

Living with Diabetes



Education for Patients, Families & Caregivers
Bring this journal to all provider appointments

Resources:

- American Diabetes Association®: 1-800-DIABETES
www.Diabetes.org
- CDC: 800-232-4636
www.cdc.gov/diabetes
- Vermont Department of Health: 800-464-4343
www.healthvermont.gov
- Rutland Mental Health Crisis Line: 802-775-1000
www.rmhsccn.org
- 988 Suicide & Crisis Lifeline: 988
988lifeline.org
- VT Helplink: 802.565.LINK
www.vthelplink.org

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What is Diabetes?

Diabetes is a condition when there is too much sugar (glucose) in your blood. This can be because your body can't make enough insulin and/or your body can't use the insulin as well. This is referred to as insulin resistance.

Normally, when you eat food, your body breaks the food down. Carbohydrate is a nutrient in many of our foods that is digested down to sugar or glucose. When glucose levels rise in our blood, our pancreas releases insulin. Insulin allows sugar to get from the blood into the cells or engines of our body. In other words, our body NEEDS sugar as it is the fuel our body runs on. But too much sugar in the blood can cause damage to the body and contribute to symptoms and long-term complications.

Type 1 Diabetes – Occurs when your pancreas has been damaged and can't make the insulin that is needed. It more commonly occurs in children and young adults but can be diagnosed at any age. People with Type 1 diabetes **have to take insulin**, a hormone that has to be injected. Roughly 5-10% of people with diabetes have Type 1 Diabetes.

Type 2 Diabetes – Is much more common with roughly 90-95% of people with diabetes. Typically, people start with insulin resistance where the insulin can't work as well as usual. As a result, blood sugars stay elevated, and the pancreas works extra hard to make more insulin. Over time, the pancreas becomes tired and can't make enough insulin. When there isn't enough insulin to keep blood sugars in "normal ranges", the person is diagnosed with diabetes. In the absence of eating, the body still needs an energy source to keep the body functioning. Our liver is the back-up source of sugar when we are not eating. One of the contributing factors with developing diabetes is the liver's overproduction of sugar.

Gestational Diabetes – Occurs in 2-10% of pregnancies. As pregnancy progresses, stress on the body increases the need for insulin. If the pancreas can't make enough insulin, sugar builds up in the blood. When this happens, it is called gestational diabetes. Blood sugars usually go back to normal after the birth of the baby. Women who have had gestational diabetes are at higher risk for developing type 2 diabetes in the future.

There is no cure for diabetes, but it can be well managed by healthy eating, exercise, stress reduction and medications if needed. Blood sugar control is the key to preventing the long-term complications related to diabetes.

It is not your fault that you got diabetes, but it is your job to take care of yourself to have a long and healthy life.



Taking Care of Your Diabetes

This can be overwhelming at first and it can be hard to stay on track. A Certified Diabetes Care and Education Specialist (CDCES) can teach and help support you with the following:

- Healthy Eating
- Physical Activity
- Checking Your Blood Sugars
- Taking Medication (If Prescribed)
- See Your Medical Providers Regularly
- Healthy Coping
- Learning About Complications
- Problem Solving

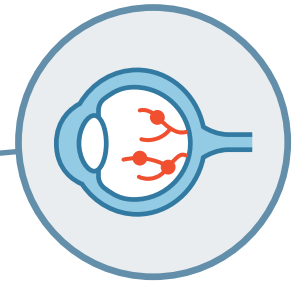
With the help of your healthcare provider(s), diabetes can be managed. Below are some of the risks for long-term, untreated or poorly managed diabetes.



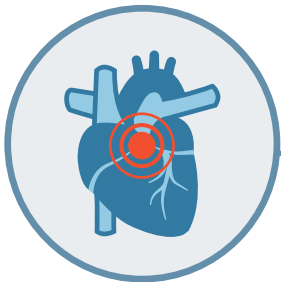
Risk of Stroke

Loss of Consciousness – diabetic ketoacidosis can lead to confusion and loss of consciousness

Fatigue – lack of energy and difficulty concentrating



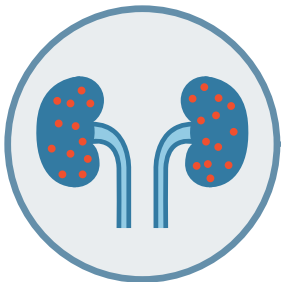
Vision Problems – damaged blood vessels in the eye from high blood sugar may lead to loss of vision or blindness, "diabetic retinopathy". Cataracts & Glaucoma occur more often in people with diabetes



Heart Disease – increased blood pressure, damaged blood vessels (atherosclerosis) lead to more strain on the heart and risk of heart attack. Smoking increases this risk even more.

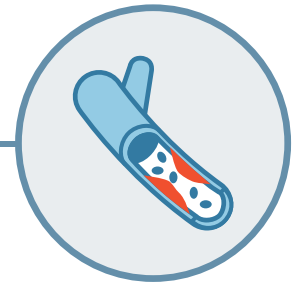


Mouth – dry mouth; gingivitis; tooth decay; gum disease may cause inflammation, infection and heart disease



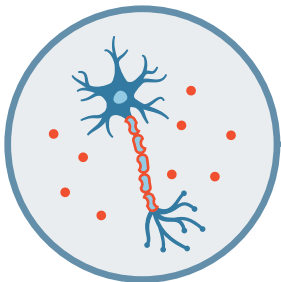
Kidney Damage – excessive urination, protein in the urine. Damage may lead to kidney failure. (Diabetic nephropathy)

Dehydration – high blood sugar causes the body to lose fluids at a faster rate.



Circulatory – delayed healing, reduced blood flow to the legs can cause pain while walking (intermittent claudication). Antibiotics may be ineffective or slower to work.

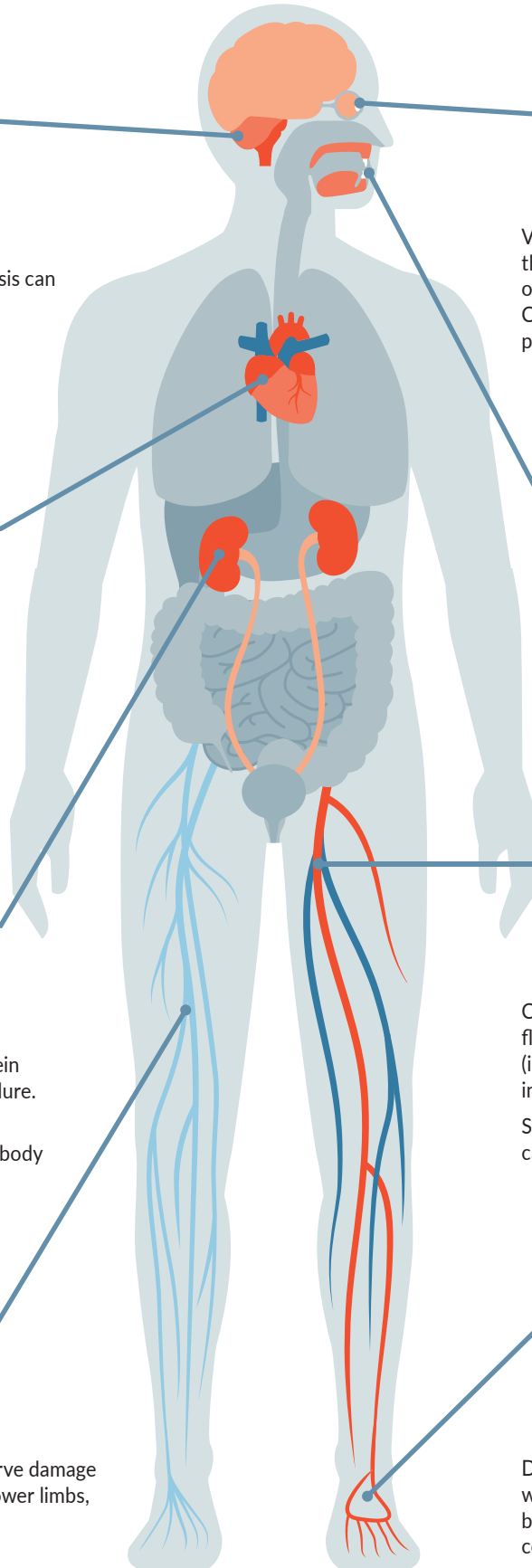
Skin – dry cracked skin especially to the feet can lead to discomfort and fissures in the skin.



Nerve Damage – slow gastric emptying, nerve damage can cause "pins and needles" sensation in lower limbs, reduced pain sensation (silent heart attack)



Diabetes increases the risk of infection and wounds to the feet due to possible nerve and blood vessel damage. Untreated foot wounds could lead to amputations.



Healthy Eating

In the past, the “diabetic diet” was very restrictive. It is no longer viewed as a “diet” that you must follow. Instead, it is being more aware of your current eating habits and making gradual improvements for overall health. The DASH Diet is a good guide.

Carbohydrate is what breaks down to sugar. The goal is to eat some carbohydrate at each meal. Carbohydrate comes from: fruit, dairy and starches which include bread, cereal, starchy vegetables, potato, rice, pasta and many snack foods. We need these foods for the energy they provide our body and for the nutrients that they provide. We need these nutrients whether we have diabetes or not.

Sweets are also high in carbohydrate, but these are considered “empty carbs” as they do not have many other nutrients in them.

Typically, women need 45-60g carbohydrates per meal and men need 60-75g per meal. But this depends on activity levels, weight loss needs and current eating habits. A dietitian or CDCES can help you develop a healthy eating routine specific for you.

Recommendations:

- Eat a variety of foods including fruits, vegetables, whole grains, lean protein foods and reducing intake of fats, particularly animal fats
- Meals should be 4-5 hours apart; snacks may be necessary
- **Don't skip meals**
- Focus on carbohydrates that are high in nutrients and fiber while reducing intake of “empty carbs” or sweets, such as sodas and juices
- Lose weight if overweight (a 5-10% weight loss can help your body use your insulin better), eat smaller portions
- Read food labels for total carbohydrate – sugar is included in the total

1. Check the **Serving size** first. All the numbers on this label are for a 2/3-cup serving.
2. **This package has 8 servings.** If you eat the whole thing, you are eating 8 times the amount of calories, carbs, fat, etc., shown on the label.
3. **Total Carbohydrate** shows you types of carbs in the food, including sugar and fiber.
4. Choose foods with **more fiber, vitamins, and minerals.**
5. Choose foods with **lower calories, saturated fat, sodium, and added sugars.** Avoid trans fat.









Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per serving	
Calories	230
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 240mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

DASH Eating Plan

Dietary Approaches to Stop Hypertension

Eating nutritious foods will help you control your blood pressure. The DASH diet emphasizes fruits and vegetables, low fat milk products, and whole grains. It is a Mediterranean diet full of nutrients that are good for your heart and good for your health. This eating plan is for 1,800 calories per day. The sample menu on the following page is based on this plan.

Food Group	Servings	Serving Size	Examples
 Vegetables	4-5 per Day	1 cup raw leafy greens 1/2 cup chopped raw or cooked vegetables 1/2 cup vegetable juice	Lettuce, kale, spinach, broccoli, carrots, green beans, squash, sweet potatoes, tomatoes, asparagus, green peppers, low sodium tomato juice
 Fruits	4 per Day	1 medium fruit 1/2 cup cut fresh, frozen or canned fruit 1/4 cup dried fruit 1/2 cup 100% fruit juice	Apples, bananas, berries, oranges, pineapple, peaches, pears, grapes, melons, raisins, dried apricots <i>Limit juice to one serving a day</i>
6  Grains	6-7 per Day	1 slice of bread 1/2 - 1 cup dry cereal 1/2 cup cooked rice, pasta or grain	Whole wheat bread and rolls, whole wheat pasta, English muffin, brown rice, pita bread, popcorn, oatmeal, quinoa, unsalted pretzels
 1% Fat or Non-Fat Milk and Dairy Products	2-3 per Day	1 cup milk or yogurt 1 1/2 ounce cheese	1% fat or non-fat milk, reduced fat cheese, fat free or low fat regular or frozen yogurt
 Poultry, Fish, Lean Meats	4-6 ounces per Day	1 ounce cooked meat, poultry or fish 1 egg = 1 ounce serving	Choose lean meat and trim visible fat, remove skin from poultry. Bake, broil or poach
 Beans, Nuts, Seeds	4 per Week	1/3 cup or 1 1/2 ounce nuts 2 tablespoons peanut butter 2 tablespoons or 1/2 ounce seeds 1/2 cup cooked beans or dry peas	Almonds, walnuts, sunflower seeds, peanuts, peanut butter, kidney beans, pinto beans, lentils, split peas
 Oils, Fats	2 per Day	1 teaspoon soft margarine 1 teaspoon vegetable oil	Soft margarine, vegetable oils (canola, corn, olive or safflower), low fat mayonnaise, light salad dressing
 Desserts, Sweets, Added Sugars	4 or less per Week	1 tablespoon jelly 1/2 cup sorbet 1 small cookie	Jams and jellies, fruit punch, hard candy, maple syrup, sorbet and ices, sugar

Sample DASH Menu

This menu follows the DASH eating plan outlined on the previous page.

Serving guideline	Sample menu
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Breakfast

2 grains	1 cup cooked oatmeal
1 fruit	1/2 cup canned pears, packed in juice



Morning Snack

1 fruit	1 small banana
1 dairy	1 cup yogurt



Lunch

	Turkey Sandwich:
2 grains	2 slices whole grain bread
2 vegetables	2 slices of tomato & 2 large romaine lettuce leaves
1 dairy	1 slice low sodium Swiss cheese
2 ounces protein	2 ounces sliced turkey
	1 tablespoon mustard
1 vegetable	1/2 cup low sodium vegetable juice



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Afternoon Snack

1 fruit	1 apple
1/3 cup nuts	1/3 cup almonds



Dinner

	Baked Fish with Rice and Vegetables
2 grains	1/2 cup cooked brown rice
3 ounces protein	3 ounces baked fish
2 fats or oils	with 1 tablespoon oil
2 vegetables	1/2 medium sweet potato
	1/2 cup cooked green beans
1 dairy	1 cup non-fat milk
1 fruit	1/2 cup sliced strawberries





Where do I start?

1. First write down everything you eat in a day.
2. Compare your meals to the DASH eating plan.
3. Online tools to track your foods and physical activity are also available. Try supertracker.usda.gov.

Tips for using a DASH eating plan:

- Choose fruit for an easy to grab snack. Try fruit that is ready to eat like apples, bananas or canned cut fruit. Pick canned fruit that is canned in juice.
- Try casseroles, pasta and stir-fry dishes. They are great ways to use less meat and more vegetables, beans and grains.
- Add an extra vegetable serving to your lunch and dinner.
- Wash and cut up fresh vegetables and keep them in a clear container in the fridge. This will save you time when you want to use them.
- Keep frozen vegetables handy to add to stir-frys, casseroles, homemade soups and sauces.
- Choose whole grain products whenever you can. They will help fill you up and add fiber to your diet.
- Include low-fat milk with meals. Replace sweetened drinks with low-fat milk. Add low-fat milk to cooked cereals and homemade soups.
- Slowly reduce your portion size of meat, poultry, or fish. Fill your plate with more vegetables instead.
- Snack on low-fat yogurt or a small piece of low-fat cheese.
- Take the saltshaker off the table. Do not add salt when cooking, or cut the amount in half.
- Avoid processed foods.

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Divide your plate as a guide.

Fill 1/2 of your plate with vegetables.

Fill 1/4 with a whole grain.

Fill the other 1/4 with lean meat, poultry, fish or beans.

Have a salad and milk on the side.

Add fruit for a sweet treat.

What's your serving size?

Compare the size of your food portions to the serving sizes listed in the DASH eating plan and sample menu. Use these common objects to help you estimate the amounts of food to eat, especially when you are not able to weigh or measure the food.



Where is the salt?

Most of the salt we eat comes from processed packaged and restaurant foods, rather than a saltshaker at the table. Check Nutrition Facts labels to compare sodium content.



77%
is from packaged
and restaurant food.



11%
is from salt added
to food while
cooking and eating.



12%
is naturally occurring
in foods.

Nutrition Facts

Serving Size 1/2 cup (130 g)
Servings per container: About 3.5

Amount Per Serving

Calories 130 **Calories From Fat** 0

% Daily Value*

Total Fat 0g **0%**

Saturated Fat 0g **0%**

Trans Fat 0g

Cholesterol 0 mg **0%**

Sodium 530mg **23%**

Total Carbohydrate 29g **10%**

Dietary Fiber 5g **20%**

Sugars 12g

Protein 6g

Vitamin A 0% • Vitamin C 0%

Calcium 4% • Iron 10%

*Percent daily values are based on a 2,000 calorie diet.

The amount of salt in food is listed as "Sodium" on the Nutrition Facts label. In general, adults should eat less than 2,300 mg of sodium per day (about a teaspoon of table salt). People with high blood pressure should limit intake to 1,500 mg per day. On Nutrition Facts labels a % Daily Value above 20% for sodium is considered high. Try to select foods that provide 5% or less per serving.

Physical Activity

Physical activity is important for *every body*. It can especially be helpful in managing blood sugar levels and to help with weight loss. Sugar fuels the muscles to do work. A car burns more gas driving up a steep hill vs. idling at a stop sign just like we burn more sugar if walking up a hill vs. sitting on the couch.

It is important to talk with your medical provider before increasing physical activity. And start slowly with very slow progression in time and intensity of your activity. The eventual goal is at least 30 minutes of activity per day and some strength training 2-3 times per week. Building muscle helps your body to use your insulin better so your pancreas doesn't have to make as much insulin. Other benefits of activity:

- Reduces the amount of medicines needed for health
- Reduces risk of heart attack and stroke
- Lowers blood pressure
- Improves circulation
- Reduces stress
- Reduces depression
- Improves sleep quality
- Improves fitness and reduces injuries
- Feel better!

Recommendations:

- Consult your medical provider before changing your activity routine (other than walking)
- Wear some form of identification with you when doing out-door activity
- Check your blood sugar before activity
- Always carry a fast-acting sugar source with you in case of a low blood sugar (glucose tablets, raisins, hard candy)
- Drink extra water
- Move more in your daily activity – take the stairs, park further away, hide the remote, march in place, pump your arms
- Do activity you enjoy



Blood Sugar Monitoring

The only way to know what your blood sugar is and what patterns you have is to check your blood sugar. This can be done with a blood glucose meter or in some cases, with a continuous glucose sensor. If you need to record blood sugars, there is a log on page 16.

Your medical provider will discuss with you:

- Your specific blood sugar goals
- How often you should check your blood sugar
- What time to check

To check your blood sugar:

- **Wash your hands with soap and warm water and thoroughly dry them. Any residue on your fingers can cause a false high blood sugar.**
- Gently press the lancet device to the side of your finger and press the button to draw a small drop of blood. Gently squeeze to get an adequate drop
- Touch the meter strip to the drop of blood
- Dispose lancet in a hard plastic container (laundry detergent bottle)

When to check your blood sugar:

- To learn how meals impact on blood sugar, check before and 1-2 hours after a meal
- To learn how your liver's production of sugar through the night impacts on AM numbers check before bed and when you first wake up
- To learn how activity impacts on blood sugar, check before and following activity
- Whenever diabetes medications are changed
- If you are sick or under increased stress

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What is the A1c:

- Hemoglobin A1c or A1c level refers to a blood test that shows what your average blood sugar level has been over the past 3 months

Blood Sugar goals:

Goals should be individualized by health care provider.

	Person without diabetes	Person with diabetes (ADA Recommendations)
Before meals	Less than 100	70-130
1-2 hours after meals	Less than 140	Less than 180
A1c	Less than 6%	Less than 7%

High Blood Sugar (hyperglycemia)

Your blood sugar is poorly controlled when it goes up and stays high. This can lead to both acute and chronic complications.

Symptoms:

- Thirst
- Hunger
- Frequent urination
- Dry skin
- Tired/feeling sleepy
- Blurred vision
- Nausea
- Shortness of breath (Type 1)

Reasons for high blood sugars:

- Eating more carbohydrate than usual
- Increased stress (physical illness or emotional stress)
- Not taking medication as directed
- Less activity than usual
- Old insulin or insulin that was not stored properly
- Taking steroids, steroid injections, or medications that contribute to high blood sugars

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What to do if you have high blood sugars:

- Do not skip your medicine or meals
- Drink extra water or sugar free/caffeine free beverages
- Move more
- Check blood sugar more frequently
- If you have Type 1 diabetes, check urine for ketones using a urine ketone test strip if nauseous, vomiting or blood sugar remaining over 250 after giving insulin

When to call your medical provider:

- Vomiting, confused, excessive sleepiness or short of breath
- Your blood sugar remains over 180 for 3-7 days (discuss with your medical provider)
- If you have 2 or more consecutive blood sugars over 300
- Type 1 diabetes – if you have moderate to large ketones

Low Blood Sugar (hypoglycemia)

Low blood sugar is considered to be less than 70 or less than 60 if you have Gestational Diabetes. If you are treating your diabetes through healthy eating and exercise, it is unlikely you will have any low blood sugars. It is more likely to occur if you are on insulin or certain medications. If blood sugars go below 50, the brain cannot think correctly and you may need assistance from others. Prevention of low blood sugars is key.

Symptoms:

- Shaky
- Sweaty
- Headache
- Rapid heart rate
- Anxious feeling
- Light headed
- Confused
- Tired
- Angry
- Tingling around your mouth
- Clumsiness – rubber feeling legs

Note: these symptoms can change so if feeling “funny”, check blood sugar

Reasons for low blood sugars:

- Didn't eat as much carbohydrate as usual
- Eating meals/snacks later than usual
- More active than usual
- Took too much medication/insulin
- Alcohol

What to do if you have low blood sugars:

- Check blood sugar
- Eat 15 g fast acting carbohydrate (1/2c. juice, 1/2c regular soda, 3-4 glucose tablets or hard candies, 2 Tablespoons raisins, 1 Tablespoon honey or maple syrup) Avoid treating with chocolate or food containing fat.
- Check blood sugar 15 minutes later to make sure it is over 70.
- If person is conscious but unable to eat, put a slurry of sugar and water, glucose gel or cake icing between the cheek and gum.
- If the person with diabetes is unconscious, treat with glucagon injection or nasal dose and call 911.

When to call your medical provider:

- If you have 2 or more episodes of blood sugar less than 70 in 1 week
- If you have any questions regarding low blood sugar – they can be dangerous

Sick Days:

Being sick can make it harder to manage your diabetes. Even if your blood glucose is usually at your goal, illness can cause your body to release hormones that raise blood sugar (blood glucose) levels, making it harder to keep your blood sugar in your target range. That's why it is important to check your blood glucose often.

For example, for a minor illness check it every 6 hours, and every 2 to 3 hours for a severe illness. If you have Type 1 Diabetes, your diabetes care team may recommend testing for ketones every 4 to 6 hours or if blood glucose is higher than 240 mg/dL.

Eating well is important when you are sick, so try to follow your usual meal plan as best you can. If you are unable to stick to your meal plan but can eat some food, have simple carbohydrates available that are easy to eat and drink. Examples include soups, sports drinks, toast, and jello. Make sure you also have fast acting carbohydrates handy in case of any low blood sugars.

Staying hydrated is very important, so make sure to get enough water. If you're having trouble keeping water down, have small sips every 15 minutes or so throughout the day.

Even if you feel too sick to eat, be sure to take your diabetes medication as directed, unless your diabetes care team tells you not to.

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Check with your diabetes care team or pharmacist before taking any over-the-counter (OTC) medicines, like aspirin, cough syrup, or decongestants. OTC medicines might raise or lower your blood glucose. Choose sugar-free medicines if they are available.

Staying up to date with recommended vaccines and screenings can help decrease your chance of getting sick.

You and your diabetes care team can work together to develop a sick day plan before you become ill to make it easier to take care of your diabetes when you are not feeling well.

When to Call Your Diabetes Care Team?

Part of your individual sick day plan should include when to call your care team. You should any time you have questions or concerns, or you are not sure what to do. Refer to zones on next page.

Diabetes Zones to Help Manage Diabetes

Green Zone: You Are OK!	<p>Generally, the goal of treatment is to maintain the following blood sugar levels:</p> <ul style="list-style-type: none"> • Before Meals: 80-130 mg/dL • After Meals: below 180 mg/dL • A1c Level: less than 7%
Yellow Zone: Call Your Diabetes Care Provider	<ul style="list-style-type: none"> • Your blood sugar is at or above ___ mg/dL for two days in a row • You have been sick or have had a fever for 2 days or longer, and you are not getting better • If you have any of the following for more than 6 hours: Nausea; Vomiting; Diarrhea; Cannot Eat or Drink • If you develop any symptoms, such as: Fatigue; Weight-loss; Excessive Thirst; Light-headedness; Fruity or sweet-smelling breath; Excessive Urination; Vision Changes; Confusion or Irritability; Rapid Breathing; Pain in Your Stomach; Feeling Flushed • Your blood sugar is lower than 54 mg/dL • Your blood glucose monitor reads “high” even when you are taking insulin
Red Zone: Take Action Call 911	<ul style="list-style-type: none"> • You used emergent glucagon to treat a low blood sugar • You become confused or have trouble thinking clearly • You have difficulty breathing • You faint • You have chest pain • You have sudden trouble speaking or swallowing • You have vomiting or diarrhea that gets worse after 3 hours • You are unable to stay awake • You are severely dehydrated, symptoms include: Extreme Thirst; Dry Mouth; Rapid Breathing • You require assistance to lower blood sugar

DIABETES CONTROL CHART

	Good			Poor					
HbA1c Test Score	6.0	7.0	8.0	9.0	10.0	11.0	12.0	13.0	14.0
Blood Glucose mg/dL	115	150	180	215	250	280	315	350	380

Your goals depend on your age and health. Please discuss with your provider.

THE DOS & DON'TS

FOR DIABETIC FOOT CARE

DIABETIC FOOT CARE DOS

CARING FOR YOUR FEET



Inspect your feet daily, including the bottoms, for cuts, blisters, redness, swelling or nail problems.



Regularly moisturize your feet to avoid itching or cracking.



Get periodic foot exams from a foot and ankle surgeon to prevent complications – they can reduce risk of amputation by 45-85 percent.

A STEP EACH DAY CAN HELP KEEP PROBLEMS AT BAY



Keep the blood flowing to your feet; wiggle your toes and move your ankles for 5 minutes, 2-3 times a day.



Shake out your shoes and feel for objects inside before wearing; you may not feel a small foreign object when your shoe is on your foot.



Maintain healthy blood sugar levels; out-of-control blood sugar levels can lead to nerve cell damage.

DIABETIC FOOT CARE DON'TS

A DEGREE OF PREVENTION

Never use heating pads, hot water bottles or electric blankets; you can easily burn your feet without noticing.



Don't put your feet in hot water – test with your hand first.



Don't try to remove corns or calluses – visit your foot and ankle surgeon for appropriate treatment.



TIPS FOR SAFE STROLLING

Don't wear tight, elastic or thick, bulky socks.



Don't let your feet get wet in snow or rain – wear warm socks and waterproof shoes in the winter.



Don't walk barefoot, even at home! You can easily get a scratch or cut.



CHARCOT FOOT

Charcot Foot is a weakening of the bones and joints that occurs in people with significant nerve damage (neuropathy).

SYMPTOMS INCLUDE:

swelling, redness, heat, insensitivity of the foot, with or without pain.

WHAT TO WATCH FOR...

Keeping blood sugar levels under control can help reduce the progression of nerve damage in the feet.

Check both feet everyday and see a foot and ankle surgeon immediately if you notice signs of Charcot Foot.



Medications

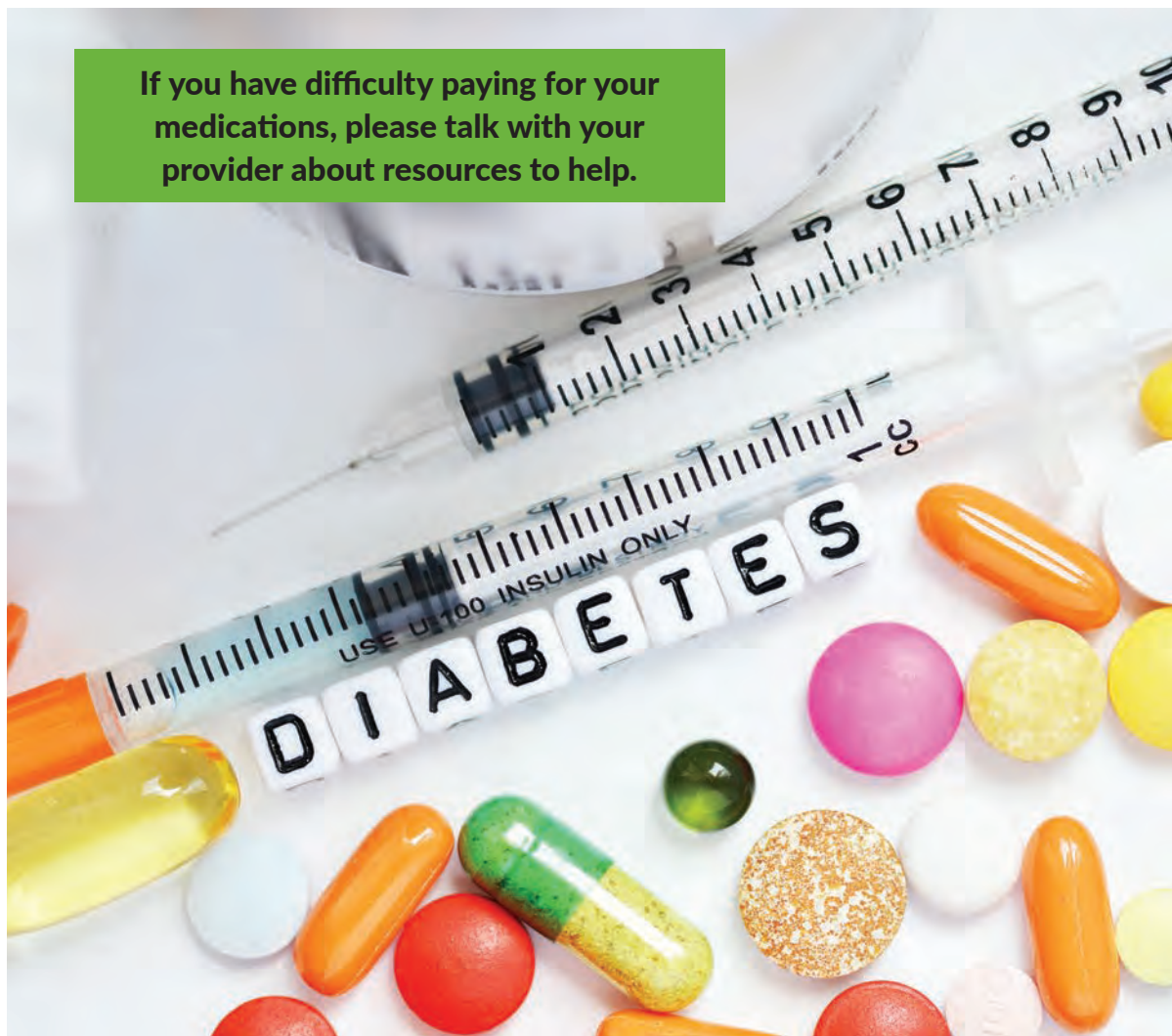
There are many different types of medicines for treating diabetes. Your medical provider will discuss options with you. Most medicines should be taken at the same time each day and always take your medicine as directed. If you have any questions, discuss them with your medical provider, pharmacist or CDCES. They should be able to educate you on:

- How the medicine works in your body
- When to take the medicine
- What to do if you miss a dose
- Possible side effects

Do not stop your medicine or start any herbal medicines or dietary supplements without discussing with your medical provider, pharmacist or CDCES.

Need help paying for your medicine? Talk with your healthcare provider.

If you have difficulty paying for your medications, please talk with your provider about resources to help.



Types of Drugs that are Used in Treating Diabetes



α -Glucosidase Inhibitors (Starch Blockers)

These medications help your body digest sugar more slowly. They should be taken with the first bite of each meal.



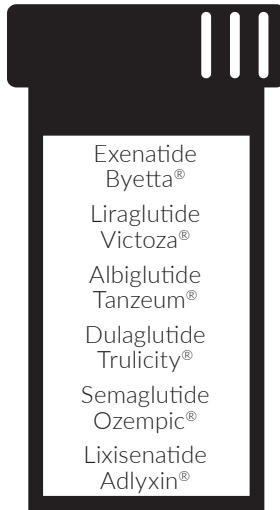
Biguanides

These medications stop your liver from making too much sugar. They also help your body use sugar more effectively. You may experience some diarrhea when you first start taking, this should improve with time.



DPP-4 Inhibitors

These medications help your body release more insulin and decreases the amount of sugar your liver releases.



GLP-1 Agonists

These medications help your pancreas release more insulin when your blood sugar is high, help prevent your liver from making and releasing too much sugar and slows down food leaving your stomach. This makes you feel fuller after eating which can help with weight loss.



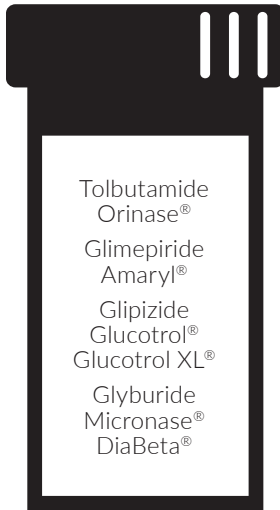
Meglitinides

These medications help your body make more insulin around mealtime. These medications should be taken within 30 minutes before a meal.



SGLT-2 inhibitors

These medications prevent sugar from being absorbed in your kidneys and causes sugar to leave your body in your urine. Let your doctor know if you have discomfort when you urinate as it could be a sign of an infection.



Sulfonylureas (SFUs)

These medications help your body make more insulin. Make sure to eat after taking these medications as they can lower your blood sugar.



Thiazolidinediones (TZDs)

These medications help the cells in your body use glucose. Common side effects include fluid retention and weight gain. These take 4-6 weeks to see benefits.

**These Medications Often Change.
Make sure to ask your provider any questions you may have.**

Insulin

Insulin is a naturally occurring hormone that helps your body absorb sugar into your cells to be used for energy. Sometimes our body does not produce enough insulin, other times our body doesn't use insulin properly.

There are different kinds of insulin which differ based on three things:

- Onset – how long before it starts to work
- Peak – when it reaches its maximum effect
- Duration – how long it continues to work

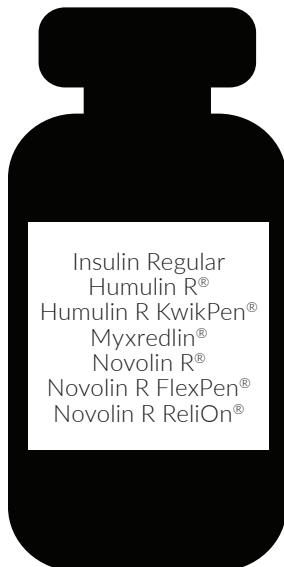
Insulin Storage: it is recommended that insulin be stored in a refrigerator at 36°F to 46°F.

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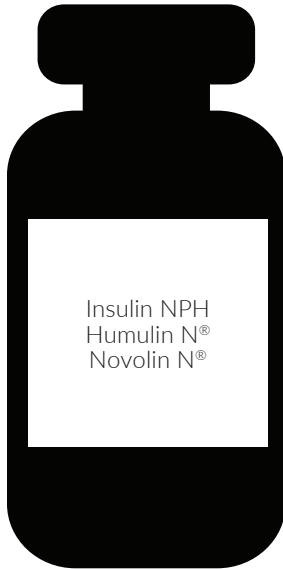
Rapid-Acting Insulins

Start working 15 minutes after injecting. Have maximum effect in about 1 hour and continues to work for 2 to 4 hours. For that reason, it is injected at up to 20 minutes prior to meals.



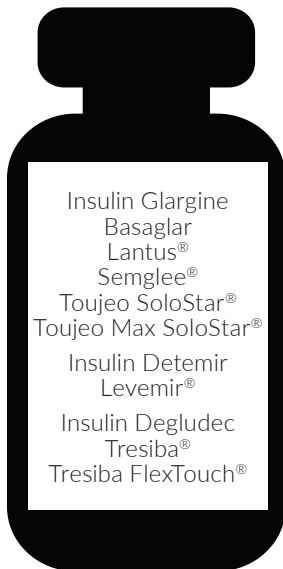
Regular or Short-Acting Insulins

These insulins will start working 30 minutes to 1 hour after injection, have maximum effect in 2 to 3 hours and will continue to work for 3 to 6 hours. Short-acting insulin can be taken at 30 minutes prior to meals.



Intermediate-Acting Insulins

These insulins start working in 2 to 4 hours after injecting, have maximum effect in 4 to 12 hours, and continue to work for 12 to 18 hours.



Long-Acting Insulins

These insulins tend to work for 24 hours or greater, and for that reason they are typically injected in the morning or at bedtime. These insulins help you maintain a steady-state insulin level throughout the day.



Ultra-Long-Acting Insulins

These insulins start working in 6 hours, do not peak, and last about 36 hours or longer.

If you have difficulty paying for your medications, please talk with your provider about resources to help.

Make These Steps a Permanent Part of Your Life

Following these steps your provider recommends will help you stay out of the hospital. You can stay active and enjoy life by following their advice.

1. Take the medications prescribed by your provider.
2. Eat a balanced diet
3. Know the diabetes Zones
4. Go to **ALL** of your provider appointments
5. Check your feet daily
6. Get exercise as directed
7. Caffeine, alcohol and tobacco may effect your blood sugar. Please discuss with your diabetes care provider.



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Patients who follow these steps **live longer**, **feel better**, and **spend less time in the hospital**.



Tobacco & Vaping Cessation Supports

Phone Support – 13 years old & older

Call toll-free: 1.800.QUIT.NOW (784-8669) and get connected to a personalized, supportive, and private way to get help for free.

- Free nicotine replacement products with participation in phone support (NRT)
- Scheduled individual tobacco cessation counseling

Online Support & Resources

Connects you with former smokers and others trying to quit. Plus, you'll find online resources for information, tips, and tools to help increase your chances of successfully quitting. <http://802quits.org>

My Healthy Vermont Self Management Workshops

Chronic Disease Workshop – 2½ hours, once a week for 6 weeks

For individuals with conditions such as heart disease, diabetes, depression, liver disease, bipolar disorder and emphysema.

Chronic Pain Workshop – 2½ hours, once a week for 6 weeks

For individuals suffering from pain including chronic musculoskeletal pain, fibromyalgia, chronic pelvic pain, post-surgical pain and post stroke pain.

Diabetes Workshop – 2½ hours, once a week for 6 weeks

For individuals who have been diagnosed with type 2 diabetes. Guided by two leaders who are personally familiar with diabetes, focusing on techniques to deal with symptoms, such as hyper/hypoglycemia.

Diabetes Prevention Program – 1 hour, once a week for 16 weeks

For individuals who are over 18 years old, overweight, and have been diagnosed with pre-diabetes or gestational diabetes. The Center for Disease Control and Prevention developed a workshop for preventing type 2 diabetes and tips for lifestyle changes. Focusing on weight loss, healthy eating and physical activity. Follow-up with 9 maintenance sessions.

Health Coaching for Hypertension – 1½ hours, once a week for 8 weeks

For people living with high blood pressure consistently higher than 120/80 mmHg. Help participants manage, lower, and prevent future complications with high blood pressure through healthy eating, physical activity, medication management, stress management, and goal setting for behavior change.



RCC

Rutland Community Collaborative

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please talk with your provider about resources to help.**