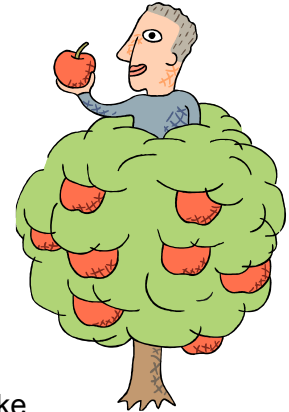


Food & Diabetes: A New Approach

There's no getting around it. You have to understand food to control your diabetes. Notice, we didn't say you have to:

- Give up everything you love to eat
- Feel guilty when you enjoy a meal
- Eat special diabetic foods, or
- Live on twigs and berries!



No. You just have to understand it:

- How the foods you eat effect your blood sugar
- How to keep food and insulin in balance (whether you take insulin shots or rely on your body's supply)

Just like a car runs on gas, the body runs on glucose. Glucose is a very simple form of sugar. When we talk about a blood sugar level, we are referring to the amount of glucose contained in a given amount of blood. Sometimes you'll see the term blood glucose and sometimes you'll see the term blood sugar. They mean the same thing.



When you eat, you're "fueling up."



Understanding and managing what you eat is the key to diabetes control . After all, when you've just eaten, almost all sugar in the blood comes from the starches and sugars in the food you just ate.

But here's the surprise!

It isn't necessary - or even very effective -- to try to avoid sugar or eat a very restricted diet. (And by diet, we mean a set eating plan that defines exactly what and how much you're expected to eat for every meal and snack.) What's needed for everyone's good health is to eat a variety of healthful and enjoyable foods. And what's needed for diabetes control is to learn how those foods effect your blood sugar -- not so you can avoid them, but so that you can control your blood sugars when you're eating them.

If you've ever believed that people with diabetes must avoid sugar or that healthful foods (like whole wheat bread, potatoes, or fruit) don't raise blood sugar, you've been taken in by two common diabetes "myths." Ask your diabetes educator or other health care provider about "Carbohydrate Management." It's an approach that can add flexibility and freedom to your diabetes lifestyle while improving glucose control.

Developed for ReliOn by Betty Brackenridge, MS, RD, CDE and Kris Swenson, RN, CDE., authors of "[Diabetes Myths, Misconceptions and Big Fat Lies](#)", published by InfoDek, Inc, 2001. Click on the link for more information.

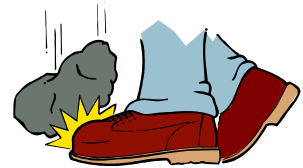
Protecting Your Feet

One of the most frightening things about diabetes is the threat of losing a toe or more to amputation. As serious as that worry is, however, it's also true that nearly all amputations could be prevented by very simple means. Surgery is actually the last step on a very long road. If you stop the process early, you reduce the likelihood of the most serious problems dramatically. A little information and a few key tasks can help you make sure you'll be "hanging ten" for the rest of your days.

Many people with diabetes don't understand that loss of feeling in the feet and legs is the single greatest risk for amputation. Most often people get into trouble because they don't notice some small problem with their foot: a cut, a scrape, or a blister, for example. There's no pain to warn them that trouble has started. They might believe this old myth:

Myth If anything were really wrong with my foot, it would hurt!

TRUTH: If you can't feel things that would normally be painful, you are at very high risk for serious problems. Pain protects. If you can feel a cut, a blister or a tight shoe, you DO something about it. If you don't feel it, an open sore may develop. Infection can set in and then you're really on the road to trouble.



Here are the simple steps to protect your feet and legs:

- **Get your feet checked for feeling at least once a year.** A small instrument called a "monofilament" can show if you've lost feeling. The test is quick and painless. It can be done by your doctor, nurse, or podiatrist. As long as you have feeling, your risk for foot ulcers and amputation is low. The steps below are always a good idea. But once you've lost feeling, they become critical.
- **Protect your feet at all times.** Wear well-fitting shoes, and socks without seams or ridges. Don't go barefoot around the house, pool or beach.
- **Check your feet every day.** Call your doctor or podiatrist if you find: a cut, red spot, or blister; any place that is warm or draining; any change in shape or color. Use mild soap to wash. Don't put lotion between toes.
- **Get professional help with nails, corns and calluses.** A podiatrist can safely cut nails, and manage corns and calluses to prevent further problems.
- **Make sure your provider checks your feet thoroughly at every visit.** Take off your shoes and socks every time you go into the doctor's exam room. Just looking at them is not the same as a hands-on check. Ask for it.

Low Blood Sugar



Since sugar is the body's fuel, having low blood sugar is like running out of gas.

FACTS ABOUT LOW BLOOD SUGAR

Low blood sugar is also called hypoglycemia. Lows happen, at least occasionally, to nearly everyone who takes medicine to lower blood sugar. Blood sugar at or below 70 mg/dl is considered to be low in people with diabetes. If you're having frequent or severe lows, talk to your healthcare provider. A low A1c is not the only measure of success. Life doesn't FEEL very successful or safe when you're having a lot of low blood sugars.



SYMPTOMS

Everyone has slightly different symptoms. Learn to recognize your own. Here are some of the possibilities:

Mild – sweating, headache, rapid heart beat, trembling, feeling anxious, hungry

Moderate – personality change, irritability

Severe – not able to help yourself, passing out, convulsions

Treat when symptoms are mild. If you wait, things could get worse.

TREATMENT - Fueling Up Again Is A Two Step Process

Step 1:

- Take 15 grams of glucose. Glucose tablets or gel are the quickest and most predictable treatment for most people. Hard candies (5 or 6), fruit juice (4 oz.) or regular soda pop (4 oz.) also work. Many people over treat lows because they feel so bad. Try to treat carefully.
- If possible, check your blood sugar
- Wait 10-15 minutes. If you don't feel better, take another 15 grams. Test blood sugar again. Treat until blood sugar is at least 100 mg/dl (5.6mmol)



Step 2:

- If it's more than an hour till your next meal, have an extra snack that contains both carbohydrate and protein, like a half sandwich or cheese & crackers.
- Think about why the low blood sugar happened.
 - Too little food? Extra exercise? If you take set insulin doses or sulfonylureas (a type of tablet for type 2 diabetes), you need to eat and exercise consistently each day to avoid lows.
 - See your doctor if you have more than one 'low' a week or pass out. You may need a change in medicine type or dose.



Blood Glucose Monitoring: Your Tool of Discovery



Learning how to manage YOUR diabetes is like solving a mystery. You need to gather clues about what's happening. When Sherlock Holmes had a mystery to solve, he pulled out his trusty magnifying glass. You have a tool too. It's blood glucose monitoring. Regular testing will give you and your health care team the information needed to get your diabetes under control -- and keep it there.

HOW TO MAKE TESTING YOUR TOOL

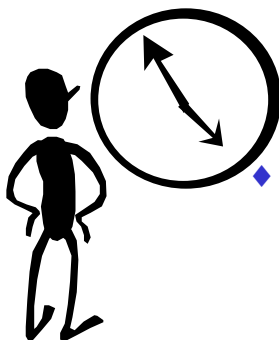
Many people with diabetes gather numbers, expecting their doctor to use the results every so often to improve treatment. This seldom gives the best result. Instead, learn to make blood glucose monitoring YOUR tool. Remember:

- ◆ Blood sugar values aren't "good" or "bad." Blood tests should be used to improve things - not to make you feel bad about how things are going.
- ◆ Perfect blood sugar control isn't possible with today's tools. Work for good, not perfect, control. This will help you avoid burnout and frustration.
- ◆ The results belong to you. Use them to find a problem, to solve it, to make a decision, or to see how a decision worked. Your doctor may use some of your results too, but what YOU do with them is much more immediate & powerful.
- ◆ Done with today's best tools, blood sugar tests shouldn't be painful. If your blood tests hurt, look for better tools. Or go to a diabetes educator, a pharmacist or other professional to get help with your technique.

WHEN TO TEST

Test enough to make a difference and learn to use the results.

- ◆ Test before meals to learn whether you have the right amount of insulin (either from your body or from insulin shots) between meals and over night. The American Diabetes Association suggests that before meal blood sugars, including the morning fasting, be kept between 80 and 120 mg/dl.



- ◆ Test after meals to learn whether you had enough insulin available to handle the amount of carbohydrate you ate. The American Diabetes Association suggests that blood sugars after eating should go no higher than 180 mg/dl.

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New to Diabetes? First Steps

It's certainly not easy to learn you have diabetes. Worry, confusion, and feelings of "what now?" or "why me?" are common. We'd like to help you get off on the right foot by first dispelling some common myths about diabetes. Then we'll share some ideas for how to deal with this new situation.

Myth *It's my own fault that I have diabetes.*

TRUTH: Diabetes isn't a character flaw. It's a disease. You don't get it from eating candy or from gaining weight. After all, most people who do those things DON'T get diabetes. Don't let groundless guilt get in the way of good care. You deserve good control and a long healthy life. And you can have both.

Myth *As long as I feel OK, my blood sugar doesn't matter.*

TRUTH: High blood sugars can damage eyes, kidneys, nerves and blood vessels. And it usually doesn't hurt a bit. At least not until the damage is truly serious. You can't manage diabetes by how you feel. Learn to manage it by the numbers!

Myth *People with diabetes can't eat sugar.*

TRUTH: Not true. People with diabetes can eat sweets without losing blood sugar control. It's the balance between carbohydrates (starch and sugar) and insulin that determines blood sugar. Learn to count ALL the foods you eat - even the sweets.

First Steps to a Healthy Future with Diabetes

- **Find support.** If you're sad, worried or struggling with your diagnosis, talk to someone you trust. Until you deal with your feelings, it will be hard to do much else.
- **Take charge.** Diabetes is a self-managed disease. What you do each day is much more powerful than what your doctor can do every few weeks or months.
- **Become an expert on YOUR diabetes.** Get good information and skills as soon as possible. Diabetes education is as important to you as flying lessons are to a pilot.
- **Get a meter.** Everyone's diabetes is unique. You can only learn how to control your diabetes in your life if you have the facts about your actual blood sugar levels.
- **Learn the Standards of Care.** Make sure they're being done and keep track of your own test results. "They're fine, Mrs. Jones" isn't good enough. Know your numbers.