

*The Dakota Diabetes Coalition is proud to offer a regular column on diabetes and related concerns every other Friday.*



Dr. Johnson is a family practice doctor in Grand Forks with a special interest in diabetes -- and a special knack for writing. As a member of the Dakota Diabetes Coalition, he has generously made himself available to answer questions through our listserv. If you have comments, or questions for Dr. Johnson to address in future columns, please contact [gailhand@qwest.net](mailto:gailhand@qwest.net)

Visit the Coalition's website!

<http://www.ndhealth.gov/diabetescoalition/>

### Daily management

# Diabetes Tips for the Times

**Q. What can you advise for patients who get discouraged and need a few more tricks up their sleeve?**

**A.** Lifetime management of diabetes is a daunting task. There are times when patients may feel like nothing they are doing is right, and it's very easy to become 'burned-out' and go into a 'holding pattern'--not really veering into severe control issues, but doing just enough to stay out of trouble, yet probably not meeting guidelines. How can we overcome this as patients and providers?

There are a number of small, fundamental things persons with diabetes can do everyday to keep in good control, but it's important for providers to 'keep their eyes on the ball'. Providers need to effectively communicate not only what the goals are, such as telling people to get their A1C under 7, but what these goals actually mean. For example, with an A1C, most patients need to be reminded of what their blood sugars need to be on their home monitors to translate into effective A1C levels.

Another simple fact that most patients can understand is that their risk of heart attack, stroke and kidney disease can be reduced 25-30% with good blood glucose, blood pressure, and cholesterol management. We aren't just treating numbers, they are tied to outcomes.

## Here are my top 10 tips to help patients manage diabetes:

- 1) **Diabetes treatments have changed and are changing rapidly.** This means can have different expectations of their potential outcomes than their parents or older relatives with diabetes may have had. This is not your father's or mother's diabetes! Diabetes treatment has advanced more in the last 10 years than in the 60 that preceded it.
- 2) **Blood sugar, blood pressure, and cholesterol need treatment in almost all diabetes patients.** Blood pressure and cholesterol are not difficult to treat in most circumstances. I stress to patients that they should fear high blood pressure and high cholesterol--not the safe, effective medications we have to treat them!
- 3) **Lifestyle choices help, but they may not be enough.** In type 2 diabetes, insulin resistance contributes to not only their blood sugar abnormalities, but to elevated blood pressure and cholesterol disorders as well. Eating well and exercising help, but in some patients it may not be enough. We should never hold out the prescribing of medication as a threat to patients who need to 'shape up'. Likewise, all type 2 patients will have declining pancreatic insulin production over time. Therefore, almost all will need insulin replacement at some point, probably 5-10 years after diagnosis unless they have a premature or unnatural death first. It's important for patients to know that this is a normal course for diabetes, that they didn't do anything wrong.
- 4) **If a patient is not checking glucose levels, providers should find out why.** Like everything in diabetes, technology is vastly improved in this area. All meters are accurate when used properly; we should focus on finding a meter that a patient likes, and is comfortable using. Often patients are using outdated meters or lancet devices, and we can increase their comfort considerably with a new device. Many meters offer alternate site testing (such as palm or forearm) and nearly all lancet devices are adjustable for the force with which they strike the skin. If patients say they've stopped testing because they are tired of looking at high blood sugar numbers, we should focus on fixing that, not forcing unnecessary testing unattached to any clinical action. Another overlooked caveat: washing hands prior to testing is very important with regard to accurate, useful blood glucose data.
- 5) **Injectable medications almost always perform better if injected in the abdomen.** Studies have shown that insulin can be absorbed more uniformly from abdominal sites, resulting in greater predictability and performance of the insulin. This is probably true for other injectable medications such as Byetta. Rotation of sites for injection remains important

for similar reasons. Injecting over and over at the same site will decrease absorption and increase blood sugar variability and unpredictability.

- 6) **Carb counting isn't hard and it really helps.** If a patient is on multiple daily injections for diabetes control (a long-acting insulin once or twice daily combined with rapid acting with meals/snacks), try to have the patient practice carbohydrate counting. This isn't difficult, and many patients will be able to make effective guesses about their carbohydrate intake. Matching the rapid-acting insulin to carbohydrate intake can substantially improve glucose readings, particularly after meals. Most patients with type 2 will need 1 to 3 units of rapid-acting insulin per 15 gram carbohydrate.
- 7) **As a patient's A1C gets closer to 7, the post-meal blood sugars become more important.** To really get patients to target, 2 hour post-meal blood sugars should be consistently less than 180. Carbohydrate counting and proper use of rapid acting insulins can go a long way in reaching these goals. Newer medications like Januvia and Byetta target post-meal blood sugars, but their effect is only good in patients who still have adequate pancreatic insulin production. At present, neither of these medications is FDA-indicated for use with insulin.
- 8) **Encourage patients to use the internet and seek out appropriate sources for diabetes information.** All patients should be made aware of the American Diabetes Association website ([www.diabetes.org](http://www.diabetes.org)) for good up-to-date diabetes information. Using general search engines, such as Google, are NOT good sources for reliable diabetes information.
- 9) **A word about exercise: Find something to do that you like.** Even in the absence of weight loss, even modest amounts of activity can reduce blood sugar (particularly post-meal), blood pressure and modify cholesterol abnormalities. Check with your provider before beginning an activity and find an activity that you can perform regularly. For example, if a patient has significant arthritis, walking or jogging may not be the best choices. That person may do better using a pool or exercise bike, or taking up gentle movements associated with yoga. Target activity for 30 minutes 5 times a week, but doing something is better than nothing. Try squeezing in activity where you may not normally, such as taking an extra 10 or 15 minutes to walk around the grocery store or department store in addition to your shopping.
- 10) **What about so-called 'supplements'?** The most frequent questions I get involve cinnamon and Chromium. Neither of these products have effect in type 1 diabetes, and Chromium may have some benefit in type 2 diabetes.

Neither product is particularly harmful if used properly, and as always, patients should consult with their health care provider.

**Finally, a word to the wise: Take a break.** This doesn't mean totally bail out on diabetes, eat an entire cheesecake and throw your meter away. No one is capable of doing a perfect job with their diabetes 24 hours a day, 7 days a week. Allow treats on special occasions, holidays or Super Bowl Sunday. Just remember to get back on track, and don't use it as an excuse to continue with poor management habits because you've 'blown it'.

A planned, controlled respite isn't a binge, it's a small present to yourself, before you return to your regular routine to get reliable results.

\*\*\*

Eric L. Johnson, M.D., is a member of the Dakota Diabetes Coalition. He serves as Assistant Medical Director at Altru Diabetes Center and is an Assistant Clinical Professor in the Department of Family and Community Medicine at the University of North Dakota School of Medicine and Health Sciences.

[Top 10 diabetes Management Tips, Dr. Johnson's Column #11, Dec. 14, 2007](#)

\*\*\*

**Make sure you are up to date and following guidelines. The ADA Standards of Care for diabetes are updated each January and can be found at this site:**

[http://care.diabetesjournals.org/cgi/reprint/30/suppl\\_1/S4](http://care.diabetesjournals.org/cgi/reprint/30/suppl_1/S4)

---