth

***What to Do if You Go Low***

Most diabetics have to be prepared for the lows of hard-to-control blood sugar as well as the highs. It’s important to carry with you something that will quickly elevate your blood sugars into normal range.

Ideally you should test your blood sugar to be completely sure you really are experiencing hypoglycemia. A reading below 70 will tell you that you need to treat it a.s.a.p. But if your symptoms are severe, treat them right away even without taking the time to get a reading—otherwise you could pass out.

If you start to feel any of the above symptoms, ingest one of the following immediately.

* Glucose tablets
* Juice
* Piece of candy
* Peanut butter crackers
* Granola bar

The tablets and the juice are your best choice, because they act fast, but you should always have a reliable source of sugar available. If you become sick or incoherent, or if you pass out, you need medical attention immediately. Make sure someone at home and someone at work knows when to call for help for you. Paramedics and ER crews know how to handle dangerous lows—usually with an injection of glycogen, a fast-acting sugar that quickly brings your blood sugar into the normal range. Once you’ve received treatment, you’re likely to feel better fast, but it’s always a good idea to let your body rest and recover for a while before returning to your tasks.

9. **Insurance and Health Care**

It’s hard for diabetics to get insurance because of the pre-existing condition they have. If you have good insurance when you are diagnosed, you’re okay for as long as you have that job or your employer has that insurance plan, but everyone knows how shaky both jobs and benefits are these days. Once you have diabetes and you’re forced to search for new insurance, you’ll discover pretty fast that it’s not all that easy to get or to afford.

Of course, there’s the new health plan, the Patient Protection and Affordable Care Act (more commonly known as Obamacare). That might make things better, but then again, it might not. It’s true that the law doesn’t allow insurers to turn you down because of diabetes or another pre-existing condition; however, it’s also true that the law doesn’t place a limit on the premiums insurance companies can charge you. Under the new law, you can get insurance, you’ll just have to pay huge premiums for it. That’s pretty much exactly where diabetics are right now.

The new law also makes it illegal for your insurance company to charge you a co-pay for preventative procedures or routine screening. The thinking is that with even co-pays hard to afford, people are opting out of regular check-ups and screening—the very things that could help them detect conditions while they’re still treatable and inexpensive. That might not help you much now that you’ve already been diagnosed, but it’s easy to see how it could lead to others getting their diagnosis earlier, so that they can begin their lifestyle and treatment choices before any serious damage is done. Of course, it makes you wonder who’s going to absorb the cost that patients no longer have to pay.

The fact is, nobody’s really quite sure how the new legislation is going to affect diabetics, or which pieces of it will even go into effect. It’s worth paying attention to, to see if premiums go down, or new avenues of insurance become available, but it’s probably best to take a wait-and-see attitude. Don’t pin your hopes on something that may or may not make a difference. In the meantime, there are other ways to get coverage and to get the healthcare you need.

**Diabetes educators.** These people are great, accessible, and free! Most hospitals have a diabetes educator on staff, and if you have questions about managing your diabetes, you don't necessarily have to make an appointment with your provider. You can just call up the hospital's diabetes educator and ask. They also sometimes offer free classes or support groups, which makes it easy to learn what you need to know.

**Call an occupational therapist.** There are a host of diabetes complications that can be helped by a few sessions with an occupational therapist. If you've had an amputation, if you're troubled by neuropathy or poor vision, or you have other complications that make it difficult for you to get by from day to day, an occupational therapist can provide you with physical therapy—which is going to make you stronger and more flexible—and help you learn to use all the supplies that are available to make life easier for people with your condition. An occupational therapist can even come into your home and show you different ways to arrange things so that it's easier to accommodate your situation.

**Get a second opinion...or an endocrinologist.** Doctors are like everyone else; they have their ideas about how things are, and they know more about some things than others. Your doctor may be an expert in diabetes, but she may not. Diabetes research brings new information to light almost every day, so if your doctor hasn't suggested an adjustment to your treatment plan in several years, it might be worth your time to find someone who keeps up with the newest developments in diabetes care. Don't worry about hurting your doctor's feelings; your health care is *your* responsibility, and your doctor is one important piece of that. Doctors understand that, and the good ones will be glad to see you pursuing the help you need. They won't take it personally—and if they do, that's *their* problem, not yours.

*I would look at someone with a better understanding of the endocrine system. Doctors are concerned with general health and they diagnose most health problems. Endocrinologists are specialists on the endocrine, which we have a fault with and for a long term illness, they are better people to deal with.*

--Carlos

**Insurance and supplies.** Check your insurance company's durable medical benefit (DME) for coverage of your diabetic supplies. If you file these supplies as equipment, rather than as medications or pharmaceuticals, you're likely to get fuller coverage.

**Disease management programs.** At long last, insurance companies are starting to realize that an ounce of prevention is worth a pound of cure. Many insurance companies now offer disease management programs for those policyholders who suffer from chronic diseases, including diabetes. These programs cover more preventative measures, such as testing equipment and more frequent doctor visits and lab work. The idea is that the easier they make it for you to control your diabetes, the more likely it is that you will avoid serious complications, such as amputations or heart attacks. You don’t want to have those things, and your insurance company doesn’t want to pay for them—with these programs, everybody wins! Unfortunately, only about 20% of those who are eligible for disease management programs are actually taking advantage of them, so make sure to check with your insurance company to see if they have added this coverage.

**Free samples.** Sometimes doctors have access to free samples of the medications you need. If they know you're uninsured or underinsured, they will usually go out of their way to provide these for you. If they don't, don't hesitate to ask; the worst they can say is no. Always let your doctor know that you’re under financial constraints; most doctors will help if they can.

**Prescription assistance from pharmacies.** Many independent and chain pharmacies have lists of medications that they offer for very low prices. Some of them are as low as $3 or $5, while others offer you a 3 or 6 month supply for a low wholesale price. Make sure to ask your doctor or pharmacist if there's a list of available medications for you to look over.

**Pharmaceutical company assistance programs.** These programs are set up by pharmaceutical companies such as Lilly, Bayer, or Glaxo-Smith-Klein as part of their outreach programs. These programs are in place so the companies can both be generous and get a tax break. Your doctor will have to set you up with one of these programs, but they can be an excellent free resource for some of your medications.

**Not sure if you qualify for assistance programs or discounts?** There are two websites that will help you figure it out: [www.freemedicinerevolution.com](http://www.freemedicinerevolution.com/) and [www.freedrugcard.com](http://www.freedrugcard.com/).

**Generics.** Sometimes doctors automatically prescribe generic medications, but sometimes they have incentives to prescribe certain name brands and won't prescribe generics unless you ask. So, always ask! You can save as much as 60% on medications by buying generics. That's a huge difference if you're paying out of your pocket.

**What to do with used sharps.** Many people buy expensive special containers for their lancets and needles, and then pay a special disposal fee for the privilege of throwing them away. You don’t have to buy those special containers, though. Many diabetes educators recommend that you put sharps into a laundry detergent bottle, the kind that’s made of thick plastic and has a screw-on lid. Put your needles and lancets in there, and throw away the other pieces of the syringes in the regular trash. When your detergent bottle is full, screw the lid on tight, tape it shut with duct tape or electrical tape, and write “SHARPS” clearly on the outside in black marker. Almost every state accepts this method of throwing away your sharps. To check what your state’s regulations are for sharps disposal, go here: <http://www.bd.com/us/diabetes/page.aspx?cat=7002&id=10284>

*I have been taking a self management class and the instructor gave me a paper to take the local ER at the hospital and they would give me a sharps container, and behold they did just that and told me to bring it back when filled.  
  
I hope this will help with some that are concerned about disposal costs, not sure if all hospitals do this but it is worth a try.*

-Starfire

10. **Emotional Struggles**

We talked about the importance of attitude at the beginning of this book, but the fact is, nobody can be upbeat and optimistic all the time. Sometimes, it's just hard. Being diabetic means you have to think of so many things every day, all at once, or you'll put yourself at risk. There's no vacation from diabetes, no real rest. Even the most positive people have days when they are just sick to death of always having to deal with diabetes.

***Not everyone who has diabetes also has depression.***

***However, diabetics suffer from depression more than the general population does.***

How can you get on top of this feeling? Some fellow diabetics have a few suggestions.

* **Ride it out.** Accept that there will be days when you resent your disease, you resent people who don't have it, and you resent every little thing you have to do to accommodate it in your life. Of course you do. You may be strong, optimistic and diligent, but you're only human. Sometimes having diabetes is rotten. And some days you'll feel the truth of that all the way to your bones. Let yourself feel that way. Tomorrow will probably be a lot better.
* **Ask for help.** Maybe you don't have to do everything yourself. Can your partner be in charge of dealing with Medicare paperwork? Can your kids make a couple of meals a week – especially if they're inclined to complain about your diabetic food? Can you find a co-worker who also eats low-carb meals and eat lunch together or share recipes? Is there a friend who will walk with you or keep you company at your endocrinologist appointments? Don't overlook online discussion groups and communities; you can make lifelong friends and supporters by joining an internet chat group or forum.
* **Give in to it.** Every diabetic has days when they simply say, "To heck with this. I'm having a cupcake!" Keep yourself out of danger, but every now and then, it's okay to loosen up the reins of discipline a little.
* **Set achievable goals.** Maybe you're discouraged because you're trying to do too much all at once. Instead of thinking in terms of keeping yourself perfectly healthy, ask yourself what *one thing* you will do today to take charge of your diabetes. Do that one thing well, and your success will make you feel better.
* **Reward, not punish.** You're already dealing with diabetes; why punish yourself more? Instead, reward yourself for achieving those small, measurable goals. Instead of telling yourself, "I'm such a failure because I can't lose this 50 pounds!" try saying, "I'm going to start with 5 pounds. When I lose those 5, I'll reward myself by downloading a song I've been wanting." Rewards reinforce good behavior, give you confidence in your ability to handle your life, and give you something to work toward.

**Diabetics are more prone than others to depression.** Don't be afraid to talk to your doctor about your emotional state. There could well be medications or therapies that could help you feel better.

**Keep it in perspective.** It’s true that diabetes can be painful, burdensome, and limiting. But it’s also manageable, which is more than can be said for some health problems people get. You can leave the house, play with your kids, get out of bed, hold down a job, and do almost everything that gives life quality and meaning. Some people can’t.

*I have lived alone since December 1999. That is when my husband passed away from pancreatic cancer. After seeing him suffer so bad with it and with nothing that anyone could do for him and seeing other friends die horrific deaths through the years I cannot understand how some people with diabetes feel so sorry for themselves. I have always just accepted it as a way of life. Just like brushing my teeth and getting dressed, it is just something I always take care of.*

*-*Lizzie

**Manage your anger.** Everyone gets angry now and then. It’s natural, and it’s morally neutral—emotions simply are what they are; it’s what we do with them that matter. The important thing is to express your anger in a healthy way. Too much expressing, and your anger will get in the way of your tasks and relationships; too little, and you will end up suppressing your feelings until they either explode in inappropriate ways or become internalized as a variety of health problems. Anger should be expressed, but controlled—remember, for diabetics, nothing should be out of control.

Here are some tips for controlling your anger, healthy expression, and lower stress levels.

* **Anger is a habit.** Somewhere along the line you learned that getting angry brought you rewards. You got into the habit of using anger to get and emotional payoff or to intimidate others into doing what you want. Do some self-examination or journaling—what reward does your anger bring you? Is that reward worth the price?
* **Choose something else.** It takes 28 repetitions of an action to create a habit. 28 times, choose to act on something that’s not anger. Make a joke, take a breath, go for a walk, give an unexpected compliment…anything that’s different from the angry response you usually give.

**Meditate**. Meditation is good for almost everything that ails the human body, mind, and spirit. It can be a religious practice, and for many people it’s their primary means of seeking enlightenment and peace. But meditation doesn’t have to be religious at all; the practice of deep breathing and focused relaxation has dozens of benefits, especially for diabetics.

* It increases the flow of oxygen to your blood cells. With more oxygen getting to your nerve cells, your risk of neuropathy decreases. You also become less anxious, less angry, and can think more clearly.
* It reduces stress, as well as your body’s reaction to stress. Stress makes your body go into battle-mode—which includes a flood of glucose into your bloodstream. Your breathing becomes shallow in preparation for the fight, so breathing deeply as you do in meditation signals to your body that it can relax now, and stop increasing the sugar in your blood.
* It lowers blood pressure, which reduces your risk for heart attack and stroke.
* It has a measurable effect on depression and other mental illnesses.
* It gives you a few minutes to regroup and refocus, helping you finish your day in control, rather just in reaction to everything else.

**11. Tips for Traveling**

**Whenever you travel, bring twice as much of your diabetic supplies with you as you'll need.** Traveling is unpredictable: remember in May, 2010, when a volcano erupting in Iceland halted air travel all over Europe for a week? How many diabetics were sitting in airport waiting areas going through their last day's worth of insulin because they had planned to be home by tomorrow? How many people had a dangerous drop in blood sugar levels because they didn't keep snacks on hand at all times? You just never know what's going to happen—your trip could be extended due to health problems, car breakdowns, flight delays, weather, or, yes, volcanic eruptions. Always *over* plan. If your vacation is going to be long, tell your health care provider. They can help you get the increased amount of supplies you'll need, as well as the medical authorization to carry items into secure areas such as airport terminals.

**Carry on your supplies.** Don't pack them in your checked luggage. Luggage gets lost, of course, but another issue is temperature. The luggage holds of airplanes and trains are not climate controlled, and you don't know what kind of temperature extremes your luggage, and therefore your insulin, will be subjected to. If insulin gets too hot or too cold, it can reduce its effectiveness.

*Make sure you take lots of snacks in your carry-on and buy LOTS of water once you've gone through security. I always take my snacks from home. Sandwiches, cheese & crackers, fresh fruit, nuts, often cheesies and cookies for my hubby. As a diabetic, you can take juice as long as you declare it, but I find it easier to not bother... especially since I don't drink juice. Water or other liquids need to be purchased after security though.*

*-*Deb

*Just to be on the safe side you might get a letter from your doctor. You never know if security is going to be in a bad mood.*

-Nancy

*Be careful as certain* *types of food may not be brought into foreign countries. It is best to buy food once you have crossed customs! They will take away meats going to and from your country of residence! I live in* *Canada and U.S. Customs takes away all my smoked beef! On the way back Canada customs wanted to take away chicken processed meats. Buy all foods after going through customs!*

-Paul

**12. Miscellaneous / Catch-All**

**Lotions and soaps.** If you do a finger-stick while there's still lotion or soap on your hands, this could skew your blood sugar reading if some of that substance gets mixed in with the blood. This is especially true of moisturizing soaps, which stay on the skin longer. Since you're supposed to wash your hands right before testing, this can be a problem. One solution is simply to rinse your hands longer before testing. You can also use a "pure" soap such as Ivory, and delay putting on lotion until after you've tested.

**Tips for Getting Organized.** Some important information can be gathered all at once once, then it's done. Gather a list of the following items:

* Your name, social security number, and emergency contact.
* Your diabetic condition, as well as any other conditions you have.
* Your health care provider's name and number.
* Your insurance information.
* Your medications.

These can fit on an index card or a piece of paper the same size. Make copies, and keep one copy in your wallet, one in your car's glove compartment, and one in your home in an easy-to-find place, such as taped inside your medicine cabinet or stuck to your refrigerator. Give a copy to your emergency contact, and if it's a different person, to your next of kin or the person who holds your emergency power of attorney (this is the person who is authorized to make medical decisions for you if you can't make them for yourself). These are things everyone should do, not just diabetics!

**Wear loose-fitting clothes.** This is especially true for sleeping. Diabetes affects the way blood flows through your body—this is why diabetics are susceptible to neuropathy—and tight or restricting clothing just makes it even harder for blood to get to feet, hands, and other extremities. Try to avoid any clothing that will bind you or cut off your circulation. Gentlemen, this means that boxers may be a better choice for you than briefs. Ladies, those cute heels might not be your most feet-friendly option.

The human spirit is stronger than anything that can happen to it.

~C.C. Scott

**13. Diabetics Recommend**

Here are some resources recommended by diabetics:

* The 1400-calorie American Diabetic Association diet.
* *Diabetes For Dummies,* by Alan L Rubin, M. D.
* *Dr. Bernstein's Diabetic Solution: the Complete Guide to Achieving Normal Blood Sugars by* Richard K. Bernstein
* *The Paleo Diet* by Dr. Loren Cordain
* The Medifast Diet
* The Calorie King, <http://www.calorieking.com/>
* *Becoming Raw* by Brenda Davis, Vesanto Melina, and Rynn Berry
* *The New Glucose Revolution: The Authoritative Guide to the Glycemic Index—the Dietary Solution for Lifelong Health* by Jennie Brand-Miller, Thomas M.S. Wolver, Kaye Foster-Powell, and Stephen Colaquiri
* *The New Glucose Revolution: Low GI Eating Made Easy* by Jennie Brand-Miller, Thomas M.S. Wolver, Kaye Foster-Powell, and Stephen Colaquiri
* *The New Glucose Revolution Shopper's Guide to GI Values 2010: The Authoritative Source of Glycemic Index Values for More Than 1,300 Foods:* by Jennie Brand-Miller, Thomas M.S. Wolver, Kaye Foster-Powell, and Stephen Colaquiri
* *The Insulin Resistance Diet: How to Turn Off Your Body’s Fat Making Machine* by Mary Kay Grossman
* *Reversing Diabetes* by Julian Whitaker

**14. Resources for Further Help**

**General Diabetes**

American Association of Diabetes Educators: [www.aadenet.org](http://www.aadenet.org/)

1-800-832-6874

American Association for Retired People: [www.aarp.org](http://www.aarp.org/)

1-202-434-2277

1-800-456-2277 (pharmacy)

American Diabetes Association: [www.diabetes.org](http://www.diabetes.org/)

Diabetes Self Management: [www.diabetesselfmanagement.com/](http://www.diabetesselfmanagement.com/)

Diabetes Daily Newsletter: <http://www.diabetesdaily.com/>

Healthline Diabetes Learning Center: http://www.healthline.com/health/diabetes

National Call Center: 1-800-DIABETES

National Diabetes Information Clearinghouse: http://diabetes.niddk.nih.gov/

What They Don’t Tell You About Diabetes: <http://www.phlaunt.com/diabetes/14045524.php>

**Children**

Chai Lifeline: [www.chailifeline.org](http://www.chailifeline.org)

1-877-CHAI LIFE

Children With Diabetes: <http://www.childrenwithdiabetes.com/>

Children With Diabetes List of Summer Camps: http://www.childrenwithdiabetes.com/camps/

Diabetes Hope Scholarship Program: <http://diabeteshopefoundation.com/>

Diabetes Hope Summer Sports Camp: <http://diabeteshopefoundation.com/content/diabetes-summer-sport-camp>

Diabetes Hope At-Risk Youth Retreat: <http://diabeteshopefoundation.com/content/risk-youth-diabetes-retreat>

Grandma Sandy’s Free Downloadable Books and Games for Diabetic Kids: http://www.grandmasandy.com/index.html

The Kid CyberCafe: [www.kidsfood.org](http://www.kidsfood.org)

Supplies for Children With Diabetes: http://www.cwdfoundation.org/Supplies.htm

Target Free Glasses for Kids Program: [www.target.com](http://www.target.com)

**Complications**

American Amputee Foundation: http://www.americanamputee.org/

1-501-666-2523

Free Mental Health: [www.freementalhealth.com](http://www.freementalhealth.com)

National Amputation Foundation: [www.nationalamputation.org](http://www.nationalamputation.org)

1-516-887-3600

Pedorthic Footwear Association: [www.pedorthics.org](http://www.pedorthics.org)

1-410-381-7278

**Dental**

American Dental Education Association: [www.adea.org](http://www.adea.org)

National Foundation of Dentistry: [www.nfdh.org](http://www.nfdh.org)

**Exercise**

Armchair Fitness Videos: [www.ArmchairFitness.com](http://www.ArmchairFitness.com/)

1-800-453-6280

Diabetes Exercise and Sports Association: [www.diabetes-exercise.org/](http://www.diabetes-exercise.org/)

1-800-898-4322

Leanne Grose Chair Workout: <http://www.officialleanne.com/>

Lilias! Flowing Posture Series, Yoga Workout for Beginners, and Silver Yoga Series

1-800-250-8760 http://www.liliasyoga.com/

Tai Chi for Arthritis: <http://www.taichiforarthritis.com/>

Walk Away the Pounds: http://www.lesliesansonevideos.com/

**Food**

American Dietetic Association: [www.eatright.org](http://www.eatright.org/)

Lifestyle, Exercise, Attitudes, Relationships, and Nutrition (LEARN): [www.learneducation.com](http://www.learneducation.com/)

The Family Food Zone: [www.familyfoodzone.com](http://www.familyfoodzone.com/)

The Paleo Diet: <http://www.thepaleodiet.com/>

**Health Care**

American Heart Association: [www.amhrt.org](http://www.amhrt.org/)

1-800-242-8721

Caring Voice Coalition, Inc: [www.caringvoice.com](http://www.caringvoice.com)

1-888-267-1440

National Association for Home Care: [www.nahc.org](http://www.nahc.org/)

1-202-547-7424

National Council on Aging: <http://www.ncoa.org/>

1-202-479-1200

Nursing Home Information Service: National Council of Senior Citizens

1-301-578-8800

**Insurance / Financial Assistance**

The Access Project: [www.atdn.org/access/pa2html](http://www.atdn.org/access/pa2html)

American Diabetes Wholesale: [www.americandiabeteswholesale.com](http://www.americandiabeteswholesale.com)

Center for Medicare Advocacy: [www.medicareadvocacy.org](http://www.medicareadvocacy.org)

1-860-7790

Chronic Disease Fund: [www.cdfund.org/Patient/patient1aspx](http://www.cdfund.org/Patient/patient1aspx)

Department of Health and Human Services: <http://www.hrsa.gov/hillburton/default.htm>

1-800-827-1000

Diabetes Hope Interim Medical Assistance Program: http://diabeteshopefoundation.com/content/interim-medical-assistance-program

Medicare Hotline: <http://www.medicare.gov/>

1-800-638-6833

National Institute of Diabetes and Digestive and Kidney Diseases: <http://www2.niddk.nih.gov/>

1-800-860-8747

Patient Advocate Foundation Co-Pay Relief: [www.patientadvocate.org](http://www.patientadvocate.org)

1-800-532-5274

Patient Services Incorporated: [www.unedpsi.org](http://www.unedpsi.org)

1-800-366-7741

Social Security Administration: <http://www.ssa.gov/>

1-800-772-1213

**Prescriptions/Medications**

ACT1 Diabetes Supply Exchange Program: <http://www.act1diabetes.org/campaigns/supply-exchange-program/>

FamilyWize Discount Drug Card: [www.familywize.com](http://www.familywize.com)

*Free (or almost free) Prescription Medications* by David Johnson (San Francisco: Robert Reed Publishers) 2002.

HealthWell Foundation: [www.healthwellfoundation.org/](http://www.healthwellfoundation.org/)

Needy Meds: [www.needymeds.org](http://www.needymeds.org)

National Prescription Savings Card: <http://www.npsavings.com/>

Partnership for Prescription Assistance: <http://www.pparx.org/>

1-888-444-4106

Patient Access Network Foundation: [www.patientaccessnetwork.org](http://www.patientaccessnetwork.org)

1-866-316-PANF

RxAssist: [www.rxassit.org/docs/medicare-and-paps.cfm](http://www.rxassit.org/docs/medicare-and-paps.cfm)

RxHope: [www.rxhope.com](http://www.rxhope.com)

The Medicine Program: <http://www.themedicineprogram.com/>

Together Rx Program: [http://www.togetherrxaccess.com](http://www.togetherrxaccess.com/)

1-800-444-4106

**Supplies**

Act1 Diabetes Supply Exchange Program: http://www.act1diabetes.org/?utm\_source=MailingList&utm\_medium=email&utm\_campaign=DD+2011-02-23

American Diabetic Supply: <http://www.americandiabeticsupply.com/types-of-insulin.html>

Doctor Diabetic Supply: http://www.doctordiabetic.com/faqs.asp

The National Diabetic Center: http://www.thenationaldiabeticcenter.com/FAQs.html

Road Trip ID Bracelets: <http://www.roadid.com/Common/default.aspx>

**Support**

All Diabetics International Discussion Group: <http://health.groups.yahoo.com/group/alldiabeticinternational/?yguid=167701812>

DiabetesForum.com: [www.diabetesforum.com](http://www.diabetesforum.com)

Diabetes Daily: <http://www.diabetesdaily.com/>

**Travel**

International Association for Medical Assistance to Travelers: [http://www.iamat.org](http://www.iamat.org/)

1-716-754-4883

Transportation Safety Administration Guidelines for Travelers with Disabilities or Medical Conditions: <http://www.tsa.gov/travelers/airtravel/specialneeds/index.shtm>

**Vision**

American Council of the Blind: [www.acb.org](http://www.acb.org/)

1-800-424-8666

American Foundation for the Blind: [www.afb.org](http://www.afb.org/)

1-800-232-5463

American Optometrists’ Association, Vision USA: [www.aoa.org](http://www.aoa.org)

EyeCare America: [www.eyecareamerica.org](http://www.eyecareamerica.org)

National Association for the Visually Handicapped: www.navh.org

New Eyes for the Needy: [www.neweyesfortheneedy.org](http://www.neweyesfortheneedy.org)

Prevent Blindness: [www.preventblindness.org](http://www.preventblindness.org), [www.diabetes-sight.org](http://www.diabetes-sight.org)

1-800-331-2020

**Weight Loss**

Cyber Diet: [www.cyberdiet.com](http://www.cyberdiet.com/)

Weight Watchers: [www.weightwatchers.com](http://www.weightwatchers.com/) or [www.123athome.com](http://www.123athome.com/)

Take Off Pounds Sensibly (TOPS): [www.TOPS.org](http://www.TOPS.org/)

**Articles for Further Reading**

Pleading Your Case on Medical Bills Is a Sound Policy

<http://tinyurl.com/avmpvl>

A Little Haggling Could Mean Big Savings on Med Bills

<http://abcnews.go.com/GMA/comments?type=story&id=4545067>

The Stages of Grief

<http://www.memorialhospital.org/library/general/stress-THE-3.html#Heading61>

Poverty a Leading Cause of Type 2 Diabetes, Studies Say

<http://wwwctv.ca/>

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Daly, Ann, Linda Delahanty and Judith Wylie-Rosett, *American Diabetes Association: 101 Weight Loss Tips for Preventing and Controlling Diabetes.* American Diabetes Association, 2002.

Greenberg, Riva, *50 Diabetes Myths That Can Ruin Your Life, and the 50 Diabetes Truths That Can Save It.* Lifelong Books, 2009.

Kelley, David B., *American Diabetes Association: 101 Tips for Aging Well With Diabetes.* American Diabetes Association, 2001.

Trudeau, Kevin, *Free Money “They” Don’t Want You to Know About*. Equity Press, 2010.

University of New Mexico Diabetes Care Team, 101 Tips For Staying Healthy with Diabetes & Avoiding Complications. American Diabetes Association, 1996.

1. University of New Mexico Diabetes Care Team, *101 Tips for Staying Healthy With Diabetes & Avoiding Complications*. University of New Mexico Press: Alexandria, 1996. 34. [↑](#endnote-ref-1)
2. Dr. Michael Schacter, "The Importance of Magnesium to Human Nutrition," [www.mbschacter.com](http://www.mbschacter.com/), 1996. [↑](#endnote-ref-2)