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CARDIOLOGY



Choose to Live

Your Diabetes Survival Guide



www.diabetes.org

Choose to Live

Your Diabetes Survival Guide

Taking care of diabetes does make a difference.

Research has shown that managing blood glucose (sugar), blood pressure, and cholesterol protects your future health. Making good choices, learning all you can, and working closely with your health care team will help you prevent or delay complications from diabetes.

This guide will help you learn what you need to know to take care of your diabetes. We hope it gets you started on your journey to living well with diabetes.

Contents

| | |
|--|-------------------|
| The ABCs of Diabetes | 1 |
| Getting the Very Best Care for Your Diabetes . . . | 3 |
| All About Blood Glucose | 6 |
| Planning Healthy Meals | 10 |
| All About Physical Activity | 14 |
| Protect Your Health by Losing Weight | 16 |
| Learning How to Change Habits | 18 |
| Medications | 20 |
| An Ounce of Prevention | 23 |
| Foot Care | 25 |
| Know the Warning Signs of a Heart Attack and Stroke | 26 |
| Getting Help to Quit Smoking | 27 |
| Sexuality and Childbirth | 28 |
| Resources | Inside back cover |

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The ABCs of Diabetes

What is diabetes?



Diabetes is a condition in which your body can't use food as it should. It is a serious, lifelong condition. Diabetes is not like a cold or the flu. You didn't catch it from anybody. There is no cure yet, but it

can be managed. You can lead a long, healthy life with diabetes.

Everyone's blood has some glucose (sugar) in it because your body needs glucose for energy. Normally, your body breaks food down into glucose and sends it into your bloodstream. Insulin, a hormone made by your pancreas, helps get the glucose from the blood into the cells to be used for energy. In people with diabetes, the pancreas doesn't make any or enough insulin, the insulin doesn't work very well, or both. Without insulin, your blood glucose rises.

How can diabetes affect me?

High levels of blood glucose can damage small blood vessels throughout the body, such as in the eyes, the kidneys and in nerves in your feet. High blood glucose may also harm large blood vessels, leading to heart disease or stroke.

Most people with diabetes have a "cluster" of other health problems in addition to diabetes. These other problems include high blood pressure, bad cholesterol, and overweight or obesity. Because each of the problems can lead to long-term health problems such as heart disease or stroke, together they can add up to big trouble.

But the good news is that keeping blood glucose, blood pressure, and cholesterol on target can help delay or prevent problems.

Are there different kinds of diabetes?

There are three major types of diabetes:

- **Type 1 diabetes** is a disease in which the body does not make insulin. It is usually diagnosed in children and young adults and lasts for their whole lives. People with type 1 diabetes take insulin daily. They also keep their blood glucose in a target range by balancing insulin with a meal plan and exercise.
- **Type 2 diabetes** is the most common form of the disease. People with type 2 diabetes manage their diabetes by using a meal plan, being active, and taking diabetes medicines, if needed. Type 2 diabetes is most often diagnosed in adults, but is increasingly being seen in children and adolescents.
- **Gestational diabetes** is a type of diabetes that is first diagnosed in pregnancy. This type typically is diagnosed with a blood test during the 24th to 28th week of pregnancy and disappears after delivery. It is controlled with meal planning, exercise and, in some cases, insulin. Women who develop gestational diabetes are at high risk for developing type 2 diabetes later in life.



If you are not reaching your goals, your health care team will help you change your plan as needed to stay on target.

Most of the day-to-day care of diabetes is up to you. Your part in taking care of your diabetes will include:

- choosing what, how much, and when to eat
- including physical activity in your daily routine
- taking medications (if needed) to help you reach your blood glucose, blood pressure, and cholesterol targets
- keeping track of your blood glucose, blood pressure, and cholesterol numbers
- learning all you can about diabetes: read, ask lots of questions, and attend diabetes education programs.

The following sections explain how to get the very best care for your diabetes and answer many questions you might have about living with diabetes.

How is diabetes managed?

You will work with your health care team to make a plan that helps you reach your goals. Together, you'll keep track of the ABCs of diabetes:

A is for A1C (pronounced A-one-C): Your A1C check tells you your average blood glucose for the past 2 to 3 months. It's the blood check "with a memory."

B is for blood pressure: Your blood pressure numbers tell you the force of blood inside your blood vessels. When your blood pressure is high, your heart has to work harder.

C is for cholesterol: Your cholesterol numbers tell you about the amount of fat in your blood. Some kinds, like HDL cholesterol, help protect your heart. Others, like LDL cholesterol, can clog your blood vessels and lead to heart disease. Triglycerides are another kind of blood fat that raises your risk for a heart attack or stroke.

For More Information



The inside back cover includes a listing of some resources that may be of help to you in learning more about diabetes.

While this guide is targeted to adults with type 2 diabetes, resources for children and teens and women with gestational diabetes can also be found here and on page 28.

Getting the Very Best Care for Your Diabetes

Following guidelines from the American Diabetes Association (ADA) can help people with diabetes live longer, healthier lives. Called the Standards of Care, these guidelines describe basic care for people with diabetes. Getting up-to-date care for diabetes can help you prevent long-term problems such as heart disease, stroke, and eye, foot, or kidney problems.

Most of the day-to-day care of diabetes is up to you. You can make choices that will have a positive effect on your diabetes. You choose what, when, and how much to eat. You decide whether to be physically active. You take your medications and keep track of your blood glucose levels on your own. Your health care team helps by providing information, teaching you about diabetes care, and checking on your A1C, blood pressure, cholesterol, and other measures.

What should happen during visits to my health care provider?

The Standards of Care describe what should happen at your health care provider visits throughout the year. You can use the following sections to make



sure your health care team is up-to-date on what you need for good diabetes care.

Check at Every Office Visit

Blood Pressure

Your blood pressure is two numbers, such as 130/80 (one-thirty over eighty). The first number is the pressure as the heart beats and pushes blood into the blood vessels. The second number is the pressure when the heart rests between beats and the vessels relax. High blood pressure can lead to heart attack, stroke, eye problems, and kidney disease. The ADA recommends a target blood pressure of below 130/80 for most people with diabetes. If your blood pressure is not on target, meal planning, physical activity, and medications can help. Work with your health care team to plan your strategy.

Weight

Preventing weight gain or losing weight may be part of your diabetes care plan. If you need to lose weight, a 10- to 15-pound loss can help you reach your blood pressure, blood glucose, and cholesterol goals. Work with your health care team to plan your strategy.



Smoking

If you smoke, ask your health care provider about a plan to help you quit.

Check at Least Every 3–6 Months

A1C

At least twice a year, your health care provider should order an A1C check. The results will give you your average blood glucose for the past 2 to 3 months and let you know how well your treatment plan is working. The ADA recommends an A1C below 7 for most people with diabetes. If your A1C is not on target, meal planning, physical activity, and medications can help. Work with your health care team to plan your strategy.

Check at Least Once a Year

Cholesterol

The ADA recommends the following cholesterol goals for most people with diabetes:

| | |
|------------------------|------------------|
| LDL cholesterol | Below 100 |
| HDL cholesterol | Above 40 (men) |
| | Above 50 (women) |
| Triglycerides | Below 150 |

If your cholesterol levels are not on target, meal planning, physical activity, and medications can help. Work with your health care team to plan your strategy.

Microalbumin

The microalbumin test is a check for small amounts of protein in the urine. The results will tell you how well your kidneys function.

Foot Exam

Your health care provider can check your feet for signs of nerve damage or other problems. Foot problems can be avoided if detected and treated early. One of the most important foot tests is to see whether you can feel the vibration of a tuning fork or the light touch of a thin wire called a monofilament. Your health care provider should also check the blood circulation in your feet.

Eye Exam

Your health care provider can refer you to an eye doctor to check the blood vessels in your eyes for early warning signs of damage. The eye doctor must put drops in your eyes that dilate your pupils in order to do a thorough exam. Treatment can help slow eye disease if it's found early.

Flu Shot and Pneumonia Vaccine

Every year, ask for a flu shot to keep from getting sick. You should get the pneumonia vaccine at least once. When you turn 65, you should get another pneumonia vaccine, unless you have had one within the past 5 years.



| What to Do | ADA Targets | My Targets | My Results Date_____ | My Results Date_____ |
|---|---------------------------|------------|-------------------------|-------------------------|
| At Every Office Visit | | | | |
| Review blood glucoses Before meals 2 hours after meal | 90-130 mg/dl | | | |
| | Below 180 mg/dl | | | |
| Blood pressure | Below 130/80 mmHg | | | |
| Review meal plan | | | | |
| Review activity level | | | | |
| Check weight | | | | |
| Discuss questions or concerns | | | | |
| At Least Every 6 Months | | | | |
| A1C | Below 7% | | | |
| At Least Every Year | | | | |
| Physical exam | | | | |
| Cholesterol LDL cholesterol | Below 100 mg/dl | | | |
| HDL cholesterol | Above 40 mg/dl (men) | | | |
| | Above 50 mg/dl (women) | | | |
| Triglycerides | Below 150 mg/dl | | | |
| Dilated eye exam | | | | |
| Foot exam | | | | |
| Microalbumin | | | | |
| Flu shot | | | | |
| One Time | | | | |
| Pneumonia vaccine | | | | |

Diabetes Education and Nutrition Counseling

If you need a change in your diabetes management plan, your health care provider should refer you for diabetes education and nutrition counseling.

Tracking Your Targets

The American Diabetes Association suggests the above targets for most people with diabetes. You may have different targets. You can record your targets and your results in the spaces provided.

All About Blood Glucose

Keeping your blood glucose in the recommended target range can prevent or delay the long-term health problems caused by diabetes. An important part of managing your diabetes is keeping track of your blood glucose numbers—using a blood glucose meter and with the results of your A1C checks.

What makes my blood glucose levels rise or fall?

Blood glucose levels rise and fall throughout the day. One key to taking care of your diabetes is understanding why they rise or fall. If you know the reasons, you can take steps to help keep your blood glucose on target.

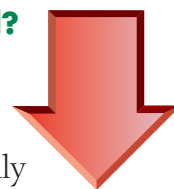
What can make blood glucose rise?

- a meal or snack with more food or more carbohydrates (carbs) than usual
- inactivity
- not enough diabetes medication
- side effects of other medications
- infection or other illness such as a cold or the flu
- changes in hormone levels, such as during menstrual periods
- stress



What can make blood glucose fall?

- a meal or snack with less food or fewer carbohydrates than usual
- drinking alcoholic beverages, especially on an empty stomach
- missing a meal or snack
- extra activity
- too much diabetes medication
- side effects of other medications



What are the blood glucose targets for people with diabetes?

The targets recommended by the American Diabetes Association are listed below. Talk with your health care team about your personal targets.

| ADA Targets for Blood Glucose | My Usual Results | My Targets |
|---|------------------|---------------|
| Before meals: 90 to 130 mg/dl | ___ to ___ | ___ to ___ |
| 2 hours after the start of a meal: less than 180 mg/dl | less than ___ | less than ___ |



What's the best way to keep track of my blood glucose levels?

Checking your blood glucose will tell you whether you're reaching your blood glucose targets. There are two ways to do it and both are useful:

- using a blood glucose meter to learn what your blood glucose is at a particular moment
- getting an A1C blood check at least twice a year

Using a blood glucose meter

Many people use their meter to check their blood glucose several times a day. Talk with your health care team about when and how often to check your blood glucose. They can give you a log book or record book that you can use to write down your blood glucose numbers. (Page 9 contains a sample log.) You can learn how to use this information to make decisions about food, physical activity, and medications.

Your results tell you how well your diabetes care plan is working. You'll be able to look at your record book and see patterns—similar results over and over. Looking at these patterns can help you and your health care team fine-tune your diabetes care plan in order to reach your targets. Call your health care provider for an early appointment if your blood glucoses are higher than your targets.

Getting an A1C blood glucose check

The A1C check tells you what your average blood glucose levels have been for the past 2 to 3 months. If your number is 7% or higher, you may

need a change in your diabetes care plan. Remind your health care team to do an A1C check at least twice a year.

My A1C

My last A1C was _____.

My target for my A1C is _____.

My next A1C check will be _____.
(date)

What if my blood glucose is too high?

Make notes in your record book and talk with your health care team about recommended changes in your meal plan, your physical activity, or your diabetes medications when high blood glucose occurs.

What if my blood glucose is too low?

Low blood glucose, also called hypoglycemia, occurs when your blood glucose level drops below 70. Symptoms include:

- hunger
- nervousness and shakiness
- sweating
- light-headedness
- sleepiness
- confusion
- anxiety

Tip:

For information on the different kinds of blood glucose monitors, be sure to check out *Diabetes Forecast's* annual Resource Guide available online at <http://www.diabetes.org/diabetes-forecast/resource-guide.jsp>.

This comprehensive guide reviews diabetes products and services to help you get the most out of your diabetes care.

All About Blood Glucose

If you think your blood glucose is too low, use your meter to check it. If the result is 70 or below, follow these treatment guidelines to bring it back up to a safer range. Have one of the items in this list right away to raise your blood glucose:

- 2 to 5 glucose tablets
- 1/2 cup (4 ounces) of fruit juice
- 1/2 cup (4 ounces) of a regular (not diet) soft drink
- 6 to 8 ounces of milk
- 5 to 7 pieces of hard candy
- 2 teaspoons of sugar or honey

After 15 minutes, check your blood glucose again. If it's still below 70, have another serving. Repeat these steps until your blood glucose is at least 70.

What should I do about frequent low blood glucose?

If your blood glucose is often low, you may need a change in your meal plan, physical activity, or diabetes medications. Keep track of low blood glucose episodes in your record book and note possible causes, such as unexpected physical activity. Then talk it over with your health care team.

Managing Sick Days

Minor illness such as colds and flu can put your body under stress. To deal with this stress, your body releases hormones that help it fight disease. But these hormones have side effects. They raise blood glucose levels and interfere with the blood glucose-lowering effects of insulin. As a result, when you are sick, it is harder to keep your blood glucose in your target range. The best way to prevent a minor illness from becoming a major problem is to work out a plan of action for sick days ahead of time.

Before your next illness, decide on an action plan with your health care team. This plan should include the following:

- When to call your health care provider
- How often to test your blood glucose
- What foods and fluids to take during your illness
- Whether you should test your urine for ketones. Your body produces ketones when fats instead of glucose are used for energy. Ketones in the urine signal that your body does not have enough insulin.
- Medication changes that might be needed. You may need to know how much extra insulin to take to reduce high levels of blood glucose or whether to continue taking oral pills.

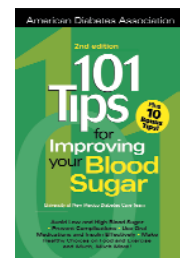
Available from the American Diabetes Association

101 Tips for Improving Your Blood Sugar, Second Edition

By David Shade, MD and Associates

Avoid complications due to poor blood sugar control. Keep your blood sugar well managed. **Item #4805-01. 132 pages, softcover. \$14.95**

**Visit us online at <http://store.diabetes.org>
or call 1-800-232-6733**



Blood Glucose Levels

MONTH: _____

ADA Targets: Before breakfast, 90-130 mg/dl
 2 hours after meal, below 180 mg/dl

My target: _____
 My target: _____

| Day | Breakfast | Lunch | Dinner | Other | Comments |
|-----|-----------|-------|--------|-------|----------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
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Planning Healthy Meals

Meal planning is an important part of your diabetes treatment plan. It will help you reach your blood glucose, blood pressure, and cholesterol goals. If you are overweight, your meal plan will help you lose weight or at least keep you from gaining more.

What do I eat now?

Many people think that having diabetes means you can't eat your favorite foods. But you can still eat the foods you like. It's the amount that counts.

A healthy meal plan for diabetes has foods from all major food groups: grains and breads, fruits, vegetables, meats and meat substitutes, and dairy products. These foods give you the energy and the vitamins and minerals you need for good health. In fact, a meal plan for diabetes is a guide to the way most people should eat.

How does a meal plan work?

Your meal plan is designed just for you, your goals, and your likes and dislikes. It will help you choose:

- what to eat
- how much to eat
- when to eat

For help with your meal plan, ask your diabetes health care team to refer you to a dietitian who specializes in diabetes. A dietitian listens to your goals, considers your other health issues, and gives you the tools and support you need to succeed. A meal plan is based on:

- what you like to eat and drink
- your school or work schedule
- the state of your health
- how many calories you need
- when you exercise and what exercises you do

When any of these things changes, your meal plan may need to change, too. It's a good idea to review your meal plan with your dietitian every six months or so.

If you need help finding a dietitian in your area, contact a local ADA recognized diabetes education program (1-800-DIABETES; www.diabetes.org/professional/recognition) or the American Dietetic Association (1-800-366-1655; www.eatright.org).

What about counting carbs?

Carbohydrate foods—bread, tortillas, biscuits, rice, crackers, cereal, fruit, juice, milk, yogurt, potatoes, corn, peas, sweets—raise your blood glucose levels the most. However, carbs are an important part of a healthy meal plan. Keeping the amount of carbs in your meals and snacks consistent can help you reach your blood glucose targets. For example, if you eat more carbs than usual at a meal, your blood glucose is likely to be higher than usual several hours afterward. For many people, having 3 or 4 servings of carbs at each meal works well.

One carbohydrate serving equals 15 grams of carbohydrate. Use the chart on the next page to become familiar with serving sizes. You can also check serving sizes with measuring cups and spoons or a food scale, or by using the Nutrition Facts on food labels.

How much is one serving of carbohydrates? About 15 grams—or one of the following:

| | |
|---|--|
| apple: 1 small (4 ounces) | milk: 1 cup |
| bagel: 1/4 large (1 ounce) | orange juice: 1/2 cup |
| banana: 1 small (4 ounces) | pasta (cooked): 1/3 cup |
| biscuit: 1 | peach: 1 medium (4 ounces) |
| bread: 1 slice | peas: 1/2 cup |
| cake (unfrosted): 2-inch square | pinto beans or kidney beans: 1/2 cup |
| cereal (cooked): 1/2 cup | popcorn: 3 cups popped |
| cereal (ready-to-eat): 3/4 cup | potato, mashed: 1/2 cup |
| cookies: 2 small (about 2/3 ounce) | potato chips: 3/4 ounce (about 15–20) |
| corn: 1/2 cup | pretzels: 3/4 ounce |
| crackers (saltines): 6 | rice: 1/3 cup |
| fruit, canned: 1/2 cup | sugar: 1 tablespoon |
| hamburger bun: 1/2 bun | sweet potato: 1/2 cup |
| ice cream (light): 1/2 cup | taco shells: 2 6-inch |
| jam or jelly: 1 tablespoon | tortilla: 1 6-inch |

Should I avoid fat?

Cutting down on foods that have saturated or trans fats can help you lower your cholesterol, lose weight, and prevent heart disease. Foods high in saturated fat include:

- meats
- butter
- whole milk
- cream, cheese
- lard
- shortening
- many baked goods
- tropical oils such as palm and coconut oil

Foods high in trans fats include:

- crackers
- snack foods
- cookies
- donuts
- french fries
- stick margarine

Are there healthier kinds of fat?

Some fats, called monounsaturated fats and polyunsaturated fats, can help you lower your cholesterol. These types of fats are found in olive, canola, corn, sunflower and safflower oils; nuts including almonds, cashews and peanut butter; and avocados.

Other healthy fats are omega-3 fatty acids. These fats are found in fish, such as albacore tuna, herring, mackerel, rainbow trout and salmon.

Cutting the Fat

One way to cut fat is to substitute lower-fat ingredients in your favorite recipes. Try extra-lean ground beef or turkey instead of ground beef. Use low-fat mayonnaise and salad dressings instead of regular types.

Wise food choices: what to try and why

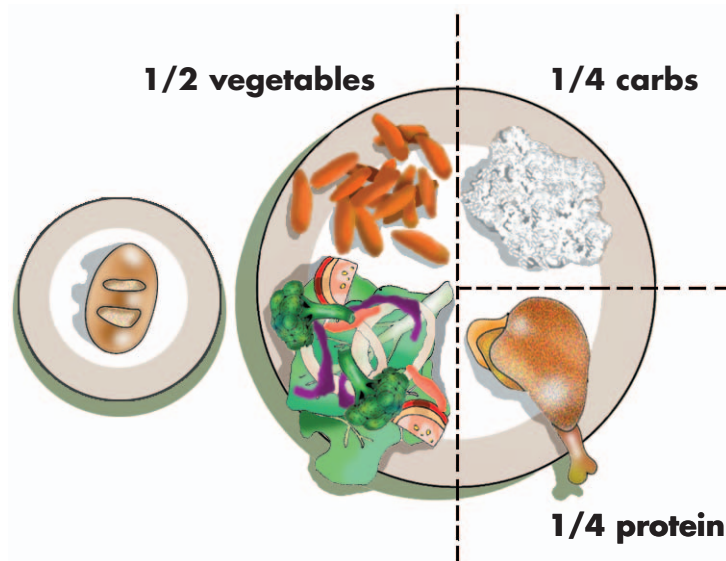
| Instead of... | Try this... | Why? |
|---|---|--|
| Whole milk or 2% milk | 1% milk or skim milk | less total fat, less saturated fat, and less cholesterol |
| Regular cheese | low-fat cheese | |
| Snack foods with hydrogenated oil, palm oil, or coconut oil | fat-free or low-fat snack foods | less total fat, less saturated fat |
| Regular mayonnaise | low-fat mayonnaise or mustard; nonfat yogurt in dips and recipes | less total fat |
| Shortening, butter | canola oil or olive oil | lowers cholesterol |
| Fried chicken | baked chicken | less total fat, less saturated fat |
| Bologna, salami, or pastrami | sliced turkey or lean beef | |
| Grilled steak | grilled or baked salmon | has omega-3 fatty acids |

Rate Your Plate

A quick way to plan healthy meals is to rate your plate. Ask yourself these questions:

- Is about one-fourth of the plate filled with carbohydrate foods, such as noodles, rice, corn, or fruit?
- Is one-fourth of the plate filled with meat or meat substitutes, such as chicken, turkey, fish, beef, or pork?
- Is at least half of the plate filled with vegetables (salad or cooked vegetables such as spinach or broccoli)?

You may also want to include another carb serving such as a glass of milk or a dinner roll. Again, having 3 or 4 carb servings at each meal is about right for many people.



For more information on meal planning and healthy eating, call 1-800-DIABETES (800-342-2383) and request the following free resources:

- A Guide to Eating and Diabetes** (Diabetes Channel #3)
- All About Food Myths and Diabetes** (Diabetes Channel #10)
- The First Step in Diabetes Meal Planning**

Meal Makeover

No matter where you're eating, you can usually find lower-calorie, lower-fat food choices. Choose grilled rather than fried foods. Request salad dressing and sauces on the side and then use as little as possible. Get the best bargain for your health, not your wallet—order the smallest serving size available.

| A high-calorie, high-fat lunch | calories | total fat (grams) | saturated fat (grams) | sodium (mg) |
|------------------------------------|-------------|-------------------|-----------------------|-------------|
| Bacon double cheeseburger on a bun | 580 | 35 | 20 | 1240 |
| Large french fries (unsalted) | 500 | 25 | 15 | 510 |
| Large regular cola drink | 330 | 0 | 0 | 0 |
| Totals | 1410 | 60 | 35 | 1750 |

| A lower-calorie, lower-fat lunch | calories | total fat (grams) | saturated fat (grams) | sodium (mg) |
|----------------------------------|------------|-------------------|-----------------------|-------------|
| Hamburger on a bun | 310 | 15 | 5 | 580 |
| Small french fries (unsalted)* | 230 | 10 | 5 | 240 |
| Diet cola drink | 0 | 0 | 0 | 0 |
| Totals | 540 | 25 | 10 | 820 |

*Consider having a side salad and a piece of fruit instead of the fries for an even lower-calorie, lower-fat lunch.

Available from the American Diabetes Association

Month of Meals Series: ADA's best-selling Month of Meals has a great new look and superb new features, including carb counts for every menu and recipe and complete nutrition analysis for each recipe. Pages are split into 3 parts—breakfast, lunch and dinner—and are interchangeable. Each section provides 28 days of quick and easy meals. Mix and match your way to any of 20,000 menu combinations. Sample titles:



Month of Meals: Meals in Minutes, Third Edition Item #4703-03. 89 pages. \$19.95

Month of Meals: Classic Cooking, Third Edition Item #4701-03. 73 pages. \$19.95

Month of Meals: All American Fare, Third Edition Item #4702-03. 63 pages. \$19.95

View other Month of Meals titles online at
<http://store.diabetes.org> or call 1-800-232-6733

All About Physical Activity

Why is physical activity important for people with diabetes?

Here's what physical activity can do for you:

- Lower your blood glucose, blood pressure, and cholesterol.
- Lower your risk for heart disease and stroke.
- Relieve stress.
- Help insulin work better.
- Strengthen your heart, muscles, and bones.
- Improve your blood circulation and tone your muscles.
- Keep your body and your joints flexible.

Even if you've never exercised before, you can find ways to add physical activity to your day. You'll experience benefits even if your activities aren't strenuous.

If I haven't been very active lately, what should I do first?

Start with a checkup—your health care provider will check your heart, blood vessels, eyes, kidneys, feet, and nervous system. If the tests show signs of disease, your provider can recommend physical activities that will help you but won't make your condition worse.

What kinds of physical activity are best?

A comprehensive physical activity routine includes four kinds of activities:

- being active throughout the day
- aerobic exercise, such as brisk walking, swimming, or dancing
- strength training, such as lifting light weights
- flexibility exercises, such as stretching

Being active throughout the day

Being active helps burn calories. Place a check mark next to the things you'd like to try:

- Walk instead of drive whenever possible.
- Take the stairs instead of the elevator.
- Work in the garden, rake leaves, or wash the car.
- Play with the kids.
- Carry things upstairs in two trips instead of one.
- Park at the far end of the shopping center lot and walk to the store.



Aerobic exercise

Aerobic exercise makes your heart and bones strong, relieves stress, helps your insulin work better, and improves blood circulation. In addition, it cuts your risk for heart disease by lowering your blood glucose, blood pressure, and cholesterol levels. For most people, it's best to aim for a total of about 30 minutes a day, at least 5 days a week. If you haven't been very active recently, you can start out with 5 or 10 minutes a day and work up to more time each week. Or split up your activity for the day—try a brisk 10-minute walk after each meal. Here are some examples of aerobic exercise:



- Take a brisk walk every day.
- Go dancing or take a dance aerobics class.
- Swim or do water aerobic exercises.
- Take a bicycle ride outdoors or use a stationary bicycle indoors.

Strength training

Strength training helps build strong bones and muscles and makes everyday chores like carrying groceries easier for you. With more muscle, you burn more calories, even at rest. Do your strengthening routine several times a week. Here are some ways to do strength training:

- Lift light weights at home.
- Join a class to do strength training with weights, elastic bands, or plastic tubes.

My plan for increasing physical activity:

What I'll do:

What I need to get ready:

Which days and times:

How long each session will be:

Flexibility exercises

Flexibility exercises, also called stretching, help keep your joints flexible and reduce your chances of injury during activities. Gentle stretching for 5 to 10 minutes helps your body warm up and get ready for aerobic activities and to cool down after your activity. Your health care team can provide information on how to stretch.



Protect Your Health by Losing Weight

Losing weight can help you improve your blood glucose, blood pressure, and cholesterol levels. You don't have to lose a lot of weight to see the benefits—even a loss of 10 to 15 pounds can help a lot.

Weight loss can be a struggle because it means making changes in the way you eat and in your level of physical activity. The older we get, the harder it is for us to lose weight because we burn fewer calories. We also tend to be less active. Losing weight takes time—and that can be frustrating. **The good news is that you can lose weight and keep it off, even if you've never done it before.**

What strategies can help me lose weight?

Here's what works for people who have lost weight and kept it off:

- They cut back on calories and fat.
- They're physically active most days of the week.
- They eat breakfast every day.
- They keep a record of their weight, what they eat and drink, and what they do for physical activity.

Some people attend weight loss programs; others use these strategies on their own. Think about which approach will work best for you. Just remember that studies show it's much easier to lose weight when you use a combination of meal planning and physical activity.

Strategies for Losing Weight

Choose things to do that will help you lose weight. Put a check mark next to the things you're willing and able to do. Or write down your own ideas. Remember that every step you take helps move you toward your goal.



How to cut back on calories and fat

- Eat smaller servings of high-calorie favorites.
- When you eat out, split a main dish with a friend or family member. Or take some home for tomorrow.
- Ask for salad dressings and sauces “on the side” and then use as little as possible.
- Include a fruit or a vegetable with every meal or snack.
- Cook in low-fat ways: roast, broil, grill, microwave, steam, or bake. Use nonstick pans or cooking sprays.

- Avoid or reduce sugary drinks and fruit juices. Drink more water, flavored waters (club soda with a lemon slice), or diet beverages.
 - Substitute low-fat ingredients in your favorite recipes. For example, try low-fat cheese instead of the regular kind.
 - Cut back on high-fat toppings, such as butter, margarine, sour cream, regular salad dressing, mayonnaise, or gravy. Instead, season your food with herbs, spices, salsa, lemon juice, or other low-fat choices.
 - Check food labels. Choose the products with fewer calories and less fat.
 - Stock your kitchen with low-calorie, low-fat snacks, such as air-popped popcorn, pretzels, and fruit. Keep serving sizes small.
 - Other things I can do:
-

How to be more physically active

- Walk at least 30 minutes every day. Or split up your daily activity—try a 10-minute walk after each meal. If you haven't been very active recently, start off with a 10- to 15-minute walk every other day, then little by little walk farther and walk more often.
 - Find a physical activity you enjoy, like swimming, dancing, bicycling, or doing the exercises on TV programs.
 - Be active around the house: work in the yard, play with the kids, get up to change the TV channel, and walk around while you talk on the phone.
 - Take the stairs instead of the elevator.
 - Take the dog for regular walks.
 - Walk instead of drive whenever you can.
 - Park at the far end of the shopping center lot and walk to the store.
 - Other things I can do:
-

How to keep a record of your progress

- Keep track of your weight loss efforts. Many people find that writing everything down helps keep them on target. Use a small notebook and keep it with you all day.
- Write down everything you eat and drink. Include the serving size. Some people set target levels of calories or grams of fat and keep track of their daily totals.
- Make a note of what kind of physical activity you've done and for how long.
- You may want to check your weight once a week and write it down or use your clothes as a measure of weight loss. Are your pants a bit loose around the waist? Can you fit into the blouse you haven't worn for years?

How a support system can help

Many people find it motivating to meet on a regular basis with people who are also trying to lose weight. You may want to consider joining a group for weight loss, exercise, or general support. Or create your own support system by talking with friends and family about your successes and your struggles. Find a walking buddy or friends who also want to improve their health and work together to set goals for success.



Learning How to Change Habits

A lot of your diabetes care is up to you. You may have already changed some habits to take better care of yourself. Maybe you'd like to change other habits but you're stuck—you feel like you just can't get started. **Changing habits can be hard to do. But you can learn a step-by-step approach that will help you reach your goals.**

What happens when you change a habit?

Every change involves several stages:

Precontemplation. Maybe you think that a change would help but you're not ready or interested. You feel the change would be too hard to make.

Contemplation. You're thinking about making a change, but not right away. At this stage, the costs of making the change still outweigh the benefits.

Preparation. You're ready to make the change within the month. You've made a realistic plan and you've gathered what you need to carry out your plan.

Action. You've taken action and started your new routine. But sometimes you're tempted to go back to your previous habits.

Maintenance. After more than 6 months of your new routine, you're used to doing it. It's now a habit.

Think about what stage you're in for changes you'd like to make. Are you in the early stages—not yet ready for a change? Or maybe you'd like to make a change but you don't know how. Knowing what stage you're in can help you choose the best approach to changing habits and attaining your goals.

Changing Habits: Getting Started

Think about your diabetes care. Then fill in your answers.

What's my goal?

What change would help me reach my goal?

What stage am I in for this change?

- I'm not ready to change right now.
- I'm thinking about doing it sometime.
- I might do it in the next month.
- I'm doing it now.
- I've been doing it for more than 6 months.

Not quite ready to take action? Here's what to do next.

To move from the “not-ready” stage to the action stage:

- Consider the benefits of the change. For example, if you took a half-hour walk every morning, how would that help your health? What effect would it have on your weight?

Answer these questions:

What part of this change would be hard for me?

Why haven't I made this change before?

How can I work around these problems?

Ready to make a change? Here's what to do next.

To change a habit, you need a realistic, achievable plan. Your plan should be as specific as possible. Your health care team can provide information to help you make your plan. Write your plan here:

Here's what I'll do:

Example: I'll take a brisk walk 5 days a week for half an hour.

Here's when I'll do it:

Example: I'll walk after breakfast.

Here's what I need to get ready:

Example: I'll need comfortable walking shoes.

This might get in the way of my plan:

Example: If it's raining, I won't be able to walk outside.

If that happens, I'll do this instead:

Example: I'll go to the recreation center and walk around inside.

Here's when I'll start:

Example: I'll start my walks on Monday.

Ready to take action or already taking action?

Here's what to do next.

Once you've started your new habit, you'll want to take steps to keep doing what you're doing. These steps can help:

- Set up things around you so it'll be easier to stick with your new habit. For example, stock up on vegetables and fruit instead of high-fat snacks.
- Make it easy to find time for your new habit by changing your schedule or your routine. If you prefer to walk in the morning before work, get up a little earlier so you'll have time.
- Think about roadblocks that might come up and plan ways to get around them.
- Ask for support from family, friends, and your health care team. For example, ask a family member to watch the kids while you go for a walk.
- If you sometimes slip up and go back to your old habit, don't despair. Start fresh tomorrow.
- Keep track of your efforts by writing down what you're doing.
- Vary your routine to keep it interesting. For example, if you're tired of walking around your neighborhood, walk inside the shopping mall instead.
- Reward yourself for sticking with your plan.

Remember:
it takes time to
make new habits,
but your patience and
persistence will
pay off in the
long run.

Medications

Meal planning and physical activity can help you manage your blood glucose, blood pressure and cholesterol, but most people also need medication to reach their target ABC goals. Diabetes pills or insulin shots, pills for high blood pressure and cholesterol, and even aspirin may be part of your diabetes treatment plan.

Which medicines help manage blood glucose?

Different diabetes medicines work in different ways to keep your blood glucose on track. Some people take one kind of pill. Others take two kinds of pills or a combination pill because the drugs work even better together. Some people take pills and insulin or just insulin. Over time, changes in the types or amount of medicines are needed to keep A1C levels on target.

These are the types of medicines used to manage blood glucose:

- **Biguanides** lower the amount of stored sugar that's released from your liver into your body.
- **Sulfonylureas** help your body make more insulin.
- **Meglitinides** help your body release a quick burst of insulin when you eat a meal or snack.
- **Alpha-glucosidase inhibitors** slow the digestion of some carbohydrates. After-meal blood glucose peaks aren't as high.
- **Thiazolidinediones** (TZDs or glitazones) lower your insulin resistance and help insulin work better.

- **Insulin**, used daily by all people with type 1 and some people with type 2 diabetes, helps control blood glucose. Different kinds of insulin work at different speeds. If you take insulin, your health care team will help you develop an insulin routine that keeps your blood glucose near normal, helps you feel good, and fits your lifestyle.

What are the different kinds of insulin?

- **Rapid-acting insulin** starts working in less than 15 minutes. It works hardest in about 1 hour and stays in the blood from 3 to 6 hours.
- **Regular insulin** starts working a half hour after you take a shot. It works hardest from 2 to 3 hours after your shot and stays in your blood from 3 to 6 hours.
- **Intermediate-acting insulin** (NPH or Lente) takes 2 to 4 hours to reach the blood. It works hardest from 4 to 10 hours after your shot and lasts 10 to 16 hours.
- **Long-acting insulin** (Ultralente or Glargine) starts working several hours after your shot. It stays in your blood for 20 to 24 hours.

Which medicines help lower blood pressure?

For many people, one or more medications are needed to lower blood pressure to target levels. Blood pressure medicines include diuretics, ACE inhibitors, angiotensin receptor blockers (ARBs), beta blockers, and calcium channel blockers.

Some blood pressure medicines have been shown to protect your kidneys from disease and to reduce your chance for having a heart attack or stroke. Your health care provider will help you determine which medicines are most appropriate.

Which medicines improve cholesterol?

If your cholesterol levels cannot be managed through meal planning and exercise, it's time to try medication. One of several classes of drugs may be prescribed: statins, bile acid sequestrants, fibric acids, nicotinic acid, or a cholesterol absorption inhibitor.

The most effective cholesterol-lowering drugs are statins. This class of drug helps reduce the amount of cholesterol your body produces naturally and has been shown to reduce heart attacks and stroke.

Should I take aspirin?

Your health care team may also recommend that you take aspirin daily to reduce your chance for having a heart attack or stroke. Aspirin works by thinning your blood and making it less likely to clot.

How can I keep track of my medications?

When you're taking several medicines, it can be hard to keep track of them. But you'll feel better if you take steps to manage your medicines. These tips can help you stay healthy:

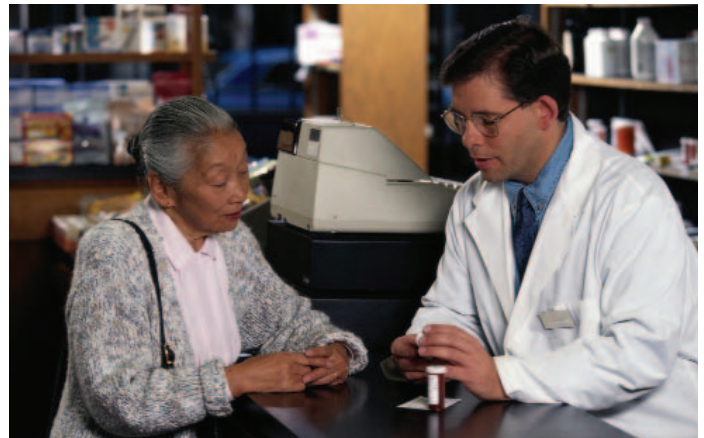
Know the basics about your medicines. Ask your health care provider or pharmacist these questions. Write the information on the "My Medicines" chart.

- What are the names of my medicines (brand and generic names)? What's this medicine for?
- How long will it take this medicine to work?
- How much should I take for one dose? When should I take it? How many times a day?
- Should I take it on an empty stomach? Should I avoid any foods, medicines or alcoholic beverages when I take it?
- How does this medicine affect my blood glucose level?
- What side effects might happen with this medicine? What should I do if I experience side effects?

- What should I do if I miss a dose?
- How should this medicine be stored?
- How long will this supply last? What about refills?

Take your medicines as recommended. When you don't take a medicine as prescribed, the effect on your health can be unpredictable—or even dangerous. If you're not taking your medicine, think about the reasons. Are there unpleasant side effects? Is the medicine too expensive? Is it hard to remember to take it? Tell your health care providers. They may be able to help.

Tell your health care providers about your medicines. Some combinations of prescription medicines, nonprescription medicines, and dietary supplements can be harmful. Each of your health care providers should be aware of all of the medicines you take, including nonprescription medicines (such as aspirin and laxatives) and dietary supplements (such as vitamins).



How can I remember to take my medicines?

If you are taking several medicines for your diabetes and other conditions, it can be hard to remember to take them all. Here are some suggestions:

- Try using a pill organizer with a compartment for each day of the week.
- Link your pill-taking to something in your daily routine. For example, take your morning medicine right after you brush your teeth.
- Use a chart to check off when you've taken your medicines.

An Ounce of Prevention

Many people lead full, active lives with diabetes. Sometimes, though, diabetes can lead to other health problems. You have the best chance to avoid or delay these problems if you manage your blood glucose, blood pressure, and cholesterol. It also helps to get regular checkups. Then, if you do develop problems, your health care provider can detect and treat them early.

Over time, diabetes can lead to

- heart and blood vessel disease
- eye disease, called retinopathy
- kidney disease, called nephropathy
- nerve disease, called neuropathy

In addition, diabetes can cause problems with your skin, feet, and teeth. Proper care and testing are important.

Heart Health

Heart and blood vessel problems are more common in people with diabetes. In fact, 2 out of 3 people with diabetes die from heart disease or stroke.

What can I do to keep my heart and blood vessels healthy?

- Manage your blood glucose, blood pressure, and cholesterol.
- Make wise food choices. Eat more vegetables and fruit, along with low-fat dairy foods, whole grains, fish, poultry, and nuts. Eat less saturated and trans fats (see page 11). Get help from a dietitian to develop a healthy meal plan.
- Reduce the amount of sodium (salt) you eat.
- Lose weight by eating less and being more active than you are right now.
- Be more active. Physical activity such as walking can help you manage your blood glucose, blood pressure, and cholesterol and help relieve stress.

- If you smoke, get help to quit.
- Take medications as prescribed.
- Ask your health care provider about taking aspirin.

Eye Disease

Vision problems and blindness can occur when high blood glucose damages the tiny blood vessels in your eyes. If found early, eye disease can be slowed or stopped. Only a doctor can detect changes in your eyes' blood vessels in the early stages. High blood pressure can also make eye disease worse.

What can I do to avoid eye problems?

- Keep your blood glucose and blood pressure in your target ranges.
- Have an eye exam every year. Be sure your doctor uses eye drops to dilate your pupils so they can see the back of your eyes.

Kidney Disease

Your kidneys clean your blood by constantly filtering it through millions of tiny blood vessels. The kidneys take waste materials that your body doesn't need out of the blood and gets rid of the waste in the urine. Kidney disease can occur when high blood glucose damages the tiny blood vessels in your kidneys. High blood pressure can also make kidney disease worse.

What can I do to prevent or delay kidney problems?

- Keep your blood glucose and blood pressure in your target ranges.
- Have regular checkups and get a urine microalbumin check once a year. This test checks for protein in your urine and tells you how well your kidneys are functioning.
- Have other tests recommended by your health care team. These might include tests for creatinine, urea nitrogen, or BUN.
- If you have protein in your urine, treatment with an ACE inhibitor or ARB (both common blood pressure medicines) can slow the progression of kidney disease.

Nerve Disease

Nerves carry messages from one part of your body to other parts. They tell your body what you see or feel. If you are touching something hot or step on something sharp, they let you know.

High blood glucose can damage your nerves. With long-term diabetes, parts of your body may not feel things as well as they used to. Or, sometimes, nerves send phony pain signals.

Nerve problems can also cause diarrhea, urinary bladder infections, sweating (especially after eating), dry skin, light-headedness, or loss of balance. If you have these problems, see your health care provider.

What can I do to avoid nerve problems?

- Keep your blood glucose in your target range.
- Check your feet every day for injuries, blisters, or redness. If your nerves are not doing as good a job as they should be, you could hurt your feet and not know it (see page 25). If you notice any problems, call your health care team. Don't wait to get help.

- Have a doctor or nurse check your feet at least once a year to make sure the nerves are still working. You should have a monofilament test, a test that checks to see if your toes can feel the touch of a thin, plastic wire. If you cannot feel the wire, you are at high risk for serious foot problems; custom fitted shoes and careful follow-up can prevent amputations.

Skin Problems

Some people with diabetes have skin infections or dry, itchy skin, especially in the feet. Damage to blood vessels caused by diabetes can also trigger other skin diseases.

What can I do about skin problems?

- Keep your blood glucose in your target range.
- If itching is a problem, use a non-drying, mild soap.
- If you see redness, swelling, bleeding, or any other skin problem, call your health care provider right away.
- Ask your health provider about lotions that can help dry or cracked skin.

Dental Care

Having diabetes makes it more likely that you will have dental problems. Many people get an infection of the gums. If your gums bleed or are red, see your dentist.

What should I do to protect my teeth?

- Keep your blood glucose in your target range.
- See your dentist twice a year.
- Brush at least twice a day with a soft brush.
- Floss daily.

Foot Care

Diabetes increases your risk for foot problems. Two conditions can occur:

- nerve damage from high blood glucose levels, also called diabetic neuropathy, resulting in pain, tingling, or numbness
- peripheral arterial disease, also called PAD, in which blood vessels in the feet and legs are narrowed or blocked by fatty deposits

How can nerve damage and PAD affect me?

When you have nerve damage in your feet, you may not feel pain or be able to sense temperature. If you have PAD, your blood circulation can decrease, leading to slow healing of wounds. Even minor injuries, such as a blister, can develop into serious infections if you don't notice them and they go untreated. Practicing careful foot care and keeping your blood glucose levels on target can keep your feet safe.

What can I do to take care of my feet?

Set aside a regular time each day to take care of your feet. Use this checklist as a reminder.

- Wash your feet daily with warm (not hot) water and soap.
- Dry your feet gently but thoroughly with a soft towel.
- If your skin is dry, apply lotion (but not between your toes).
- Look at the tops, bottoms, and sides of your feet as well as between your toes. Use a mirror to help you see the bottoms and sides of your feet. Or get help from a family member. Check for sores, cuts, bruises, rashes, blisters, red spots, swelling, and ingrown toenails.
- Use your hands to feel for hot or cold spots, bumps, or dry skin.

- If you have a foot injury, call your health care provider. Don't try to take care of foot problems yourself. Some over-the-counter foot remedies can harm your skin, making problems worse.
- Trim your toenails straight across and file the edges. Rounded edges help prevent ingrown toenails.
- Choose socks that won't irritate your feet, such as seamless socks or those with flat or soft seams.
- Before you put on shoes, feel inside them to make sure there are no pebbles or rough edges that might injure your feet. You may not be able to count on the nerves in your feet to feel something wrong with your shoes or socks.
- Protect your feet all the time by wearing shoes or slippers, even around the house or at the beach.

What types of shoes are best?

Look for shoes that provide enough room so your feet and toes don't rub against the inside of the shoe. It's best to shop for shoes in the afternoon or the evening when you've been on your feet for a while and your feet are slightly swollen. Shoes with low heels put less stress on your feet and may be the most comfortable. Break new shoes in gradually to avoid blisters. If you have foot problems, Medicare or your private insurance may pay for special shoes. Ask your health care provider whether you're eligible.

What foot exams should I have?

At each office visit, your health care provider should look at your feet. You can remind your provider to do so by taking off your shoes and socks once you're in the exam room. In addition, your health care provider should do a complete foot exam at least once a year, or more often if you have foot problems. A complete foot exam should include a check of the skin, muscles, bones, and blood circulation in your feet. Your health provider should also do a monofilament test to check the nerves in your feet (see page 24).

Know the Warning Signs of a Heart Attack and Stroke

If you have diabetes, you're much more likely to have a stroke, heart disease, or a heart attack. In fact, two out of three people with diabetes die from stroke or heart disease. Be sure you and your family know the warning signs.

What is a heart attack?

A heart attack occurs when the blood vessels that go to your heart become partially or totally blocked by fatty deposits and the blood supply is reduced or cut off. Then oxygen and other needed materials aren't carried to the heart and heart muscle dies.

Warning signs of a heart attack

Become familiar with these signs and call 911 right away if they occur:

- chest pain or discomfort
- pain or discomfort in your arms, back, jaw, neck, or stomach
- shortness of breath
- sweating or light-headedness
- indigestion or nausea
- tiredness

What is a stroke?

A stroke, sometimes called a "brain attack", occurs when blood supply to part of your brain is interrupted and brain tissue is damaged. The most common cause is a blocked blood vessel. Stroke can cause physical problems such as paralysis, problems with thinking or speaking, and emotional problems.

Warning signs of a stroke

Typical warning signs of a stroke develop suddenly and can include:

- weakness or numbness on one side of your body
- sudden confusion or trouble understanding
- trouble talking
- dizziness, loss of balance, or trouble walking
- trouble seeing out of one or both eyes
- double vision
- severe headache

If you have warning signs of a stroke, call 911 right away. Getting treatment can help prevent permanent damage to your brain. It's wise to review the symptoms of a stroke with family and friends and to tell them about the importance of calling 911.

Getting Help to Quit Smoking



Why is smoking especially harmful for people with diabetes?

Diabetes increases your risk for long-term problems such as heart disease. But smoking in combination with diabetes increases your risk even more. Smoking can harm your blood vessels, raising your risk of heart disease, heart attack, stroke, and peripheral arterial disease, also called PAD (damage to the blood vessels in your feet and legs).

What can quitting do for me?

Here are the benefits you can expect when you quit smoking:

- less risk of heart attack, heart disease, stroke, and PAD
- lower blood pressure
- less risk of foot ulcers, eye problems, nerve damage, and kidney disease
- fewer wrinkles on your face
- better smelling hair, breath, and clothes
- less risk of cancer of the mouth, throat, lungs, and bladder
- for women, less likelihood of a miscarriage or stillbirth
- for men, less risk of erectile dysfunction
- less harm from second-hand smoke for your children and grandchildren

What steps should I take to quit smoking for good?

Preparing to quit smoking can help you quit for good. Each step is important. Here are some ideas that have worked for others. Check the ones you'll try.

Before you quit smoking:

- Think of your reasons to stop and write them down. Put the list where you'll see it every day.
- Tell others you'll need their help and understanding.
- Throw away your cigarettes, lighters, and ashtrays.
- Ask a friend to quit smoking with you.

Decide how you'll quit smoking.

Here are some options:

- Go cold turkey. Quitting all at once works for some people.
- Quit smoking gradually by cutting back over several weeks.
- Use a nicotine patch, gum, inhaler, or spray. Or ask for a prescription medicine.
- Ask your health care provider for information about counseling, acupuncture, or hypnosis.

Sexuality and Childbirth

Will diabetes affect my sex life?

Having diabetes doesn't mean you can't have a good sex life and raise healthy children. However, it does call for watching your blood glucose levels, working with your diabetes care team, and helping your partner understand your diabetes.

Problems women may experience

For women, having diabetes may increase your chance of some sexual problems. Some women with diabetes have dryness and pain during sex. Your doctor can treat this symptom by giving you estrogen or a lubricant. Vaginal and urinary tract infections often occur when blood glucose levels are high. If you have these or other sexual problems, talk with your diabetes care team. They may refer you to a specialist who can help. Keeping blood glucose near normal will help keep you healthy.

Problems men may experience

Some men with diabetes may have erectile dysfunction (ED). This means that the penis does not become or stay hard enough for sex. Keeping blood glucose levels under control is the best way to avoid ED. ED can be caused by poor blood glucose control, use of alcohol, certain prescription drugs, nerve or blood vessel damage, low male hormone levels, or stress or depression. Your doctor can pinpoint the cause. Many treatments are available.

How will diabetes affect me if I become pregnant?

Most women with diabetes have healthy babies. If you are a woman wanting to get pregnant, the first step is to get your blood glucose under control now. Blood glucose should be under good control before you even try to get pregnant.

Why? The time when you first become pregnant is an important time for your growing baby. High

blood glucose during early pregnancy can hurt your baby. If you wait until you know you are pregnant to control your blood glucose, your baby could already be harmed. Keeping your blood glucose close to normal gives your baby the best chance for a healthy start.

If you don't want to get pregnant or if your blood glucose is in poor control, use birth control. An unplanned pregnancy could hurt you and your baby. Ask someone on your diabetes care team which birth control method would work best for you.

If you are taking diabetes pills, you will need to switch to using insulin while you are pregnant for the baby's health. This takes a commitment of time and money, but a healthy baby is your goal. Work closely with your health care team.

Resources on Diabetes in Pregnancy

Visit www.diabetes.org/gestational-diabetes.jsp for information on diabetes in pregnancy.

Books available through store.diabetes.org:

Gestational Diabetes: What to Expect—Learn what gestational diabetes is and how to care for yourself during your pregnancy.

Diabetes in Pregnancy: What to Expect—Learn how you can enjoy a complication-free pregnancy and deliver a healthy baby. Expectant mothers learn about insulin, nutrition, blood glucose, and much more.

101 Tips for a Healthy Pregnancy with Diabetes—Women with diabetes who are pregnant or contemplating pregnancy will get insights and answers to their most pressing questions about testing, blood glucose, risks, monitoring, exercise, insulin, and more.

Resources

Your American Diabetes Association

The American Diabetes Association (ADA) is the nation's leading nonprofit health organization providing diabetes research, information, and advocacy. The mission of the Association is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. To fulfill this mission, the American Diabetes Association funds research, publishes scientific findings, and provides information and other services to people with diabetes, their families, health professionals and the public. The Association is also actively involved in advocating for scientific research and for the rights of people with diabetes.

Resources available to you include:

1-800-DIABETES

ADA representatives at the National Call Center (1-800-DIABETES or 1-800-342-2383) are your personal guides to information on diabetes, as well as ADA programs and events. In addition to offering diabetes information, your ADA representative can also:

- refer you to an ADA recognized provider/education program in your area
- assist in connecting you with appropriate local resources in your area
- assist people who face discrimination based on diabetes
- inform you of local ADA events and programs, and volunteer opportunities

diabetes.org

Our web site, www.diabetes.org, is the largest interactive diabetes site on the Internet. On the site, you can find information about living with diabetes, register for special events, buy books, make a donation, tour an interactive grocery store, and

much more. If you're newly diagnosed, go to www.diabetes.org/learningcenter. For more information on reducing your risk for heart disease and stroke, visit www.diabetes.org/MakeTheLink.

Membership

Consumer membership is designed for people with diabetes, their families, and caregivers. Member benefits include:

- 12 issues of *Diabetes Forecast* filled with the latest and best information on diabetes research and treatment and practical tips on day-to-day coping with diabetes.
- Discounts—Members receive a discount on ADA publications, including cookbooks, meal planners, and lifestyle guides. You can go to the online bookstore directly at store.diabetes.org (no “www”) or call 1-800-232-6733 to order books.
- Membership dues are \$28 per year. You can join using the enclosed postcard or on www.diabetes.org.

Advocacy

The American Diabetes Association takes tough positions on issues important to people with diabetes. We work hard to fight for increased federal funding for diabetes research and prevention, improved health care and insurance coverage, and an end to discrimination based on a person's diabetes. To learn how you can get involved in advocacy efforts, visit www.diabetes.org/advocacy or call 1-800-DIABETES.

Helping You Get the Best Care

The ADA's **Provider Recognition Program**, cosponsored by the National Committee for Quality Assurance, is a voluntary program for physicians who provide care to people with diabetes. Physicians can achieve Recognition by submitting data that demonstrate they are providing quality diabetes care. Find a recognized physician in your area by checking www.ncqa.org/dprp or calling 1-800-DIABETES.

Continued

ADA also recognizes **diabetes education programs** that meet national standards. For diabetes education programs that are recognized by the ADA, go to www.diabetes.org/professional/recognition or call 1-800-DIABETES.

Local Programs and Events

To find out how you can get involved in programs in your community, call 1-800-DIABETES.

Available from the American Diabetes Association

Small Steps, Big Rewards Walking Your Way to Better Health

Walk your way to a healthy mind and body—no matter what your age, fitness level or physical condition! Re-energize your mind and body.

Lower your blood pressure. Lose weight and burn fat. The easy-reading walking book is full of helpful advice and tips, and the companion pedometer counts every step you take.

Item #5012-01. 64 pages, softcover, comes with step-counting pedometer. \$19.95

Visit us online at
<http://store.diabetes.org> or
call 1-800-232-6733



Learn How You Can Help Support the Cause

You can help the American Diabetes Association continue its vital work. To learn how you can make a donation or support the cause in other ways, please visit www.diabetes.org/support-the-cause.jsp.

Resources for Children and Youth

Diabetes Camp: We are the largest provider of diabetes day and resident camps. Visit www.diabetes.org/camp to learn more.

Wizdom[®] Kit: Wizdom is the kit of wit and wisdom for kids with diabetes and their families. To get your free kit, parents can call 1-800-DIABETES or order online at www.diabetes.org/wizdom.

Parents' E-Newsletter: This bimonthly update features news and information tailored to meet the needs of parents of youth with diabetes. Parents can subscribe by visiting www.diabetes.org/for-parents-and-kids/resources.jsp.

Youth Zone[®] Web Site: Visit the Youth Zone at youthzone.diabetes.org for fun games, diabetes information that kids want to know about, and lots, lots more. Teens can visit us at www.diabetes.org/teens.

Books & Resources: ADA publishes new books every year to help families living with diabetes. Check out our titles at store.diabetes.org.

Make The Link! Diabetes Heart Disease and StrokeSM

An initiative of the



1-800-DIABETES
(1-800-342-2383)