

Diabetes Matters

Volume I of IV

Winter 2000

Welcome to *Diabetes Matters*, a four-part diabetes education series brought to you by the PERS Health Insurance Program. Watch for invaluable information in this and the next three issues of HealthWise. Also, look on your *Diabetes Resources* page each issue for new resources within your community, on the internet and from your health plan to receive even more helpful diabetes education. Each of the articles in this section were provided by **Betty Brackenridge**, MS, RD, CDE. Ms. Brackenridge is a former President of the American Association of Diabetes Educators, a founding member of the Advanced Studies Institute for Diabetes Education and the recipient of several national awards for her work in diabetes education.

Stay safe with the facts

Diabetes is one of the most misunderstood diseases around. A lack of accurate knowledge about the disease can keep you from managing it correctly. Know the facts. Listed below are five very common myths about this disease.

Myth #1: A person can have a "touch" of diabetes. Having a "touch" of diabetes is no more possible than having a "touch" of pregnancy. Neither can be "borderline." High blood sugars are abnormal and damaging. If you have diabetes, you have it.

Myth #2: My doctor takes care of my diabetes. Diabetes is very different from other diseases you may have had. If you have an infection, your doctor gives you medicine to kill the germs. If

(s)he picks the right antibiotic, the problem goes away. In this case, what the DOCTOR does is most important to the outcome. In diabetes, however, what YOU do is what's most important. You are in charge of the daily decisions: what to eat, when to exercise, whether to check your blood and so on. If you leave everything in your doctor's hands, you are almost sure to have poor control.

Myth #3: As long as I feel OK, my blood sugar doesn't matter. Blood sugars above the normal range damage eyes, kidneys, nerves and blood vessels. These problems are not usually noticeable until the damage is truly serious.

You cannot manage diabetes by how you "feel." To protect your health, manage it by the numbers! (See related stories on blood sugar monitoring and goals of control)

Myth #4: Blood testing and diabetes education are only for people with "bad diabetes." Because your decisions are the most important part of diabetes care, you need the right information and tools, RIGHT FROM THE START. Would you fly in an airplane with a pilot who didn't know how to keep the thing in the air? Of course not. Your body is in just as much danger as that plane unless YOU know what you're doing. Ignoring

Continued

this reality doesn't change it. Learning to manage your diabetes is what allows you to bring the plane in safely.

Myth #5: "Bad diabetes" is the kind where you take insulin.

Insulin is not your enemy, high blood sugar is! Most people with type 2 diabetes eventually need insulin - not because they have done anything wrong, or because their diabetes is now more dangerous. They need it simply because their pancreas has worn out. High blood sugars and high hemoglobin A1c's make your diabetes very dangerous and your risk of diabetes complications great. The only "good" diabetes is CONTROLLED diabetes. It has nothing to do with the form of treatment.

Look for 5 More Myths of Diabetes in Volume II of *Diabetes Matters!*

Monitor your blood sugar regularly

If you're not testing your blood sugar regularly, you're ignoring your most powerful tool for better control. You may have stopped testing because you think that it doesn't change things. That's very true if you simply give the results to your doctor every few weeks. The real power of testing comes from using it in a very different way.

Make testing YOUR tool. Test to see the effect of what you do. You can use this information every day to better understand your diabetes and improve control months before you see the doctor again.

TRY THESE TWO EXPERIMENTS:

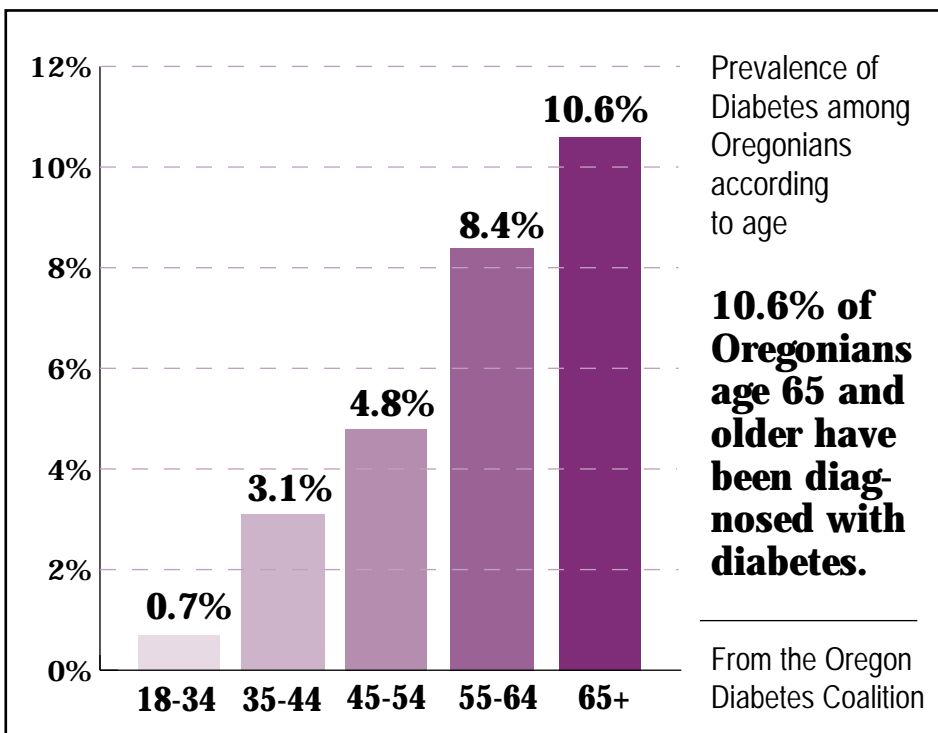
#1. Is your dinner working for you? Most people who test, only test before meals. This gives a very incomplete picture of control.

Test after supper at least two nights in the next week. If your blood sugars are above 180mg/dl after eating, it's time for some changes.

Eating less food, especially foods with starches or sugars, may help. If it doesn't, talk to your doctor about your medicine types or doses. Or try exercise.

#2. What does activity do to your blood sugar? If you have type 2 diabetes, you've probably been told to exercise either to lose weight or to improve blood sugar control. It may help to see exactly what exercise can do. Check your blood sugar. Go for a walk. A mile is good, but if you've been very inactive, a shorter walk is just fine.

Test your blood sugar when you get home. If you are like most people with type 2 diabetes, you will see a big improvement in your blood sugar with just a short walk. If you found high blood sugars in #1 above, a walk may be one way to improve things.



The Goals of Control

The complications of diabetes are extremely serious: heart disease, blindness, kidney failure and nerve damage. Thankfully, your risk for these problems can be greatly reduced or even eliminated through good control. The Oregon Diabetes Coalition has set the following goals for blood sugar, blood pressure, and blood lipid (blood fats) control. Their purpose is to protect the health of people with diabetes and cut the human and financial costs of this disease.

Hemoglobin A1c

(measures your blood sugar control over the last three months. It is the best way to know if your blood sugar is under control.)

8 PER CENT or lower

Blood Pressure

less than 130/85 mm

LDL Cholesterol

below 130 mg/dl
(less than 100 if you have heart disease)

Are you at risk for diabetes? Find out!

Approximately 1 in 10 Americans over age 60 has diabetes. The number is even higher among certain ethnic groups and in people with a family history of the disease. At least a third of people with diabetes don't even know they have it.

As a result, nearly half already have complications when their diabetes is first diagnosed. Answer the fol-

lowing questions to learn if you're at risk.

If your total score is 10 or more, you are could be at risk for diabetes. Check with your doctor to determine if you should have a fasting blood glucose test. This is the test that is now used to diagnose diabetes. What you don't know CAN hurt you when it comes to undiagnosed diabetes.

Diabetes self-assessment

	YES	NO
I am overweight or obese	5pts	0pts
I get little or no exercise during a usual day	5pts	0pts
I am between 45-64 years of age	5pts	0pts
I am 65 years old or older	9pts	0pts
I am a woman who had a baby weighing more than nine pounds at birth	1pt	0pts
I have a sister or brother with diabetes	1pt	0pts
I have a parent with diabetes	1pt	0pts
TOTAL POINTS		

WE'D LIKE TO TALK WITH YOU!

If you are a PERS member with diabetes and would like to be featured in an article entitled, "Living with Diabetes," in the next volume of this series, contact us today!

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Diabetes Resources

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The information contained in these resources is not intended to be a substitute for professional medical advice or medical care. Always seek the advice of a physician or other qualified health provider with any questions you may have regarding a medical condition or prior to starting any new treatment.

RESOURCES AVAILABLE TO ALL PERS MEMBERS

BOOKS & MAGAZINES

AMERICAN DIABETES ASSOCIATION PUBLICATIONS

To order, call 1-800-342-2383

The American Diabetes Association Complete Guide to Diabetes

The American Diabetes Association Healthy Living Catalog

Diabetes A to Z: What You Need to Know About Diabetes - Simply Put

Diabetes Forecast

Diabetes Self-Management
bi-monthly magazine
R. A. Rappaport Publishing Inc.
1(800)234-0923

The Johns Hopkins Guide to Diabetes: For Today and Tomorrow
Christopher D. Saudek, Richard R. Rubin, Cynthia S. Shump
Available at bookstores

BOOKS & MAGAZINES

The Joslin Guide to Diabetes: A Program for Managing Your Treatment

Richard S. Beaser,
with Joan V. C. Hill
Available at bookstores

The Type II Diabetes SourceBook

David E. Drum, Terry Zierenberg
Available at bookstores

BY PHONE

American Diabetes Association
Oregon Affiliate
1-800-342-2383

American Dietetic Association
Nutrition Information Line
1-800-366-1655

Providence AudioLibrary
1-800-700-0561

ON THE INTERNET

American Diabetes Assoc
www.diabetes.org

Center for Disease Control
Diabetes & Public
Health Resource
www.cdc.gov/diabetes

Providence Health Library
www.providence.org

Kaiser Permanente
www.kp.org

ODS Health Plans
www.odshealthplans.com
www.diabeteswebsite.com

Mayo Health Oasis
www.mayohealth.org

My Web MD
www.webmd.com

Joslin Diabetes Center
www.joslin.harvard.edu

RESOURCES AVAILABLE THROUGH YOUR HEALTH PLAN

KAISER PERMANENTE

www.kponline.org

Nurse Advice Line
1-800-813-2000

KP Health Resource Centers
Interstate Medical Office South
503-331-6050

Salmon Creek Medical Office
360-571-3080

Sunset Medical Office
503-617-2329

PROVIDENCE HEALTH PLAN

Providence RN
1-800-700-0481

ODS HEALTH PLANS

See general resources above.
For more information,
contact your doctor.