

Diabetes Matters

Volume IV of IV

Fall/Winter 2000

Welcome to Volume IV of *Diabetes Matters*, the last installment in this *PERS Health Insurance Diabetes Education Series*. This series has been a joint effort of Providence, ODS Health Plans and Kaiser Permanente to support you in your role as the person who cares for your diabetes seven days a week, 24 hours a day.

Each of the articles in this series has been written by Betty Brackenridge, MS, RD, CDE, Director of Professional Training for Diabetes Management and Training Centers, Inc., of Phoenix, Arizona. Brackenridge is a former president of the American Association of Diabetes Educators and author of many articles and books for the general public on diabetes care, including *Diabetes 101: A Pure and Simple Guide for People Who Use Insulin*. John Wiley and Sons, 1998

You Must Remember This

Those words are more than a nostalgic line from a wonderful old song. They are here to remind you how important certain information is to you and your healthy life with diabetes. In this series we have touched on many of those memorable topics. This series has been designed to both raise your awareness and increase your knowledge.

Common myths about diabetes

These are misconceptions held by many people with diabetes, and even by some health care providers. Debunking the myths can clear the path toward a more productive and realistic approach to diabetes. If you haven't read issues I and II, pull them out to identify outmoded information that may be standing

between you and better diabetes control.

Important yearly checks

Everyone knows diabetes can cause serious health problems. But did you also know that most of those problems don't hurt a bit until they are quite advanced? The summer issue detailed certain recommended lab and physical checks that are imperative to identifying any problems created by diabetes at an early and treatable stage. A *Diabetes Care Guide* wallet card was provided with the issue. Use it to keep your health check results in one place.

Blood sugar monitoring

It's all but impossible to manage diabetes without the feedback provided by regular blood tests. If you're not testing, revisit Volume I for

Knowing the Enemy

more information. You can't manage diabetes by how you feel. You have to base your decisions on real information: the numbers provided by blood sugar testing.

We've also discussed exactly what's meant by "control," the latest thinking about managing carbohydrate foods to help fit diabetes control more comfortably into your lifestyle and the importance of finding diabetes early. All great information that we urge you to read or review.

You may still be wondering what all the fuss is about. If you're feeling fine, is it really essential to have those checks done, get your HbA1c below 7 percent or work harder to get your blood pressure below 135/80? Yes, and to clarify why this subject is worth a lot of effort on your part, this issue will discuss what can go wrong when diabetes treatment falls short of the mark.

The list of possible health problems associated with diabetes is truly sobering: heart attacks, stroke, circulation problems, kidney disease, loss of vision, sexual problems and amputation. These problems are not inevitable, rather, they are the result of uncontrolled diabetes. The impact is even more severe when high blood sugars combine with high blood pressure and blood fat problems like high cholesterol and high triglycerides.

Heart disease

Heart problems are the leading cause of death among people with diabetes. Large blood vessels become clogged, plaques form and the stage is set. One in two women with diabetes die from heart disease while only one in 26 dies from breast cancer. Excellent control of blood pressure (at 135/80 or below), blood fats and blood sugar offer significant protection.

Amputation

The loss of a limb to infection is a frightening prospect, but one that is almost entirely

preventable. Nerve damage from uncontrolled diabetes may lead to a loss of feeling in the feet. Because affected people cannot feel pain, they are unaware of developing problems. Daily foot exams at home, well-fitting shoes and periodic tests of the feeling and circulation in the feet and legs by your health team can assure that you'll still be "hanging ten" years from now.

Loss of vision

The retina, or back surface of the eye, is fed by a network of tiny blood vessels. When high blood sugars and high blood pressure combine, they can severely damage those small vessels. Although this type of damage has no symptoms at its earliest stages, if left untreated, it can eventually cause total loss of vision.

The American Diabetes Association recommends that every person with diabetes have a retinal check every year. This is different than the eye exam done to get your glasses. Ask your doctor for a referral each year to check and protect your precious eyesight.

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Has Diabetes Matters Helped You?

This is the last installment of the *Diabetes Matters* series begun last winter. We'd like to know if this has been of benefit to you in your diabetes management. Please take a few moments to answer these questions and return it to:

Health Wise Editor
601 S.W. Second Ave.
Portland, Oregon 97204-3156.

How many of the *Diabetes Matters* series did you receive:

1 2 3 4 Don't know

How many did you read?

1 2 3 4 Don't know

Reading these articles, I learned:

A lot A little Something Nothing

I used information I learned in this series in my own diabetes care.

Yes No

I talked to my doctor about information I learned in this series.

Yes No

I would like another series like this on diabetes.

Yes No

I would like a series like this on another health problem:

_____ (fill in)

Diabetes Types and Differences

There are two main types of diabetes. Both are serious. If you're not sure what kind of diabetes you have, the answers to a couple of simple questions can help you decide.

Knowing which kind you have can help you better use the information about diabetes that appears in the media.

Type 2 diabetes

A disease in which your body needs extra insulin to overcome problems with insulin use in the body. You most likely have Type 2 diabetes if you were treated successfully with pills for any length of time. The chances are even greater if you were overweight when your diabetes was discovered. Being started on insulin after you have had diabetes for several years does not mean that you have "converted" to Type 1 diabetes. Many people with Type 2 diabetes eventually need insulin to control blood sugar.

Type 1 diabetes

A disease of near or absolute insulin deficiency – the pancreas isn't making this important hormone any more. If you were normal weight or lean at diagnosis, chances are you have Type 1 diabetes. This becomes almost a certainty if you have always used insulin to treat your diabetes or have ever suffered a bout of diabetic ketosis, a life-threatening situation caused by absolute lack of insulin.