

Diabetes Train-the-Trainer Toolkit

Updated September 2018



The medical information contained in this booklet is provided as an information resource only, and is not to be used or relied on for any diagnostic or treatment purposes. This information is not intended to be used as a substitute for professional diagnosis and treatment.

The Greater Providence Coalition's Medication Safety Workgroup is pleased to make this Diabetes Toolkit available for staff in all clinical settings, to support their efforts in patient and family education.

Healthcentric Advisors, as the New England Quality Innovation Network Quality Improvement Organization, would like to acknowledge all the dedicated participants from the Greater Providence Coalition who contributed their time and knowledge to make this toolkit a comprehensive resource.

Additionally, the Workgroup would like to acknowledge the following partners who contributed to content and/or offered their input or materials in order to make this a resource that can be used to educate staff who are responsible for patient and family education as well as a tool to empower patients and families to manage diabetes.

- **AstraZeneca**
- **Boeringher Ingelheim**
- **Diana Mercurio, RPH, CDE, CVDOE - Clinical Pharmacist Integra/RIPCPC**
- **Everyone with Diabetes Counts (EDC) Program**
- **Home Health Quality Improvement (HHQI)**
- **Mary Biello RN,BSN - Clinical Liaison, Visiting Nurse Home & Hospice, Co-Chair Greater Providence Coalition**
- **Mary Proietta, MS, RD-CDE, CDOE, LDN Nutritionist/Certified Diabetes Educator Art of Good Health**
- **Stacey Ranucci RPH, BCGP, CDE, CDOE - Clinical Pharmacist Integra/RIPCPC Leadership Council Greater Providence Coalition**
- **The New England QIN QIO Patient Family Advisory Council**
- **TMF Quality Innovation Network-Quality Improvement Organization**

Important Information:

- All materials current as of **February 2018**
- Toolkits available through attendance at a Train-the-Trainer program offered by Healthcentric Advisors and partners from the Greater Providence Coalition. For more information, contact:
 - **Joyce Laforge, Program Assistant**
jlaforge@healthcentricadvisors.org
- Toolkit will be available on the New England QIN-QIO website to allow access to providers who want to make duplicate copies of any of the contents.

Thank you,

Rhode Island Care Transitions Team, New England QIN-QIO

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Clinician's Resources

- Insulin Chart
- Insulin Profiles
- Antidiabetic Medication Comparison Chart
- DSME Overview
- DSME Referral Fax
- CHN Program Guide
- CHN Referral Form
- Educator Resource List
- Additional Resources

Patient Tools

- Diabetes Management Zones
- Hypoglycemia/Hyperglycemia (Eng/Sp)
- How to Check Your Blood Sugar (Eng/Sp)
- How does High Blood Sugar affect my body? (Eng/Sp)
- Diabetes Sick Day Management (Eng/Sp)
- My Sick Day Plan (Eng/Sp)

Nutrition

- Eating a Healthy Meal (Eng/Sp)
- Smart Shopping/Eating on a Budget
- Understanding Food Labels (Eng/Sp)
- My Meal Planner
- The Art of Good Health

Medications

- How Do My Medicines Work? (Eng/Sp)
- Medication Labels

Caring for Yourself

- Additional Tests & Procedures (Eng/Sp)
- Caring for Your Feet/How to Pick the Right Shoe (Eng/Sp)
- Exercise in your Seat (Eng/Sp)
- Diabetes and Distress
- Diabetes and Anger
- Diabetes and Depression
- Diabetes and Stress

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Rapid Acting Insulin



Short Acting Insulin



Intermediate Acting Insulin



Long-Acting Insulin



Pre- Mixed Insulin



Concentrated Insulin with alternate profiles



Insulin Profiles

Insulin(s)	Onset of Action	Peak Action	Duration of Action	Teaching Points	Notes
Rapid-Acting Insulin					
Lispro (<i>Humalog</i>) (<i>Admelog</i>)	≈ 15 min	0.5-2 hours	3-5 hours	Inject within 15 min of eating. injecting too early can lead to hypoglycemia	Used as correction dose insulin and to cover carbohydrate load that will be consumed Dose needs to be changed if not eating! Available in vial and pen Humalog U-200 in pen only-interchangeable one to one with U-100
Aspart (<i>NovoLog</i>)	≈ 15 min	0.5-2 hours	3-5 hours		
Aspart (<i>Fiasp</i>)	2.5 min	0.5-2 hours	3-5 hours	May be injected right after the meal if unsure of carbohydrate intake Do not mix with other insulins	
Glulisine (<i>Apidra</i>)	12-24 min	0.5-2 hours	3-5 hours	Possibly quicker onset of action than lispro or aspart	
rDNA human powder (<i>Afrezza</i>)	12-24 min	50-60 min	2- 3 hours	Inhaled; not injected	Used as correction dose insulin and to cover carbohydrate load that will be consumed Dose needs to be changed if not eating! Not for those with respiratory issues, including COPD, smoking, etc
Short-acting Insulin					
Regular (<i>Novolin R</i> <i>Humulin R</i>)	30-60 min	2-5 hours	5-8 hours	Inject 30-60 minutes before eating Injecting too early can lead to hypoglycemia	Most common insulin for IV use Sometimes added to TPN Preferred mealtime for patients with gastroparesis
Intermediate-Acting Insulin					
NPH (<i>Humulin N</i> <i>Novolin N</i>)	2-4 hours	4-10 hours (median: 8 hours)	10 to 16 hours	Cloudy; gently roll between palms to mix May be mixed with regular or rapid-acting insulin Draw clear insulin up first	Usually dosed once or twice daily to keep fasting blood glucose levels consistent. May need a snack to coincide with peak Often combined with rapid- or short- acting insulin
Long-acting Insulin					
Glargine (<i>Basaglar</i> <i>Lantus</i>)	1-1.5 hours	No peak Insulin delivered as steady level	20-24 hours	Do not mix in same syringe with other insulins.	When fasting, glucose is continuously released by liver to provide energy to body. Even NPO patients require basal insulin! Degludec: May be beneficial in shift works; travelers; can vary time of day as long as 8 hours between doses Lantus, Basaglar and Levemir available in pen and vial Tresiba: Pen only; U-100 and U-200 interchangeable unit for unit
Detemir (<i>Levemir</i>)	1-2 hours	Slight 6-8 hours	Up to 24 hours		
Degludec (<i>Tresiba</i>)	30-90 min	No peak	42 hours Reaches steady state in 3-4 days		

Insulin Profiles

Insulin(s)	Onset of Action	Peak Action	Duration of Action	Teaching Points	Notes
Pre-Mixed Insulins					
Lispro protamine suspension + Lispro (Humalog Mix 75/25, Humalog Mix 50/50)	15-30 minutes	Dual 1-4 hours 6-8 hours	10-16 hours	Inject less than 15 min before eating Cloudy; gently roll between palms to mix	Usually dosed twice daily before breakfast and supper Available in pen and vial Pros: Convenience and comfort of only two injections daily Less chance of confusion/error of wrong insulin Often more economical Cons: Cannot skip or delay meals! Fixed ration; cannot adjust one component Less flexibility Humalog Mixes: vial and pen Humulin 70/30: vial and pen NovoLog Mix 70/30:vial and pen Novolin 70/30: VIAL ONLY
Aspart protamine + aspart (NovoLog Mix 70/30)	10-20 minutes	Dual 1-4 hours 6-8 hours	18-24 hours		
NPH + Regular (Humulin 50/50 Humulin 70/30 Novolin 70/30)	30-60 minutes	Dual Regular: 0.8-2 hours NPH: 6-10 hours	18-24 hours		
Concentrated Insulins with alternate profiles					
Glargine concentrated 300 units/ml (Toujeo, Toujeo Max)	6 hours	≈12 hours	≈ 24 hours	Inject once daily Do not remove from pen Cannot be mixed with other insulin	Conversion from once -daily Toujeo to once-daily Lantus: Initial dose 80% of Toujeo; adjust according to response Conversion from once-daily Lantus to once-daily Toujeo: May be substituted on equivalent unit-per-unit basis; however generally higher dose Toujeo required Toujeo 1.5ml size: maximum dialable dose 80 units Toujeo Max: 3 ml size: maximum dialable dose 160 units
Regular U-500 (Humulin R U-500)	15-30 min	4-8 hours	13-24 hours	Important to be consistent with syringe type Take 30 minutes before meals	Highly concentrated. NOT for IV use Available in vial (20 ml) and pen U-500 syringes available Must ALWAYS verify what dose form and what syringe patient uses to ensure accurate dosing information Intended for patients on >200 units per day Dosed bid (60%-40%) or tid (40%-30%-30%)

Antidiabetic Medication Comparison Chart

Generic Name Brand name	Expected % decrease in A1c*	Hypoglycemia in monotherapy	Weight	Renal/GU	GI Sx	CHF	CVD	Bone Health	Other considerations	Effect on blood glucose	Site of action	Cost \$
Biguanide												
Metformin[^] (Foramet, Glucophage, Glucophage XR, Glumetza, Riomet)	1-2	Neutral	Slight loss	Cont. CKD stage 3B, 4, 5 Crcl 45-60: monitor Crcl 30-45: decrease dose and monitor	Moderate	Neutral (if stable)	Benefit	Neutral	Lactic acidosis risk increases with increased age, CHF, and hepatic insufficiency	Fasting & Basal	Liver Intestines muscles	4
Sodium-Glucose Co-Transporter 2 (SGLT-2) Inhibitors												
Canagliflozin (Invokana)	0.77- 1.03	Neutral	Loss	Urogenital inf. Caution if eGFR < 45	Neutral	Neutral	Neutral or ? benefit	? bone loss	Hypotension Maintain adequate hydration DKA warning amputation risk	Fasting Post prandial	Kidney	375
Dapagliflozin (Farxiga)	0.77- 1.03	Neutral	Loss	Urogenital inf. Caution if eGFR < 60	Neutral	Neutral	Neutral or ? benefit	? bone loss	Hypotension Maintain adequate hydration DKA warning	Fasting Post prandial	Kidney	375
Empagliflozin (Jardiance)	0.77- 1.03	Neutral	Loss	Urogenital inf. Caution if eGFR < 45	Neutral	Neutral	Benefit	? bone loss	Hypotension Maintain adequate hydration DKA warning	Fasting Post prandial	Kidney	360
Ertugliflozin (Steglatro)	0.5-1	Neutral	Loss	eGFR <30: Contraindicated eGFR 30-60: not recommended Persistent eGFR 30- 60: discontinuation recommended	Neutral	Neutral	Neutral or ? benefit	? bone loss	Hypotension Maintain adequate hydration DKA warning	Fasting Post prandial	Kidney	300

Expected A1c lowering based on monotherapy
Pricing based on www.goodrx.com

Adapted from AACE Comprehensive Diabetes Management Algorithm/Lexi-Drug Antidiabetic Agents Comparison Tables
^Generic available
Diana G. Mercurio, RPh, CDE, CDOE, CVDOE updated September 2018

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Glucagon-Like Peptide Receptor Agonists (GLP-1 RA)												
Exenatide (Byetta, Bydureon)	0.5-1	Neutral	Loss	Contraindicated Crcl <30	Moderate	Neutral	Neutral	Neutral	Pancreatitis ?thyroid cancer	Fasting, post prandial	Pancreas, liver, intestines	700
Dulaglutide (Trulicity)	0.7-0.9	Neutral	Loss	Neutral	Moderate	May cause first degree AV block and sinus tach or QR prolongation		Neutral	Pancreatitis ?thyroid cancer	Fasting, post prandial	Pancreas, liver, intestines	700
Liraglutide (Victoza)	1	Neutral	Loss	Neutral	Moderate	Benefit	Benefit	Neutral	Pancreatitis ?thyroid cancer	Fasting, post prandial	Pancreas, liver, intestines	800
Lixisenatide (Adlyxin)	0.5-1	Neutral	Loss	Contraindicated Crcl <15	Moderate	Neutral	Neutral	Neutral	Pancreatitis ?thyroid cancer	Post prandial	Pancreas, liver, intestines	600
Semaglutide (Ozempic)	1.5	Neutral	Loss	Neutral	Moderate	Neutral	Neutral	Neutral	Pancreatitis ?thyroid cancer	Fasting, post prandial	Pancreas, liver, intestines	800
Thiazolidinediones (TZDs)												
Pioglitazone (Actos)	0.5-1.4	Neutral	Gain	Can worsen fluid retention	Neutral	+	Neutral May reduce stroke risk	Moderate fracture risk	Edema Bladder CA Up tp 3 months for full effect	Fasting & Basal	Muscles Fat	20
Rosiglitazone (Avandia)	0.5-1.4	Neutral	Gain	Can worsen fluid retention	Neutral	+	Neutral May reduce stroke risk	Moderate fracture risk	Edema Bladder CA Up to 3 months for full effect	Fasting & Basal	Muscles Body fat	200

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Sulfonylureas (SU)												
Glimepiride[^] (Amaryl)	1-2	Moderate to severe	Gain	>risk of hypo and fluid retention	Neutral	Slight risk increase	? May cause cardiac events	Neutral	Preferred SU option	Fasting & Post prandial	Pancreas	10
Glipizide[^] (Glucotrol, Glucotrol XL)	1-2	Moderate to severe	Gain	>risk of hypo and fluid retention	Neutral	Slight risk increase	? May cause cardiac events	Neutral	Preferred SU option	Fasting & Post prandial	Pancreas	10
Glyburide[^] (Diabeta, Glynase, Micronase)	1-2	Moderate to severe	Gain	> risk of hypo and fluid retention	Neutral	Slight risk increase	? May cause cardiac events	Neutral	Avoid use in patients 65+	Fasting & Post prandial	Pancreas	10
Meglitinide Derivatives												
Nateglinide[^] (Starlix)	0.5-1.5	Mild	Slight gain	Neutral	Moderate	Neutral	Neutral	Neutral	Take with meals Hold if meal skipped	Post prandial	Pancreas	150
Repaglinide[^] (Prandin)	0.5-1.5	Mild	Slight gain	Neutral	Moderate	Neutral	Neutral	Neutral	Take with meals Hold if meal skipped	Post prandial	Pancreas	150

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<i>Dipeptidyl Peptidase IV (DPP-4) Inhibitors</i>												
Alogliptin (Nesina)	0.6	Neutral	Neutral	Dose adjustment Crcl < 60	Neutral	?> risk	Neutral	Neutral	Pancreatitis Liver disease	Post prandial	Pancreas Liver	340
Linagliptin (Tradjenta)	0.4	Neutral	Neutral	Neutral	Neutral	?>risk	Neutral	Neutral	Pancreatitis Liver disease	Post prandial	Pancreas Liver	350
Saxagliptin (Onglyza)	0.4-0.5	Neutral	Neutral	Dose adjustment Crcl <50	Neutral	?>risk	Neutral	Neutral	Pancreatitis Liver disease	Post prandial	Pancreas Liver	350
Sitagliptin (Januvia)	0.5-0.8	Neutral	Neutral	Dose adjustment Crcl <50	Neutral	?>risk	Neutral	Neutral	Pancreatitis Liver disease	Post prandial	Pancreas Liver	360
<i>Alpha-Glucosidase Inhibitors</i>												
Acarbose^ (Precose)	0.5-0.8	Neutral	Neutral	Neutral	Moderate	Neutral	Neutral	Neutral	With first bite food each meal	Post prandial	Intestines Liver	100
Miglitol (Glyset)	0.5-0.8	Neutral	Neutral	Neutral	Moderate	Neutral	Neutral	Neutral	With first bite food each meal	Post prandial	Intestines Liver	200
<i>Dopamine Agonists</i>												
Bromocriptine (Cycloset)	0.1	Neutral	Neutral	Neutral	Moderate	Neutral	Neutral	Neutral	Hypotension	Unknown	Unknown	200
<i>Bile Acid Sequestrant</i>												
Colesvelam (Welchol)	0.5	Neutral	Neutral	Neutral	Mild	Neutral	Benefit	Neutral	Decrease LDL-C Large size	Post prandial	Intestines	600

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Diabetes Self-Management Program

The Stanford Model Diabetes Self-Management workshop is offered free for participants and given 2½ hours once a week for six weeks, in community settings such as churches, community centers, libraries and hospitals.

People with type 2 diabetes attend the workshop in groups of 12-16. Workshops are facilitated from a highly detailed manual by two trained Leaders.

Subjects Covered Include:

- 1) Techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional problems such as depression, anger, fear and frustration
- 2) Appropriate exercise for maintaining and improving strength and endurance
- 3) Healthy eating
- 4) Appropriate use of medication
- 5) Working more effectively with health care providers

Participants will make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program. Physicians, diabetes educators, dietitians, and other health professionals both at Stanford and in the community have reviewed all materials in the workshop.

Each participant in the workshop receives a copy of the companion book, *Living a Healthy Life with Chronic Conditions, 4th Edition*.*

It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

Does the Program replace existing programs and treatments?

The program does not conflict with existing programs or treatment. Treatment is not altered. For medical questions, participants are referred to their physicians or diabetes educators. If the content of the workshop conflicts with instructions they receive elsewhere, they are advised to follow their physicians' orders and discuss discrepancies with the physician.

How was the programs developed?

The original Diabetes Self-Management Program was developed in Spanish. After successful outcomes were found with that program, the Stanford Patient Education Research Center received a grant from the [California HealthCare Foundation](#) for the randomized, controlled study to test the workshop's effectiveness for English-speakers. The study was completed in 2008.

Six months after the workshop, participants had significant improvements in depression, symptoms of hypoglycemia, communication with physicians, healthy eating, and reading food labels. They also had significant improvements in patient activation and self-efficacy. At 12 months, DSMP participants continued to demonstrate improvements in depression, communication with physicians, healthy eating, patient activation, and self-efficacy. There were no significant changes in utilization or A1C (A1C values were already in the desirable range at the beginning of the study for most participants). **

* *Living a Healthy Life with Chronic Conditions* by Lorig, Sobel, Laurent, González and Minor (2006), as well as the audio CD can be ordered from [Bull Publishing](#).

** Results reported in: Lorig K, Ritter PL, Villa FJ, Armas J, Community-based peer-led diabetes self-management: a randomized trial. *Diabetes Educator*, 35(4):641-651, 2009.

This document represents an excerpt from the Stanford Diabetes Self-Management Program
<http://patienteducation.stanford.edu/programs/diabeteseng.html>

This material was prepared by the New England Quality Innovation Network-Quality Improvement Organization (NE QIN-QIO), the Medicare Quality Improvement Organization for New England, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMSQIN_B2_201505_0046

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Patient Stamp, Label or Info (Name, Record Number/DOB, Date)

DIABETES EDUCATION REFERRAL

Please fill out this form if a patient is interested in attending or learning more about a Diabetes Self-Management Education (DSME) Workshop. A workshop consists of 6 FREE sessions (2.5 hours each), meeting weekly for 6 weeks.

Patient Information

Patient Name

Date of Birth (mm/dd/yy)

Address, City, State, Zip Code

Phone Number

Please check diagnosis: ☐ Pre-diabetes ☐ Diabetes

When should we call? (Check all that apply)

☐ Morning ☐ Afternoon ☐ Evening ☐ No Preference

May we leave a message? ☐ Yes ☐ No

Language Preference? ☐ English ☐ Spanish ☐ Other _____

Type of Insurance? (Check all that apply)

☐ Medicare ☐ Medicare Advantage ☐ Medicare Other

☐ MassHealth/Medicaid ☐ Private ☐ Other

Provider Information

Referring Provider

Phone Number

☐ Please send **DSME Close Referral Loop** form upon this patient's completion of the DSME class

Please return the completed form to:

Fax: 401 – 528 – 3237 • **ATTN:** Vicki Crowningshield or Samantha Walsh





Community Health Network



- ❖ The goal of Community Health Network (CHN) is to link patients to health and wellness programs. Patient "navigators" connect you to the programs that will best meet your needs.
- ❖ This network gives you the necessary tools to take control of your health, and helps you manage your health conditions by encouraging healthy behaviors such as those related to nutrition and physical activity.
- ❖ CHN programs have been proven to work for people with arthritis, pre-diabetes, diabetes, heart disease, asthma, tobacco addiction, poor balance, and chronic pain.
- ❖ Programs are free or low cost and take place in convenient Rhode Island locations.

Ask your doctor about these programs today!

**For more information or to register for a
health and wellness program contact:**

401-432-7217

CommunityHealthNetwork@ripin.org

www.health.ri.gov/communityhealthnetwork

Diabetes Prevention Program (DPP) – Provided in English and Spanish

This lifestyle-change program teaches you how to lower your risk of getting Type 2 Diabetes by eating healthier, increasing physical activity, and losing weight. The DPP is a program that focuses on lasting changes that are manageable for each patient.

Format: Year-long group sessions are held once a week for 16 weeks, then once a month for six months.

Eligibility: Anyone 18 years of age or older who has pre-diabetes; is at risk for developing Type 2 diabetes; or has a history of gestational diabetes.

Diabetes Self-Management Program- Provided in English and Spanish

This education workshop teaches you to manage symptoms of diabetes such as fatigue, pain, hyper/hypoglycemia, stress, depression, anger, fear, and frustration.

Format: Facilitated by two certified peer leaders in group sessions. Sessions are 2½ hours per week for six weeks.

Eligibility: Anyone 18 years of age or older.

Tools for Healthy Living - Chronic Disease Self-Management Program -

Provided in English and Spanish

This workshop teaches you how to manage symptoms and medications, communicate with family and doctors, relieve stress, eat well, exercise, and set attainable goals.

Format: Facilitated by two certified peer leaders in group sessions. Sessions are 2 ½ hours per week for six weeks.

Eligibility: Anyone 18 years of age or older.

Chronic Pain Self-Management Program(NEW) - Provided in English and Spanish

This workshop provides you with the tools to manage medications, fatigue, frustration, proper nutrition, and communication skills, and teaches you to evaluate treatments and make an action plan.

Format: Facilitated by two certified peer leaders in group sessions. Sessions are 2 ½ hours per week for six weeks.

Eligibility: Anyone 18 years of age or older.

Certified Diabetes Outpatient Educator (CDOE) - Provided in English and Spanish

CDOEs are Registered Nurses, Dietitians, and Pharmacists who can teach you how to manage your glucose, blood pressure, cholesterol, medication, and nutrition.

Format: Individual or group consultations in doctors' offices, pharmacies, and CDOE sites around the state.

Eligibility: These consultations require a healthcare provider referral for anyone 18 years of age or older with diagnosed diabetes.

Cost: Covered under most private health insurance plans. May require a co-pay.

Asthma Services - Provided in English and Spanish

The Rhode Island Department of Health Asthma Control Program focuses on asthma at home, school, and healthcare centers. The program aims to lower asthma-related hospitalizations, emergency room visits, and missed days of work and school.

Format: Up to three classes to learn how to manage your child's asthma. This may include home visits by a Certified Asthma Educator to help find and fix the things that cause asthma attacks; coordination of your child's asthma care with primary care providers, school nurses, teachers, and caregivers; and support for healthy housing, tenant rights, and social services.

Eligibility: Families who have children with asthma living in Woonsocket, Central Falls, Pawtucket, or Providence.

Matter of Balance: Managing Concerns About Falls - Provided in English and Spanish

These are group workshops that teach techniques to reduce fears of falling and increase activity levels among older adults.

Format: Small group led by a trained facilitator. Two hours, eight sessions.

Eligibility: Anyone who has concerns or is at risk of falling.

EnhanceFitness Program (YMCA) - Provided in English

This is a group exercise program that uses simple, easy-to-learn movements that motivate people with or without arthritis to stay active throughout their lives. The class is ideal if you are new to group exercise and want to have fun while exercising. People in the program experience improved physical strength, increased flexibility, better balance, enhanced cardiovascular fitness, and reduced arthritic pain.

Format: 16-week program.

Eligibility: Anyone 18 years of age or older.

Cost: Free for members, \$25 monthly for non-members.

Powerful Tools for Caregivers (NEW) - Provided in English and Spanish

This workshop allows caregivers to develop a wealth of self-care tools to reduce personal stress, change negative self-talk, communicate their needs to family members and healthcare or service providers, communicate more effectively in challenging situations, recognize the messages in their emotions, deal with difficult feelings, and make tough care-giving decisions. Class participants receive a copy of *The Caregiver Help Book*, developed specifically for the class.

Format: Facilitated by two certified peer leaders in group sessions. Sessions are 2 1/2 hours per week for six weeks.

Eligibility: Anyone 18 years and older who is a caretaker of an older adult.

Cost: Free

WISEWOMAN Program -Provided in English and Spanish

This program provides women screenings for risks of chronic disease, free health and wellness programs, and referrals to additional services to prevent cardiovascular disease.

Format: This is a year-long, self-paced program, providing participants access to wellness programs and chronic disease prevention supports.

Eligibility: To qualify, you must be age 30 or older AND be determined eligible for the Women's Cancer Screening Program; OR be between ages 40-64 and a Rhode Island Medicaid recipient.

Cost: Free

Rhode Island Smoker's Helpline: 1-800 QUIT NOW (1-800-784-8669) -

Calls are answered in English and Spanish

If you smoke or use tobacco, you can call the Rhode Island Smoker's Helpline to get free, evidence-based quit smoking counseling sessions by phone. Eligible callers may also receive free nicotine replacement therapy (NRT) gum, patches, or lozenges in two-week supplies by mail while supplies last.

Format: Multi-session telephone counseling, web-based tools, mailed nicotine replacement therapy (NRT) gum, patches, or lozenges (while supplies last).

Eligibility: All RI residents



Name:							Gender:	☐ Male	☐ Female	☐ Other
Address:	City/Town:				State:		Zip:			
Best Contact Phone: () -		Birth Date:		/	/					
Primary Language:	☐ English	☐ Spanish	☐ Other (Please Specify)							
Primary Insurance:	☐ BCBS	☐ United Healthcare	☐ Neighborhood Health Plan		☐ Tufts	☐ Medicare	☐ Medicaid			
Currently enrolled in WISEWOMAN?		☐ Yes	☐ No							

Referral Date:	/	/	Provider Name:
Practice Address:			
Phone:	(	)	-
Fax number for feedback:		(	)
		-	

Programs available (check all that apply)

For WISEWOMAN Program Referrals Only

- ☐ **Gym Membership**
Name: _____
- ☐ **Health Coaching Plus By CDOE or CVDOE**
(Registered Dietician, Nurse, and/or Pharmacist)
- ☐ **Vida Sana**
- ☐ **Weight Loss / Weight Management Program**
Name: _____
- ☐ **Fitness Program**
Name: _____

Healthcare Provider Signature: _____ Date: ____ / ____ / ____ Notes: _____

I,	(Participant's Name)	(Participant's DOB)
hereby voluntarily authorize disclosure of certain information for the purpose of being referred to a chronic disease education/ self-management program or service. Information shared may include my name, address, phone number, date of birth, primary language, health insurance, and health concerns related to the referral. This personal information may be shared between and among the health care provider listed below, the Rhode Island Department of Health, and the chronic condition education /self-management program or services to which I have been referred. I understand that the health care provider listed above may be provided additional information related to the referral, including whether I participated in the programs to which I was referred and the outcome of my participation. I also understand that I may revoke this authorization at any time by writing to the healthcare provider who referred me to the programs. If I revoke this authorization my personal healthcare information will no longer be shared and will be protected by federal and state law.		

(Signature of person referred) (Date)

Please have the person being referred sign the authorization to disclose information to Community Health Network Programs.

- Keep a copy for your records. • Fax this form to Community Health Network through secure fax **401-633-6229**.
• Please call Community Health Network Patient Navigator at **401-432-7217** if you have any questions.

THE TIME IS NOW TO START YOUR OWN QUALITY DSMT PROGRAM.

CMS recognizes diabetes self-management training (DSMT) access and under-utilization are a problem.

BENEFITS

DSMT

Diabetes self-management training

DSMT utilization for Medicare and commercial plans consistently has been **around 5%** across the nation¹



Decreases A1C



Improves medication adherence



Lowers overall healthcare costs



Only **54.4%** of adults with type 2 diabetes report ever attending a class to manage their diabetes²

¹ CDC, 2014, https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6346a2.htm?s_cid=mm6346a2_e

² CDC, 2015, <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>

REIMBURSEMENT

Example revenue for physician offices/clinics/hospital outpatient programs



10 hours of group diabetes self-management training (DSMT) for 10 patients = \$2,956.00



Less staff salaries* for **10 hours (\$300)**



ESTIMATED REVENUE = \$2,656

*Staff salaries are the largest cost. Some smaller costs also include materials and class space.

Federally Qualified Health Centers (FQHCs) **can bill** for **individual DSMT as a medical visit** and are paid the current CMS per diem rate (~\$160) for FQHCs.

Rural health centers (RHCs) **can report the cost** of doing DSMT **on annual cost report**. (No separate bill for DSMT is allowed.)

DID YOU KNOW?

2017 National Payment Rates for DSMT (Fee-for-Service, CMS Physician Fee Schedule)



Group

\$58.84 per 2 hours of class



Individual

\$228 per 2 hours of class

Medicare covers:
10 hours the 1st year and 2 hours follow-up each year after

PATHWAY TO MEDICARE DSMT REIMBURSEMENT



Must become American Association of Diabetes Educators (AADE) - accredited or American Diabetes Association (ADA) - recognized to be able to bill Medicare



Send AADE or ADA certificate to CMS
Set up billing with CMS for DSMT



FFS clinics and FQHCs:
bill for DSMT and get reimbursed
RHCs:
report DSMT costs on annual report

Your Medicare Quality Improvement Network-Quality Improvement Organization (QIN-QIO) offers **free, high-quality tools** and assistance that align with CMS, AADE, and ADA standards.

Contact your Diabetes QI Advisor at: **Vicki Crowningshield - 401-528-3292**
vcrowningshield@healthcentricadvisors.org

Improve Diabetes Care and Outcomes while Lowering Costs and Generating Revenue!



Did you know you can **generate revenue** by sponsoring your own quality diabetes self-management training (DSMT) program?

The CMS Quality Improvement Organization (QIO) Program has contracted reimbursement expert, **Mary Ann Hodorowicz**, to offer **FREE** individualized technical assistance to health agencies. Mary Ann can help your practice successfully operationalize your diabetes programs (DSMT, medical nutrition therapy, professional and personal use continuous glucose monitoring (CGM), and intensive behavior therapy for obesity benefit and the chronic care management benefit) so you can generate revenue and improve clinical and behavioral outcomes of persons with diabetes. Mary Ann is a Registered Dietitian Nutritionist, Certified Diabetes Educator, and a Certified Endocrinology Coder. She also offers individualized consulting and time-saving turnkey materials for obtaining recognition from the American Diabetes Association (ADA) or accreditation by the American Association of Diabetes Educators (AADE), a pre-requisite for reimbursement.

If your practice wants to achieve certification of its DSMT program, but is struggling to find the time and expertise, you need Mary Ann!



Mary Ann has the ability to take a relatively complex subject like DSMT and MNT reimbursement, and make them both understandable and interesting! Her turn-key materials are modifiable and so helpful!

Please contact Brenda Jenkins at bjenkins@healthcentricadvisors.org or 401-528-3246 to set up a joint call with the New England QIN-QIO and Mary Ann Hodorowicz. This offer for technical assistance expires July 31, 2019 and will be provided on a first come first-serve basis.

Educator Resource List



This is a list of websites that provide free or very low cost educational materials that can supplement your class materials and handouts. Most websites provide information that can be downloaded and printed on demand and are available in English and Spanish.

Topic	Organization/Website	Information
Eye Health	National Eye Institute www.nei.nih.gov	Publication catalog
	National Eye Health Education Program www.nei.nih.gov/nehep	Materials for various eye diseases, including Diabetes Eye Tool Kit.
Dental Health	National Institute of Diabetes, Digestive and Kidney Disease www.diabetes.niddk.nih.gov	Prevent diabetes problems: Keep your teeth and gums healthy.
	Migrant Clinicians Network http://www.migrantclinician.org/	Diabetes education: How to take care of your teeth.
Heart Health	American Heart Association www.heart.org	Patient-oriented websites with information on getting healthy with Life's Simple 7.
	American Heart Association www.Hearthub.org	Nutrition, activity, weight management, stress management, fats and smoking.
Nutrition Health	Academy of Nutrition and Dietetics (ADA) www.eatright.org	Healthy eating fact sheets.
	U.S. Department of Agriculture www.choosemyplate.gov	New campaign with 14 fact sheets to improve eating habits/portion control.
	Iowa State University, Extension www.extension.iastate.edu/foodsavings	Spend smart, eat smart program.
	Food and Nutrition Information Center http://fnic.nal.usda.gov	Eating right when money is tight
	American Diabetes Association www.diabetes.org	Food and fitness, plus recipes and general nutrition information.
Recipes	Oregon State University http://healthyrecipes.oregonstate.edu/	Low cost recipes
	U.S. Department of Agriculture, SNAP – Ed Connection http://recipefinder.nal.usda.gov/	The recipe finder lets you look up recipes based on available ingredients. Easy recipes with low cost.
	My Food Advisor (ADA) http://tracker.diabetes.org/	Recipes. Allows you to look up specific foods to find their nutritional content. Tracks goals. Provides shopping list.
Activity	U.S. Department of Agriculture www.letsmove.gov	Ideas for staying active for the whole family.
	Go4Life http://go4life.nia.nih.gov	Physical fitness campaign, with information and handouts for adult seniors, individuals, organizations and health professionals.
	Weight-control Information Network www.win.niddk.nih.gov	Publications on nutrition, physical activity and weight control.

Educator Resource List



Topic	Organization/Website	Information
Weight Management	Obesity Action Coalition www.obesityaction.org	Brochures on weight control, including how weight affects pre-diabetes and Type II diabetes.
	Weight Watchers www.weightwatchers.com	Food and recipes, fitness and health, plus support groups.
Kidney Health	National Kidney Foundation www.kidney.org	Patient education publications and fact sheets.
	National Kidney Disease Education Program www.nkdep.nih.gov	Brochures, plus helpful information on Patient, Public and Resources tabs.
	American Kidney Fund www.kidneyfund.org	Information about financial assistance, plus health brochures and fact sheets.
Foot Health and Neuropathies	American Podiatry Medical Association www.apma.org	Foot facts and tip sheets.
	National Diabetes Education Program www.ndep.nih.gov	Foot care publications.
	Health Resource and Service Administration www.hrsa.gov/hansensdisease/leap/	Monofilaments; lower extremity amputation prevention (LEAP) handouts.
Medications	National Diabetes Information Clearinghouse www.diabetes.niddk.nih.gov	Information on medications for diabetes.
	American Diabetes Association www.diabetes.org	Living with diabetes and understanding the different medications.
	http://www.diabetes.org/assets/pdfs/know-your-rights/public-accommodations/air-travel-and-diabetes.pdf	Fact sheet on air travel and diabetes.
	http://www.diabetes.org/living-with-diabetes/treatment-and-care/medication/tips-for-emergency-preparedness.html	Tips for emergency preparedness.
Sexual Dysfunction	National Diabetes Information Clearinghouse www.diabetes.niddk.nih.gov	Sexual and urological problems with diabetes. Provides brochures on how diabetes can affect sexual health.
Low Literacy	Learning About Diabetes www.learningaboutdiabetes.org	Storybook style, easy-to-read handouts on many different topics about diabetes.
General	Texas Diabetes Council www.dshs.state.tx.us/diabetes	Comprehensive Texas program for diabetes information and education.
	American Association of Diabetes Educators http://www.diabeteseducator.org/	AADE7 Self-care Behaviors and other patient education handouts.
	American Diabetes Association http://www.diabetes.org/	A comprehensive website for diabetes information.



This is an edited version of a document originally prepared by TMF Quality Innovation Network, the Medicare Quality Improvement Organization for Texas, under contract with the Centers for Medicare & Medicaid Services (CMS). This material was edited by the New England QIN-QIO, the Medicare Quality Innovation Network-Quality Improvement Organization for New England, under contract with CMS, an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMSQINB22018011305

Resources

- **American Association of Diabetes Educators (ADDE)**
AADE has created a number of resources on different themes that are designed to help navigate issues patients may face.
 - Mental Health & Diabetes
<https://www.diabeteseducator.org/living-with-diabetes/tip-sheets-and-handouts/mental-health>
- **Choose My Plate**
ChooseMyPlate.gov provides practical information to individuals to help consumers build healthier diets with user-friendly resources and tools.
 - Smart Shopping for Veggies and Fruits
[choosemyplate-prod.azureedge.net/sites/default/files/tentips/DGTipsheet9SmartShopping.pdf](https://prod.azureedge.net/sites/default/files/tentips/DGTipsheet9SmartShopping.pdf)
 - Eating on a Budget – The 3Ps
[choosemyplate-prod.azureedge.net/sites/default/files/printablematerials/PlanPurchasePrepare.pdf](https://prod.azureedge.net/sites/default/files/printablematerials/PlanPurchasePrepare.pdf)
- **New England QIN-QIO**
We offer evidence-based resources and strategies to improve diabetes care for you, your friends or family.
 - Everyone with Diabetes Counts (EDC)
 - Diabetes Zone Tool
<http://www.healthcarefornewengland.org/everyone/diabetes/resources-diabetes-everyone/>
- **NYC Health**
The New York Department of Health works to protect and promote healthy eating initiatives for New Yorkers.
 - My Plate Planner
www1.nyc.gov/assets/doh/downloads/pdf/csi/obesity-plate-planner-13.pdf
- **United Way of Rhode Island**
 - Rhode Island 2-1-1 is a free, confidential service that provides information and referrals. They help by connecting you with agencies and trained specialists who offer support and answers at every level.
<https://uwri.org/get-help-2-1-1/>

Note: Please refer to individual insurance providers for detailed information on which diabetic testing supplies are available.

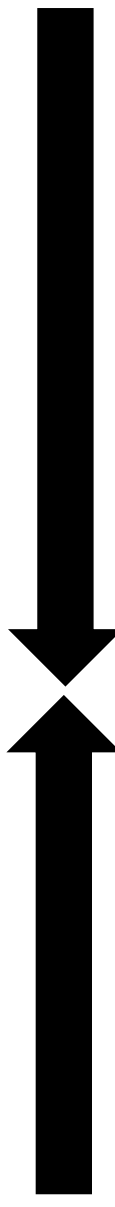
Diabetes

Management ZONES

GREEN ZONE	ALL CLEAR (GOAL) • Most fasting blood sugars are between 80–130 or _____ • Average blood sugars are less than 180 or _____ • Able to do usual activities	Doing Great! • Your symptoms are under control • Actions: ○ Take medicines as ordered ○ Check blood glucose routinely as directed by the healthcare team ○ Follow healthy eating habits ○ Continue regular exercise ○ Keep all doctor appointments
YELLOW ZONE	CAUTION (WARNING) If you have any of the following: • Most fasting blood sugars are between 131-200 • Average blood sugars are between 150–210 • Signs and symptoms of high or low blood sugar (see back) • Sometimes have trouble keeping normal activity level	Act Today! • You may need your medicines changed • Actions: ○ Improve your eating habits ○ Increase your activity level ○ If eating and activity changes do not help: Call your home health nurse _____ <i>(agency's phone number)</i> Or call your Diabetes healthcare provider _____ <i>(doctor's phone number)</i>
RED ZONE	EMERGENCY • Blood sugar under 70 OR _____ • Average blood sugars are above 210 • Glucometer reads "high" • Frequently have trouble keeping normal activity level • Unable to stay awake even during day	Act NOW! • If blood sugar is under 70, treat right away. • Actions: You NEED to report this to your diabetes healthcare provider for instructions. • Call your Diabetes healthcare provider right away: _____ <i>(doctor's phone number)</i> Or call 911 if this is an emergency situation.

Common Signs of Low and High Blood Sugar Levels

(You may or may not experience these symptoms. Everyone is different.)



Signs of <u>LOW</u> Blood Sugar • Shakiness • Sweaty • Hunger • Anxiety • Nervous • Confusion • Acting angry or irritable • Slurred speech • Headache	Causes of <u>LOW</u> Blood Sugar • Too little food • Too much medicine • More activity than usual • Too long between meals and snacks • Alcohol	Treatment of <u>LOW</u> Blood Sugar • ½ cup juice • ½ cup sugared soft drink • 1 tablespoon honey • 4 sugar packets • 3-4 hard candy (unless at risk for choking) • 2 tablespoons raisins • 3-4 glucose tablets • 1 cup skim or low fat milk Retest if low: - Wait 15 minutes - 15 grams of carbs in 15 minutes
Signs of <u>HIGH</u> Blood Sugar • Thirst • Hunger • Frequent urination • Fatigue • Nausea • Blurred vision • Headache • Confusion	Causes of <u>HIGH</u> Blood Sugar • Too much food • Too little exercise • Too little medication • Stress • Illness or infection • Injury • Short time between meals and snacks	Treatment of <u>HIGH</u> Blood Sugar • Exercise unless sugar is above 240 • Adjust food intake • Work with doctor to adjust your medicine

- Remember to calibrate your glucose meter as directed per manufacturer recommendations.
 - Ask your healthcare provider if you need help.

Updated: January 2018

References: [ADA](#), 2017; [ADA](#), 2016; [ADA](#), 2015

Hypoglycemia



Everyone with Diabetes Counts

Hypoglycemia or low blood sugar is when your blood sugar is less than 70 mg/dl.

If you have these symptoms:



Shaking



Anxious



Sweating



Dizzy



Hunger



Fast
Heartbeat



Blurred
Vision



Weakness/
Fatigue



Headache



Irritable

Check your blood sugar. If it is less than 70 mg/dl:

- 1** Eat or drink a simple sugar such as honey, sugar, fruit juice or 1/2 cup of regular soda.
- 2** Wait 15 minutes and then check your blood sugar again.
- 3** If your blood sugar is still less than 70 mg/dl have another serving of simple sugar and
- 4** Then eat a snack of complex carbohydrate such as cheese and crackers, or half of a sandwich.



If your family or friends find you “sleeping” and cannot wake you, make sure they know to call 9-1-1.

How to Prevent Hypoglycemia

- Eat at regular times every day.
- Check your blood sugar every day.
- Do not skip meals.
- Take your medicine as directed.

If you continue to have low blood sugar, see your doctor as soon as possible.

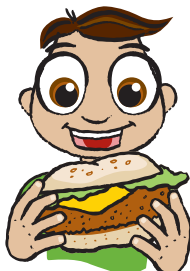
Hyperglycemia

Hyperglycemia or high blood sugar is when your blood sugar is over 200 mg/dl.

If you have these symptoms:



Very thirsty



Hunger



Weakness/Fatigue



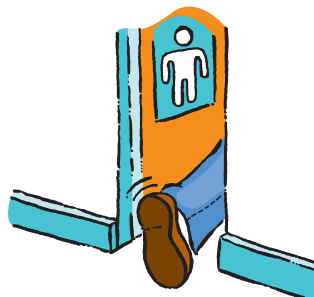
Blurred vision



Dry skin



Sore is not healing



Urinating often



Nausea

Check your blood sugar. If it is over 200 mg/dl:

- 1** Did you eat too much food? *If yes, drink 1 cup of water or a sugar-free drink every hour.*
- 2** Did you forget to take your medicine? *If yes, take your medicine.*
- 3** Do you have an infection? Flu? Stress?

If you have high blood sugars > 200 mg/dl for more than three days call your doctor.

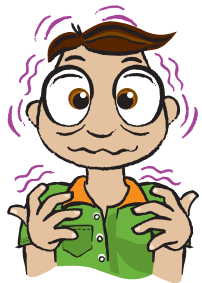
How to Prevent Hyperglycemia

- Watch how much you eat.
- Exercise or move every day.
- Take your medicine as directed.
- Check your blood sugars every day.

Hipoglucemia

Hipoglucemia o azúcar baja en la sangre es cuando su azúcar en la sangre está en menos de 70 mg/dl.

Si usted tiene estos síntomas:



Tembloroso



Ansioso



Sudando



Mareado



Hambre



Palpitaciones
rápidas



Visión Borrosa



Debilidad/
Fatiga



Dolor de
Cabeza



Irritable

Revise su azúcar en la sangre. Si es menos de 70 mg/dl:

- 1** Coma o beba un azúcar simple tal como miel, azúcar, jugo de fruta o 1/2 taza de soda regular.
- 2** Espere 15 minutos y luego revise su azúcar en la sangre otra vez.
- 3** Si su azúcar todavía está en menos de 70 mg/dl tome otra porción de azúcar simple y
- 4** Después coma un refrigerio de carbohidratos complejos, tal como queso y galletas, o la mitad de un sándwich.



**Si su familia o sus amigos le encuentran “dormido(a)”
y no le pueden despertar, asegúrese de que ellos saben llamar al 9-1-1.**

Cómo Prevenir la Hipoglucemia

- Coma a horas regulares todos los días.
- Tome las medicinas como se le indica.
- No salte las comidas.
- Revise su azúcar en la sangre todos los días.

Si continúa teniendo azúcar baja en la sangre, consulte su médico tan pronto como le sea posible.

Hiperglucemia

Hiperglucemia o azúcar de sangre alta es cuando el azúcar en la sangre está en más de 200 mg/dl.

Si tiene estos síntomas:



Muy sediento



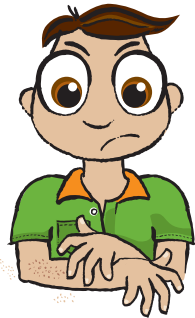
Hambre



Debilidad/Fatiga



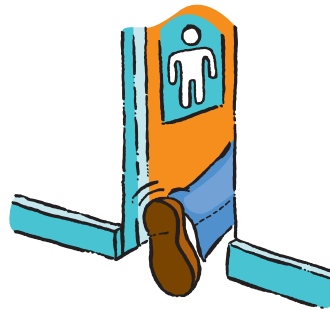
Visión borrosa



Piel seca



La herida no está sanando



Orinando con frecuencia



Náusea

Revise el azúcar de su sangre. Si está por encima de los 200 mg/dl:

- 1** ¿Ingirió usted mucho alimento? *Si sí, beba 1 vaso con agua o una bebida libre de azúcar cada hora.*
- 2** ¿Se le olvidó tomar su medicina? *Si sí, tome su medicina.*
- 3** ¿Tiene usted una infección? ¿La gripe? ¿Estrés?

Si usted tiene azúcares altos > 200 mg/dl por más de tres días, llame a su médico.

Cómo Prevenir la Hiperglucemia

- Cuide cuánto come.
- Tome su medicina como se le indica.
- Haga ejercicio o muévase todos los días.
- Revise sus azúcares en la sangre todos los días.

How to Check Your Blood Sugar



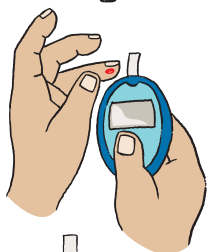
1 Wash your hands with soap and warm water. Rinse well.



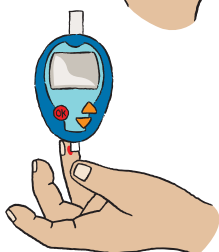
2 Gently rub your hands to warm them.



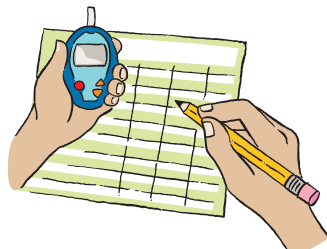
3 Put the test strip into your meter.



4 Prick the side of your finger.



5 Touch your blood drop to the test strip.



6 Write the results in your book.

Cómo Checar (Chequear) El Azúcar en Su Sangre



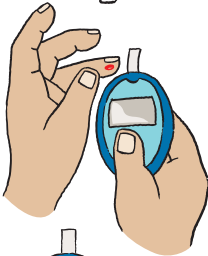
1 Lave sus manos con jabón y agua tibia. Enjuáguese bien.



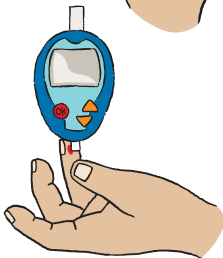
2 Suavemente frote sus manos para calentarlas.



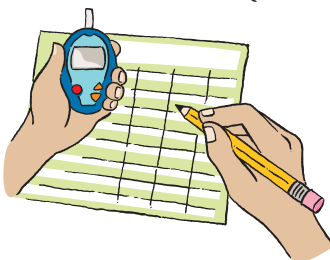
3 Coloque la cinta de prueba en su medidor.



4 Pinche el lado de su dedo.



5 Adjunte la gota de su sangre a la cinta de prueba.



6 Escriba los resultados en su libro.

How does high blood sugar affect my body?

Muscle & Skeletal System

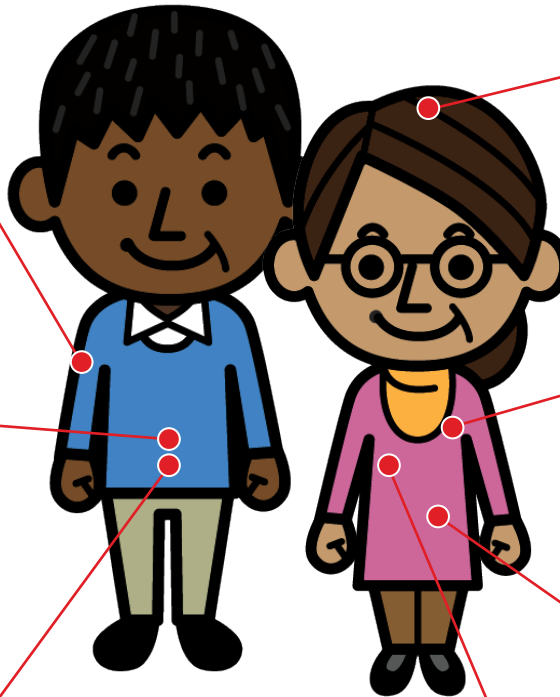
- **Bones** – can affect the blood circulation and flow of calcium, which will lead to osteoporosis (fragile bones).
- **Muscles** – can damage blood vessels in the muscles, which leads to muscle weakness.

Digestive System

- **Mouth** – gum infections and poor dental care can cause high blood sugar.
- **Stomach & Intestines (digestion)** – can damage small nerves in the stomach causing nausea, vomiting, diarrhea, constipation and poor appetite.

Urinary System

- **Kidneys** – can damage the small blood vessels in the kidneys leading to problems with kidney function and kidney failure.
- **Bladder** – high blood sugar can cause problems with bladder control & infections.



Nervous System

- **Brain** – can damage the large blood vessels causing stroke or death.
- **Spinal Cord & Nerves** – can cause nerve damage to many parts of the body.
- **Hearing** – can cause loss of hearing.

Circulatory System

- **Heart** – can damage the large blood vessels in the heart causing heart disease and heart attack.
- **Arteries & Veins** – can damage the small blood vessels that send blood and oxygen to all the organs.

Digestive System – Helpful Organs and Glands

- **Liver** – stores energy from the food eaten and turns the energy into glucose (sugar) when the body needs it to feed the cells.
- **Pancreas** – makes insulin, which helps glucose (sugar) get into the body cells.

Respiratory System

- **Lungs** – smoking and high blood sugar levels can damage the lungs, which results in poor circulation problems.

Reproductive System

- **Females** – can cause vaginal dryness and painful intercourse.
- **Males** – can cause erectile dysfunction.

¿Cómo afecta mi cuerpo un alto nivel de azúcar en sangre?

Sistema músculo-esquelético

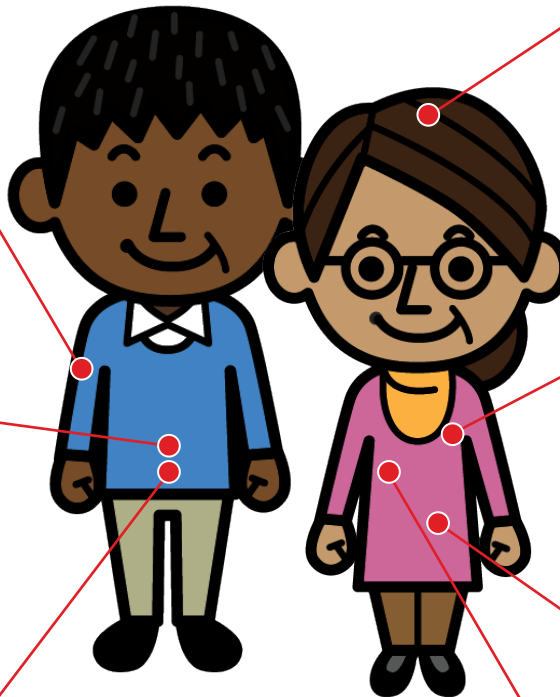
- **Huesos** – puede afectar la circulación sanguínea y el flujo de calcio, lo que provocará osteoporosis (huesos frágiles).
- **Músculos** – puede dañar los vasos sanguíneos en los músculos y producir debilidad muscular.

Sistema digestivo

- **Boca** – las infecciones de las encías y el cuidado deficiente de los dientes pueden provocar altos niveles de azúcar en sangre.
- **Estómago e intestinos (digestión)** – puede dañar pequeños nervios en el estómago y provocar náuseas, vómito, diarrea, estreñimiento y falta de apetito.

Sistema urinario

- **Riñones** – puede dañar los vasos sanguíneos pequeños en los riñones y provocar problemas con la función renal e insuficiencia renal.
- **Vejiga** – los altos niveles de azúcar en sangre pueden provocar problemas con el control e infecciones de la vejiga.



Sistema nervioso

- **Cerebro** – puede dañar los vasos sanguíneos grandes y provocar un derrame cerebral o la muerte.
- **Médula espinal y nervios** – puede provocar daño a los nervios a muchas partes del cuerpo.

Sistema circulatorio

- **Corazón** – puede dañar los vasos sanguíneos del corazón y provocar enfermedad cardíaca y ataque cardíaco.
- **Arterias y venas** – puede dañar los vasos sanguíneos pequeños que envían sangre y oxígeno a todos los órganos.

Sistema digestivo – Órganos y glándulas útiles

- **Hígado** – almacena la energía de los alimentos ingeridos y convierte la energía en glucosa (azúcar) cuando el cuerpo la necesita para alimentar las células.
- **Páncreas** – produce insulina, lo que ayuda a que la glucosa (azúcar) entre en las células del cuerpo.

Sistema respiratorio

- **Pulmones** – el fumar y los altos niveles de azúcar en sangre pueden dañar los pulmones, lo que produce problemas por mala circulación.

Sistema reproductivo

- **Mujeres** – puede producir resequedad vaginal y relaciones sexuales dolorosas.
- **Hombres** – puede provocar disfunción eréctil.

SICK-DAY MANAGEMENT



Being sick can cause your blood sugar to rise and cause a serious complication called diabetic ketoacidosis. Symptoms include fruity smelling breath, nausea, vomiting, stomach cramps, and confusion.

Eating less, nausea, diarrhea, and vomiting may cause your blood sugar to drop and result in a complication called hypoglycemia.



Prevention of ketoacidosis and hypoglycemia:

1. Test your blood sugar every 4 hours.
2. Take your diabetes medication. Ask your diabetes team how to adjust your insulin dose when you are sick. If you are unable to eat or vomit up medication call your diabetes team.
3. If your sugars are low, drink 1 glass of sugar based liquids. If your sugars are high, drink 1 glass of sugar free liquids.
4. If you are unable to drink and are vomiting contact your health care provider immediately or seek emergency care.
5. Check urine for ketones every 4 hours if you use insulin. If ketones are high, call your health care team or seek emergency care. (Precision Xtra blood ketone strips are individually wrapped and can be special ordered at your pharmacy)
6. If you are alone, have someone check in on you throughout the day.

Get well soon!

SICK-DAY MANAGEMENT

What to eat when you are sick

Try to follow your usual meal plan as best as you can!

If you can't stick to your normal diet, try to eat or drink at least 45 grams of carbohydrates every 3 to 4 hours.

Example of 15 grams of carbohydrates:
1/2 cup juice or regular soda, 1 cup soup, 1 slice toast

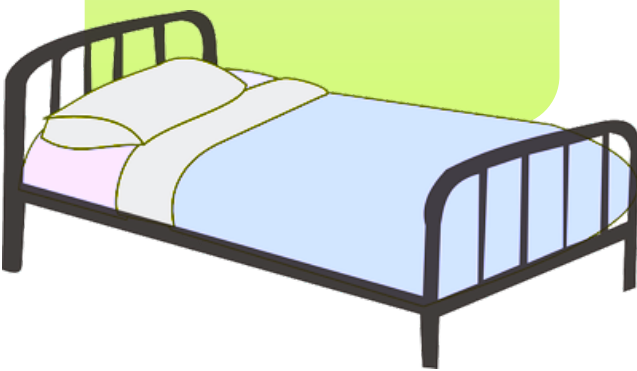


Sick-Day Kit:

- Sugar and ketone test strips
- Sugar free and sugar based liquids
- Medications for nausea, vomiting, and diarrhea
- Glucagon kit/ glucose tablets
- Health care team number

When to call your diabetes care team:

1. Blood sugar is less than 70mg/dL
2. Blood glucose is greater than 250mg/dL for more than 2 tests
3. You have a fever higher than 101.5°F
4. You are sick for over 24 hours
5. You have severe pain in your stomach, chest pain, or trouble breathing
6. Experience vomiting or diarrhea for more than 6 hours
7. You have a large amount of ketones in your urine for more than 6 hours
8. You are confused and unsure



Manejo de día de Enfermedad



Estar enfermo puede causarle que los niveles de azúcar en la sangre suban y causar una seria complicación llamada cetoacidosis diabética. Los síntomas incluyen aliento con olor a fruta, náuseas, vómitos, calambres en el estómago y confusión.

Comer menos, náuseas, diarrea y el vómito puede causarle que la azúcar en la sangre baje y resulte en una complicación llamada hipoglucemia.

Prevención de la cetoacidosis y hipoglucemia:

1. Revise su nivel de azúcar en la sangre cada 4 horas.
2. Tome su medicamento para la diabetes. Pregúntele a su medico de la diabetes como ajustar la dosis de insulina cuando esta enfermo. Si le es imposible comer o a vomitado su medicamento llame a su medico.
3. Si sus niveles de azúcar están bajos, tome 1 vaso de líquidos azucarados. Si sus niveles de azúcar están altos, tome 1 vaso de liquido sin azúcar.
4. Si le es imposible tomar líquidos y esta vomitando contacte a su medico inmediatamente o busque cuidados de emergencia.
5. Revise su orina en busca de cetonas cada 4 horas si usa insulina. Si las cetonas son altas , llame a su equipo de salud o busque cuidado de emergencia. (Tiras de cetona en sangre Precisión Xtra vienen envueltas individualmente y pueden ser ordenadas en su farmacia.)
6. Si usted esta solo, tenga a alguien que lo pueda chequear durante el día.



¡Recupérese Pronto!

Manejo de día de Enfermedad

Que comer cuando se esta enfermo

Trate de seguir su rutina de comida lo mejor posible!

Si no le es posible seguir su dieta normal, trate de comer y tomar por lo menos 45 gramos de carbohidratos cada 3 a 4 horas.

Ejemplo de 15 gramos de carbohidratos:

1/2 vaso de jugo o soda regular, 1 vaso de sopa, 1 tira de pan.



Equipo para día de Enfermedad:

- Tiras para la azúcar y cetona
- Líquidos sin azúcar y a base de azúcar
- Medicamentos para la nausea y diarrea
- Tabletas de glucagón y glucosa
- Numero de teléfono de equipo medico



Cuando llamar a su equipo medico de la diabetes:

1. Nivel de Azúcar en la sangre es menos de 70mg/dL
2. Nivel de Azúcar en la sangre es mas de 250 mg/dl por mas de 2 pruebas
3. Tienes fiebre superior a 101.5 grados Fahrenheit
4. Esta enfermo por mas de 24 horas
5. Tiene dolor severo en el estomago, dolor en el pecho, o problemas respiratorios
6. Experimenta vómitos o diarrea por mas de 6 horas
7. Tiene una gran cantidad de cetonas en la orina por mas de 6 horas
8. Esta confundido o inseguro

MY SICK-DAY PLAN

Ask your diabetes health care team to help you fill out this form in order to have a set plan of what to do when you are sick.

If you take:	Medication	Dose	Sick Dose	Notes
Diabetes pills				
Long-acting insulin				
Mealtime insulin				
GLP-1 receptor agonists				
Non-insulin injectable diabetes				
Other medications				

All glucose meters have a 1-800 or 1-866 number on the back of them that you can call.

This is a great resource to use if you cannot reach your health care team.

EMERGENCY CONTACTS

Diabetes health care team:

Primary care doctor:

Pharmacy:

Emergency contact:

Mi Plan de - Día de Enfermedad

Pídele ayuda a tu equipo de salud de la diabetes para completar este formulario a fin de tener un plan establecido de qué hacer cuando estés enfermo.

Si tu tomas:	Medicamentos	Dosis	Dosis cuando Enfermo/a	Notas
Pastilla para Diabetes				
Insulina de acción prolongada				
Insulina a la hora de comer				
Agonista del receptor GLP-1				
Diabetes no inyectable con insulina				
Otros Medicamentos				

Todos los medidores de glucosa tienen un 1-800 o 1-866 número en la parte posterior de ellos que puedes llamar.

Este es un gran recurso para usar si no puede alcanzar su salud equipo de cuidado.

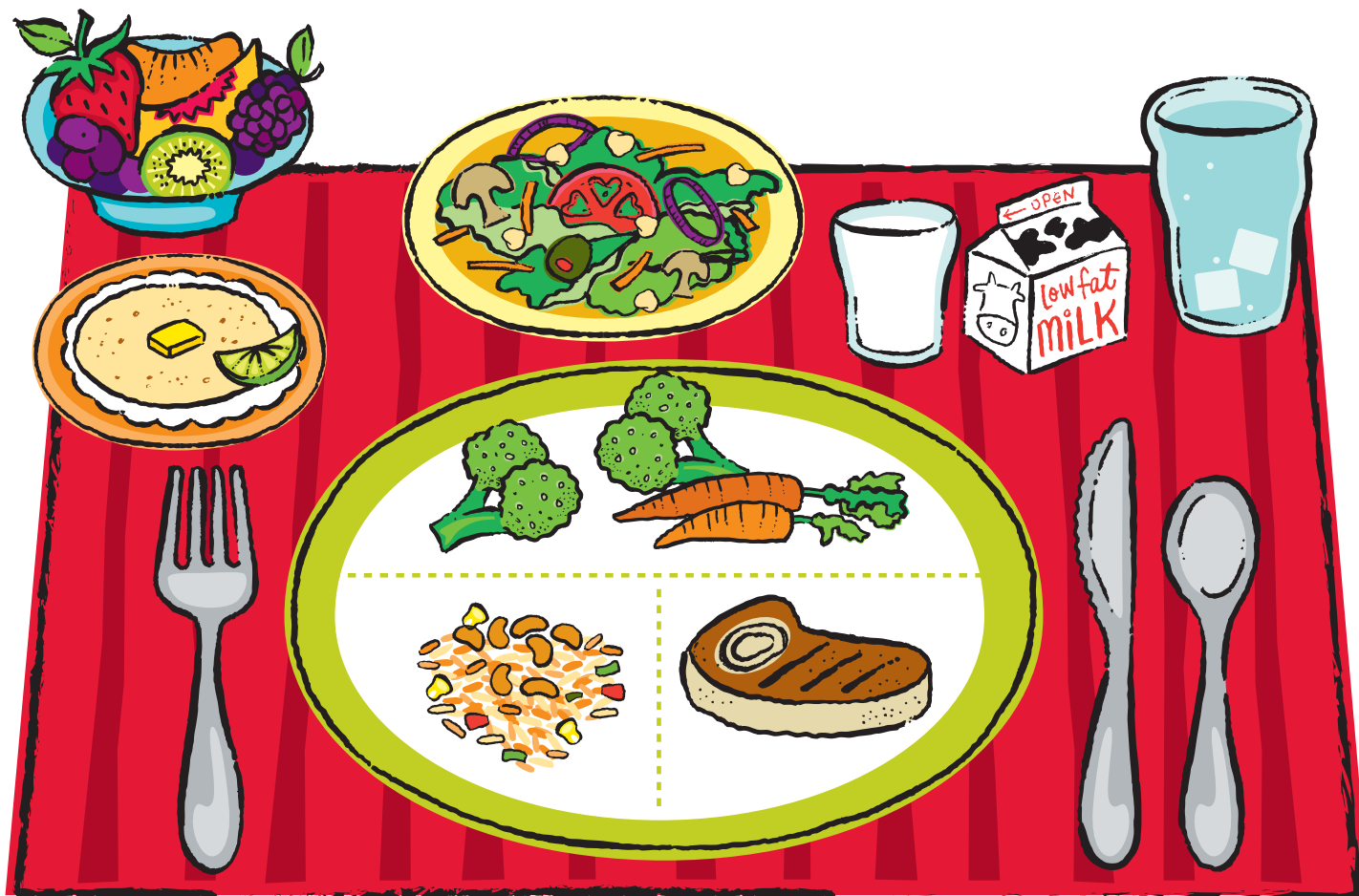
Contactos de Emergencias
Equipo de cuidado de la salud de la Diabetes:

Doctor de cabecera:

Farmacia:

Contacto de Emergencia:

Eating Healthy for Life at Every Meal



- Eat at about the same time every day.
- Follow the portions for each meal.
- Do not skip meals.
- Eat beans instead of rice, and choose whole grain foods.
- Choose low-fat or fat-free dairy and meats.
- Eat fish twice a week.
- Bake, boil, broil or grill your food.
- Do not fry your foods.
- Drink plenty of water or sugar-free beverages.
- You can replace a salad with a clear broth or tomato-based soup with vegetables (without pasta, rice or potatoes).

Eating Healthy for Life

Grocery List

Lean protein choices

- ☐ Canadian bacon
- ☐ Center pork chop
- ☐ Chicken breast
- ☐ Choice or select sirloin or round
- ☐ Cod
- ☐ Flank steak
- ☐ Flounder
- ☐ Haddock
- ☐ Halibut
- ☐ Lunch meat (low fat)
- ☐ Peanut butter (low fat)
- ☐ Salmon
- ☐ Sardines
- ☐ Tuna (canned in water)
- ☐ Turkey breast

Vegetable choices

(fresh or frozen)

- ☐ All greens
- ☐ Broccoli
- ☐ Cabbage
- ☐ Carrots
- ☐ Cauliflower
- ☐ Celery
- ☐ Cucumbers
- ☐ Eggplant
- ☐ Lettuce
- ☐ Mushrooms
- ☐ Peppers
- ☐ Spinach
- ☐ Tomatoes
- ☐ Zucchini

Lean dairy choices

- ☐ Low-fat cheeses
- ☐ Low-fat cottage cheese
- ☐ Milk (low fat or skim)
- ☐ Mozzarella cheese
- ☐ Non-fat ricotta cheese
- ☐ Swiss cheese
- ☐ Yogurt (fat-free or low-fat)

Fats and oils choices

- ☐ Canola oil
- ☐ Corn oil
- ☐ Low-fat or low- sugar salad dressings
- ☐ Margarine (soft or tub)
- ☐ Nuts or seeds
- ☐ Olive oil

Fruit choices

(fresh, canned in natural juices or frozen in water)

- ☐ Apples
- ☐ Bananas
- ☐ Berries
- ☐ Grapefruit
- ☐ Grapes
- ☐ Kiwi
- ☐ Lemon/lime
- ☐ Melons
- ☐ Oranges
- ☐ Peaches
- ☐ Pears
- ☐ Pineapple

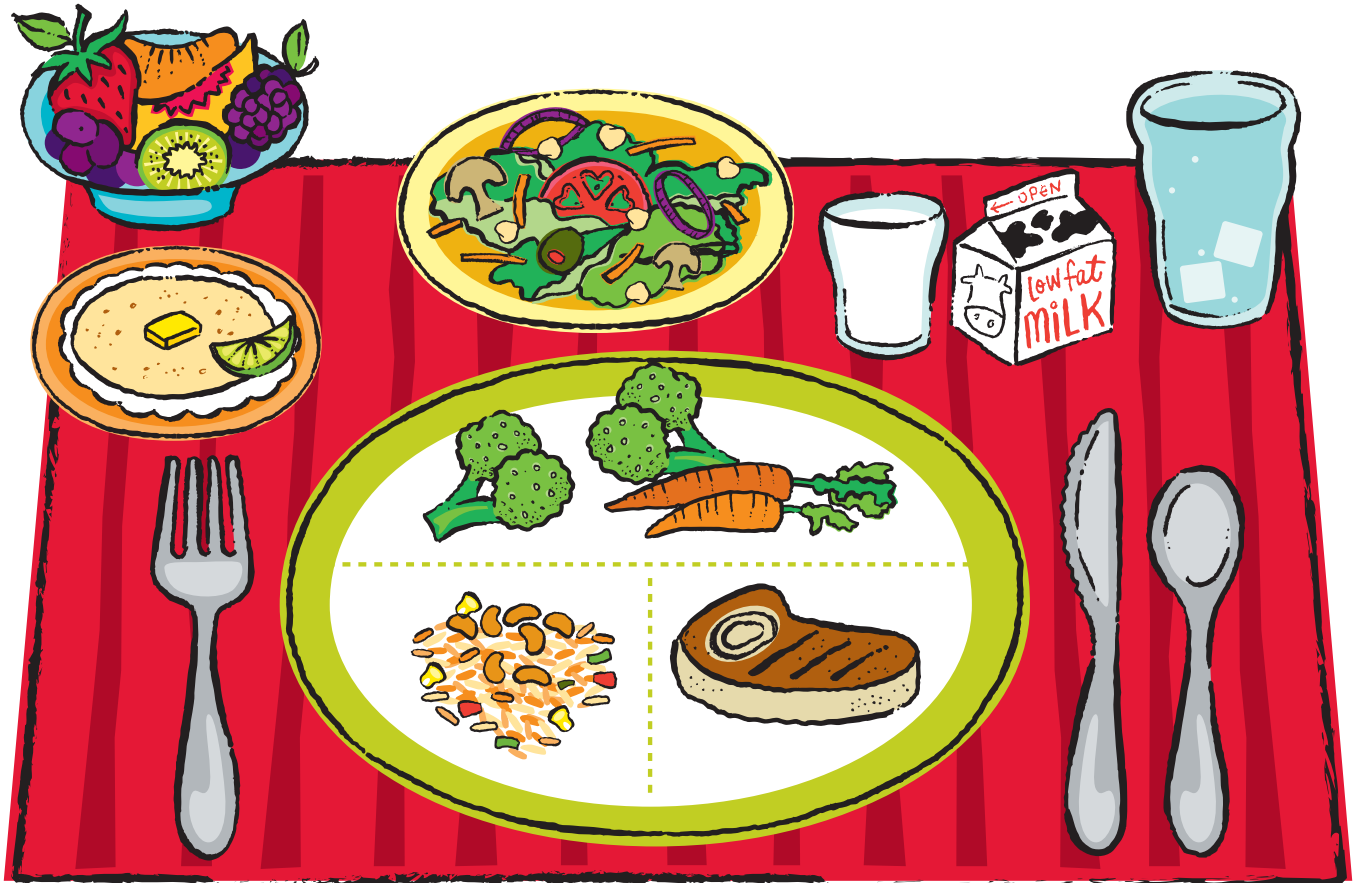
Starches, grains and lentils choices

- ☐ 100% whole wheat bread
- ☐ Black beans
- ☐ Brown or wild rice
- ☐ Corn
- ☐ Corn meal
- ☐ Corn tortillas
- ☐ Dried beans
- ☐ Garbanzo beans (chick peas)
- ☐ Hominy
- ☐ Kidney beans
- ☐ Low-fat whole wheat tortillas
- ☐ Peas
- ☐ Pinto beans
- ☐ Plain hot cereal
- ☐ Potatoes
- ☐ Unsalted crackers
- ☐ Whole grain cold cereal
- ☐ Whole wheat pasta
- ☐ Whole wheat pita
- ☐ Winter squash

Snack choices

- ☐ Angel food cake
- ☐ Animal crackers
- ☐ Baked chips
- ☐ Gelatin (sugar-free)
- ☐ Ice milk
- ☐ Popsicles (sugar-free)
- ☐ Sugar-free beverages
- ☐ Sugar-free syrup
- ☐ Vanilla wafer cookies
- ☐ White and brown sugar substitute

Comiendo Saludable de por Vida en Cada Comida



- Coma a la misma hora todos los días
- Siga las porciones para cada comida.
- No salte comidas.
- Coma frijoles en lugar de arroz y escoja alimentos de granos enteros.
- Elija carnes y productos lácteos bajos en grasa o sin grasa.
- Coma pescado dos veces por semana.
- Hornee, hierva o ase su comida.
- No frite sus alimentos.
- Beba mucha agua o bebidas sin azúcar.
- Puede reemplazar una ensalada con un caldo claro o sopa de tomate con verduras (sin pasta, arroz o papas).

Lista de Alimentos Para Comer Sanamente de Por Vida

Opciones de proteína sin grasa

- ☐ Tocineta Canadiense
- ☐ Chuleta de Lomo de Cerdo
- ☐ Pechuga de pollo
- ☐ Opción de solomillo especial
- ☐ Bacalao
- ☐ Sobrebarriga o Arrachera
- ☐ Flounder
- ☐ Halibut
- ☐ Carne fría (baja en grasas)
- ☐ Mantequilla de maní (baja en grasas)
- ☐ Salmón
- ☐ Sardinas
- ☐ Atún (enlatado en agua)
- ☐ Pechuga de Pavo

Opciones de Vegetales

(frescos o congelados)

- ☐ Todos verdes
- ☐ Brócoli
- ☐ Repollo
- ☐ Zanahorias
- ☐ Coliflor
- ☐ Apio
- ☐ Pepinos
- ☐ Berenjena
- ☐ Lechuga
- ☐ Champiñones
- ☐ Pimentón
- ☐ Espinaca
- ☐ Tomates
- ☐ Calabacitas

Opciones lácteas sin grasa

- ☐ Queso descremado
- ☐ Requesón bajos en grasa
- ☐ Leche (baja en grasa o descremada)
- ☐ Queso Mozzarella
- ☐ Queso requesón descremado estilo "Ricotta"
- ☐ Queso Suizo
- ☐ Yogurt (sin grasa o bajo en grasa)

Opciones de grasas y aceites

- ☐ Aceite de canola
- ☐ Aceite de maíz
- ☐ Aderezos para ensalada bajos en grasa o azúcar
- ☐ Margarina (suave o dura)
- ☐ Nueces o semillas
- ☐ Aceite de oliva

Opciones de frutas

(frescas, enlatadas, en jugos naturales o congeladas en agua)

- ☐ Manzanas
- ☐ Bananos (plátanos)
- ☐ Bayas, frutos del bosque
- ☐ Toronjas
- ☐ Uvas
- ☐ Kiwi
- ☐ Limón/Lima
- ☐ Melones
- ☐ Naranjas
- ☐ Duraznos
- ☐ Peras
- ☐ Piña

Opciones de harinas, granos y lentejas

- ☐ Pan de trigo integral 100%
- ☐ Frijoles negros
- ☐ Arroz café o arroz salvaje
- ☐ Maíz
- ☐ Maicena
- ☐ Tortillas de maíz
- ☐ Frijoles Secos
- ☐ Garbanzos
- ☐ Maíz molido
- ☐ Frijoles riñón
- ☐ Tortillas de trigo integral bajas en grasa
- ☐ Arvejas (Chícharos)
- ☐ Frijoles Pintos
- ☐ Cereales simples, calientes
- ☐ Papas
- ☐ Galletas sin sal
- ☐ Cereales de grano integral, fríos
- ☐ Pasta de trigo integral
- ☐ Pita de trigo integral
- ☐ Calabaza de invierno

Opciones de Refrigerios

- ☐ Pastel bocado de ángel
- ☐ Galletas de animales
- ☐ Chips horneadas
- ☐ Gelatina (sin azúcar)
- ☐ Helado de leche
- ☐ Paletas (sin azúcar)
- ☐ Bebidas sin azúcar
- ☐ Miel o sirope sin azúcar
- ☐ Galletas de Vainilla
- ☐ Substitutos de azúcar blancos y café

smart shopping for veggies and fruits



10 tips for affordable vegetables and fruits

It is possible to fit vegetables and fruits into any budget. Making nutritious choices does not have to hurt your wallet. Getting enough of these foods promotes health and can reduce your risk of certain diseases. There are many low-cost ways to meet your fruit and vegetable needs.

1 celebrate the season

Use fresh vegetables and fruits that are in season. They are easy to get, have more flavor, and are usually less expensive. Your local farmer's market is a great source of seasonal produce.



2 why pay full price?

Check the local newspaper, online, and at the store for sales, coupons, and specials that will cut food costs. Often, you can get more for less by visiting larger grocery stores (discount grocers if available).

3 stick to your list

Plan out your meals ahead of time and make a grocery list. You will save money by buying only what you need. Don't shop when you're hungry. Shopping after eating will make it easier to pass on the tempting snack foods. You'll have more of your food budget for vegetables and fruits.

4 try canned or frozen

Compare the price and the number of servings from fresh, canned, and frozen forms of the same veggie or fruit. Canned and frozen items may be less expensive than fresh. For canned items, choose fruit canned in 100% fruit juice and vegetables with "low sodium" or "no salt added" on the label.



5 buy small amounts frequently

Some fresh vegetables and fruits don't last long. Buy small amounts more often to ensure you can eat the foods without throwing any away.

6 buy in bulk when items are on sale

For fresh vegetables or fruits you use often, a large size bag is the better buy. Canned or frozen fruits or vegetables can be bought in large quantities when they are on sale, since they last much longer.

7 store brands = savings

Opt for store brands when possible. You will get the same or similar product for a cheaper price. If your grocery store has a membership card, sign up for even more savings.

8 keep it simple

Buy vegetables and fruits in their simplest form. Pre-cut, pre-washed, ready-to-eat, and processed foods are convenient, but often cost much more than when purchased in their basic forms.



9 plant your own

Start a garden—in the yard or a pot on the deck—for fresh, inexpensive, flavorful additions to meals. Herbs, cucumbers, peppers, or tomatoes are good options for beginners. Browse through a local library or online for more information on starting a garden.



10 plan and cook smart

Prepare and freeze vegetable soups, stews, or other dishes in advance. This saves time and money. Add leftover vegetables to casseroles or blend them to make soup. Overripe fruit is great for smoothies or baking.

Eating on a Budget — The 3 P's

PLAN

- ✓ Plan meals and snacks for the week according to an established budget.
- ✓ Find quick and easy recipes online.
- ✓ Include meals that will “stretch” expensive food items (stews, casseroles, stir-fried dishes).
- ✓ Make a grocery list.
- ✓ Check for sales and coupons in the local paper or online and consider discount stores.
- ✓ Ask about a loyalty card at your grocery store.



PURCHASE

- ✓ Buy groceries when you are not hungry and when you are not too rushed.
- ✓ Stick to the grocery list and stay out of the aisles that don't contain items on your list.
- ✓ Buy store brands if cheaper.
- ✓ Find and compare unit prices listed on shelves to get the best price.
- ✓ Purchase some items in bulk or as family packs which usually cost less.
- ✓ Choose fresh fruits and vegetables in season; buy canned vegetables with less salt.
- ✓ Pre-cut fruits and vegetables, individual cups of yogurt, and instant rice and hot cereal are convenient, but usually cost more than those that require a bit more prep time.
- ✓ Good low-cost items available all year include:
 - Protein — beans (garbanzo, black, cannellini)
 - Vegetables — carrots, greens, potatoes
 - Fruit — apples, bananas



PREPARE

- ✓ Some meal items can be prepared in advance; pre-cook on days when you have time.
- ✓ Double or triple up on recipes and freeze meal-sized containers of soups and casseroles or divide into individual portions.
- ✓ Try a few meatless meals by substituting with beans and peas or try “no-cook” meals like salads.
- ✓ Incorporate leftovers into a subsequent meal.
- ✓ Be creative with a fruit or vegetable and use it in different ways during the week.



Understanding Food Labels

Nutrition Facts Inf. Nutrimental

Serving Size 1/2 cup (130g) / Tamaño de la Porción 1/2 taza (130g)	
Servings Per Container / Porciones Por Envase 3	
Amount Per Serving / Por Porción	
Calories 80	Calories from Fat 5
Contenido Energético 342kJ (80kcal)	
Cont. Energético de Grasas 19kJ (5kcal)	
% Daily Value* / % Valor Diario*	
Total Fat 0.5g / Grasas 0,5g	1%
Saturated Fat / del cual Grasa Saturada 0 g	0%
Trans Fat / Acidos Grasos Trans 0g	
Polyunsaturated Fat / Grasa Poliinsaturada 0g	
Monounsaturated Fat / Grasa Monoinsaturada 0g	
Cholesterol / del cual Colesterol 0mg	0%
Sodium / Sodio 290mg	12%
Total Carbohydrate / Carbohidratos 14g	5%
Dietary Fiber / del cual Fibra Dietética 4g	15%
Sugars / Azúcar 1g	
Protein / Proteínas 5g	
Vitamin A 4%	• Vitamin C 4%
Calcium 2%	• Iron / Hierro 6%

Serving: 1/2 cup is one serving, but this can of food has three servings. The information on the label is only for one serving. Make sure you only eat one serving.

Salt or Sodium: Look for less than 500 mg sodium per serving.

Fiber: Look for 3 grams or more fiber for a serving of fruit or grain.

Fat: No more than 3 grams for meat products. No more than 6 grams for milk products. Avoid foods with trans fats.

Carbs: One serving of carbs is 15 grams (for example, 1/2 cup rice, pasta or a medium tortilla). Watch your portions – this can has a total 3 servings of carbs.

Protein: 7 grams is equal to one egg or one ounce of meat or chicken.

Entienda las etiquetas de los alimentos

Información de los datos de nutrición

Serving Size 1/2 cup (130g) / Tamaño de la Porción 1/2 taza (130g)	
Servings Per Container / Porciones Por Envase 3	
Amount Per Serving / Cantidad por porción	
Calories 80	Calorías de la grasa 5
Contenido Energético 342kJ (80kcal)	
Cont. Energético de Grasas 19kJ (5kcal)	
% Daily Value* / % del valor diario*	
Total Fat 0.5g / Total de Grasas 0,5g	1%
Saturated Fat / Grasa Saturada 0 g	0%
Trans Fat / Grasos Trans 0g	
Polyunsaturated Fat / Grasa Poliinsaturada 0g	
Monounsaturated Fat / Grasa Monoinsaturada 0g	
Cholesterol / Colesterol 0mg	0%
Sodium / Sodio 290mg	12%
Total Carbohydrate / Total de carbohidratos 14g	5%
Dietary Fiber / Fibra Dietética 4g	15%
Sugars / Azúcar 1g	
Protein / Proteínas 5g	
Vitaminan A 4%	• Vitamina C 4%
Calcio 2%	• Iron / Hierro 6%

Porción: ½ taza es una porción, pero esta lata de comida tiene tres porciones.

La información de la etiqueta es solamente para una porción. Asegúrese de comer solo una porción.

Sal o sodio: Busque productos que tengan menos de 500 mg de sodio por porción.

Fibra: Busque productos que tengan 3 gramos o más de fibra por porción de fruta o granos.

Grasa: No más de 3 gramos en productos de carne
No más de 6 gramos en productos lácteos Evite los alimentos que contengan grasas trans.

Carbohidratos: Una porción de carbohidratos son 15 gramos (por ejemplo, 1/2 taza de arroz, pasta o una tortilla mediana). Cuide sus porciones, esta lata tiene un total de 3 porciones de carbohidratos.

Proteína: 7 gramos equivalen a un huevo o a una onza de carne o pollo.

The New and Improved Nutrition Facts Label – Key Changes



The U.S. Food and Drug Administration has finalized a new Nutrition Facts label for packaged foods that will make it easier for you to make informed food choices that support a healthy diet. The updated label has a fresh new design and reflects current scientific information, including the link between diet and chronic diseases.

1. Servings

The number of “servings per container” and the “Serving Size” declaration have increased and are now in larger and/or bolder type. Serving sizes have been updated to reflect what people actually eat and drink today. For example, the serving size for ice cream was previously 1/2 cup and now is 2/3 cup.

There are also new requirements for certain size packages, such as those that are between one and two servings or are larger than a single serving but could be consumed in one or multiple sittings.

2. Calories

“Calories” is now larger and bolder.

3. Fats

“Calories from Fat” has been removed because research shows the type of fat consumed is more important than the amount.

4. Added Sugars

“Added Sugars” in grams and as a percent Daily Value (%DV) is now required on the label. Added sugars includes sugars that are either added during the processing of foods, or are packaged as such (e.g., a bag of table sugar), and also includes sugars from syrups and honey, and

Current Label

Nutrition Facts

Serving Size 2/3 cup (55g)
Servings Per Container About 8

Amount Per Serving

Calories 230 Calories from Fat 72

% Daily Value*

Total Fat 8g **12%**

Saturated Fat 1g **5%**

Trans Fat 0g

Cholesterol 0mg **0%**

Sodium 160mg **7%**

Total Carbohydrate 37g **12%**

Dietary Fiber 4g **16%**

Sugars 12g

Protein 3g

Vitamin A 10%

Vitamin C 8%

Calcium 20%

Iron 45%

* Percent Daily Values are based on a 2,000 calorie diet.
Your daily value may be higher or lower depending on your calorie needs.

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

New Label

Nutrition Facts

1 8 servings per container
Serving size **2/3 cup (55g)**

2 **Amount per serving**
Calories **230**

% Daily Value*

3 **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

4 Includes 10g Added Sugars **20%**

Protein 3g

5 Vitamin D 2mcg 10%

Calcium 200mg 15%

Iron 8mg 45%

Potassium 235mg 6%

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.

sugars from concentrated fruit or vegetable juices. Scientific data shows that it is difficult to meet nutrient needs while staying within calorie limits if you consume more than 10 percent of your total daily calories from added sugar.

5. Nutrients

The lists of nutrients that are required or permitted on the label have been updated. Vitamin D and potassium are now required on the label because Americans do not always get the recommended amounts. Vitamins A and C are no longer required since deficiencies of these vitamins are rare today. The actual amount (in milligrams or micrograms) in addition to the %DV must be listed for vitamin D, calcium, iron, and potassium.

The daily values for nutrients have also been updated based on newer scientific evidence. The daily values are reference amounts of nutrients to consume or not to exceed and are used to calculate the %DV.

6. Footnote

The footnote at the bottom of the label has changed to better explain the meaning of %DV. The %DV helps you understand the nutrition information in the context of a total daily diet.

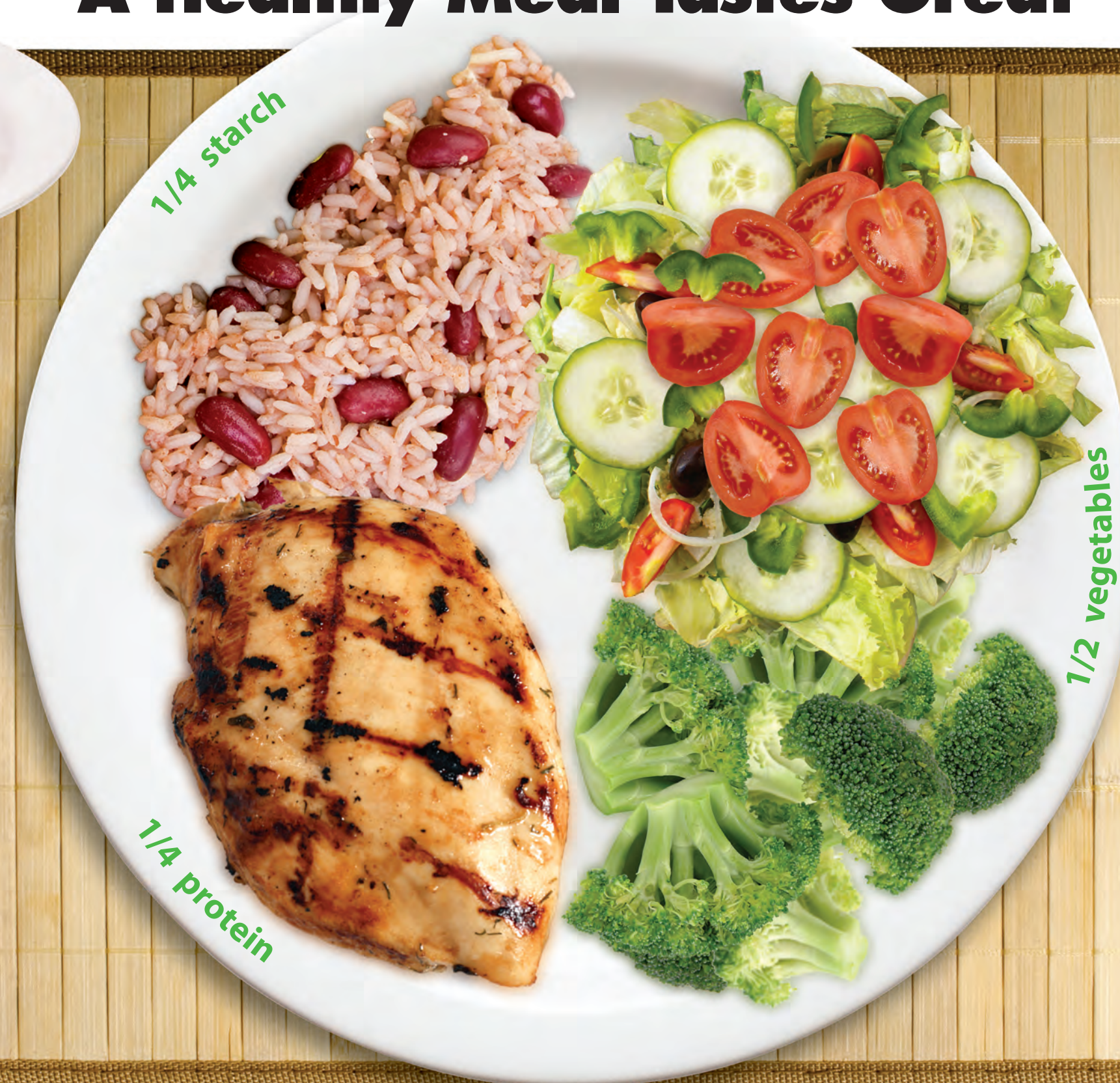
Transitioning to the New Label

Manufacturers still have time to begin using the new and improved Nutrition Facts label, so you will see both label versions for a while. However, the new label is already starting to appear on products nationwide.

My Plate Planner

A Healthy Meal Tastes Great

The Plate Method is a simple way to plan meals for you and your family. You don't have to count anything or read long lists of foods. All you need is a 9-inch plate.

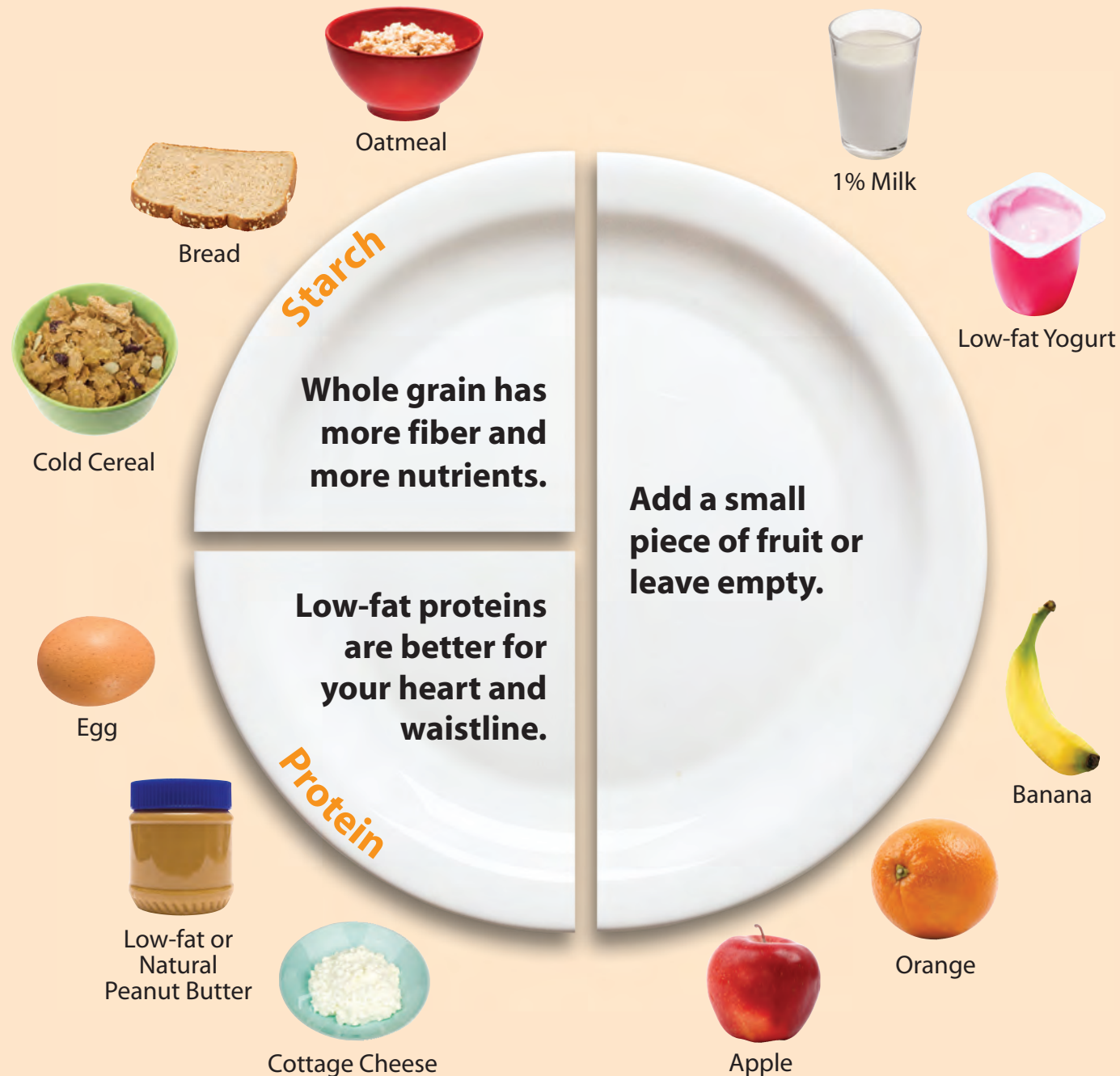


1/4 protein. 1/4 starch. 1/2 vegetables.

9-inch plate

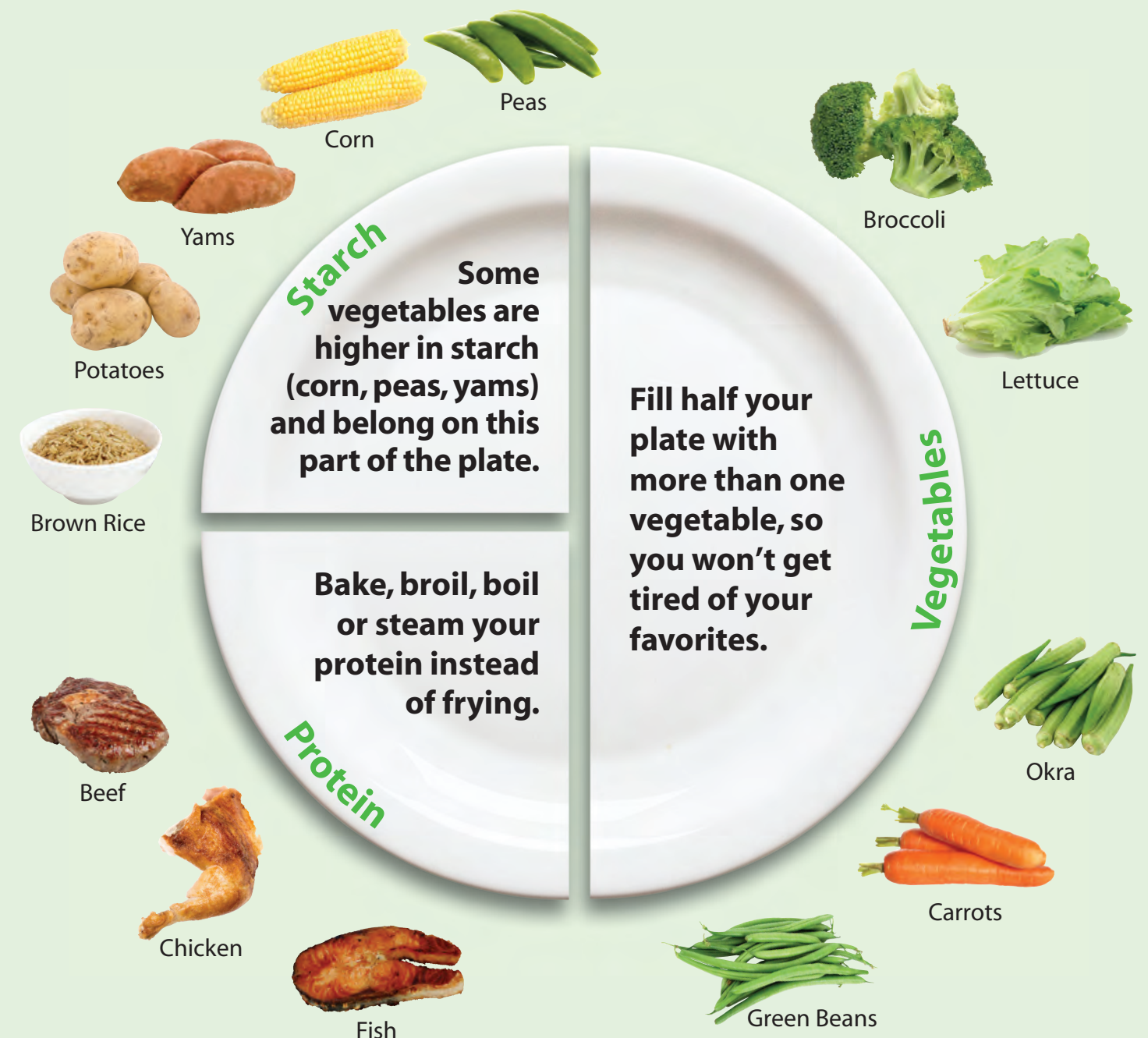
Let's Plan Your Meal

Breakfast



Note: Only use 1/2 of your plate — 1/4 protein and 1/4 starch

Lunch/Dinner



ART OF GOOD HEALTH NUTRITION COUNSELING/ DIABETES EDUCATION

Mary Proietta MS RD LDN CDE CDOE

Tips for an Anti inflammatory Nutrition Regimen

Let food be your Medicine

Recommendations to the path of health, well being, inflammation prevention;

- Choose whole foods instead of processed foods. Aim for fresh, closest to nature as possible. Not all calories are created equal !!!!
- Go toward more whole food plant based nutrition regimen for wellness.
- Choose unrefined slower digesting carbohydrates that are higher in fiber such as vegetables; whole fruits; whole grains (ie: barley, quinoa, basmati brown rice/wild rice; al dente whole grain pasta; whole grain bean based pasta; millet, bulgur wheat, farro); sweet potato, beans; steel cut oatmeal; bran cereals; sprouted grain breads for example: Ezekiel breads; bakery rye or pumpernickel bread or whole grain bread.
- Gluten free grains quinoa; millet; gluten free non gmo pasta or bean based pasta; basmati brown rice/wild rice; amaranth
- Make vegetables the larger part of your plate; have veggies throughout the day; make your vegetable choices a rainbow of colors.
- Limit/avoid added sugars; high fructose corn syrup. Check the ingredient list for added sugars. 1 tsp sugar on label = 4 grams.
- Go toward more plant based protein : beans, non gmo soy protein: tofu/tempeh/edamame; nuts; nut butters, seeds; whole grains; vegetables; mushrooms; veggie burgers; hummus
- Avoid processed meat/red meat. If you choose animal protein at a meal have a condiment size and increase the vegetable portion.
- Try to include at least ½ cup to 1 cup beans and handful of nuts each day.
- Try at least two meatless meals per week or go toward a more whole food plant predominant nutrition lifestyle. The benefits are endless!!!
- Eat more greens – at least 1 serving of greens each day; have one large green salad each day
- Include cruciferous vegetables: broccoli, kale, cauliflower, broccoli rabe, Brussel sprouts, collards; cabbage each day
- Drink tea especially green tea
- Avoid Trans fats (hydrogenated fats); processed vegetable oils.
- Choose healthier fat choices: nuts; seeds; avocado; olives; nut or seed butters

- * ground flax meal; chia seeds; Extra Virgin olive oil - limit portion
- *Choose more whole food fats: nuts; seeds; avocado; nut butters instead of oils for additional fiber/health benefit.
- *Aim for 1-2 tbsp of ground flax meal each day..
- * Fill your plate with ½ vegetables; ¼ protein (more plant protein) and ¼ whole Grains.
- *Choose organic produce when possible especially fruits and vegetables listed As the dirty twelve: apples; blueberries, celery, peaches, strawberries, Nectarines, cherries, sweet bell peppers, grapes, potatoes, spinach and kale.
- *Aim for 3 servings of fruits per day; more lower glycemic fruits like apples, berries, pears. Try to have more berries.
- *Use Dairy alternatives: non gmo soy milk, almond milk, rice milk; non dairy Cheese; non dairy yogurt.
- *Add herbs and spices to your meals for immune, heart health and cancer Prevention for example: garlic, ginger, cinnamon, oregano, thyme, rosemary, Cumin, turmeric, curry, basil
- * Look for non GMO products especially foods made with soy and corn
- *Practice mindful eating !!!!!

Suggested Reading:

Spectrum by Dr. Dean Ornish
 Okinawa Program by Dr. Bradley Wilcox
 Blue Zone by Dan Buettner
 End to Dieting by Dr. Joel Furhman
 End to Diabetes by Dr. Joel Furhman
 China Study by T. Colin Campbell
 Forks over Knives
 How not to die by Dr. Michael Greger

Websites/Newletters:

Nutrition Facts. Org
 Environmental Working Group
 Drfuhman.com
 Drdeanornishspectrum.com
 Nutrition Action Health letter
 Tufts Nutrition Health letter
 Plantrician Project
 Forks over knives
 Physician's Committee for Responsible medicine
 Ted Talks on Plant based diets

How Do My Medicines Work?

Muscle Cells

- Pioglitazone (Actos)
Rosiglitazone (Avandia)
Metformin (Glucophage)
- *Makes muscle cells more sensitive to the insulin*

Liver

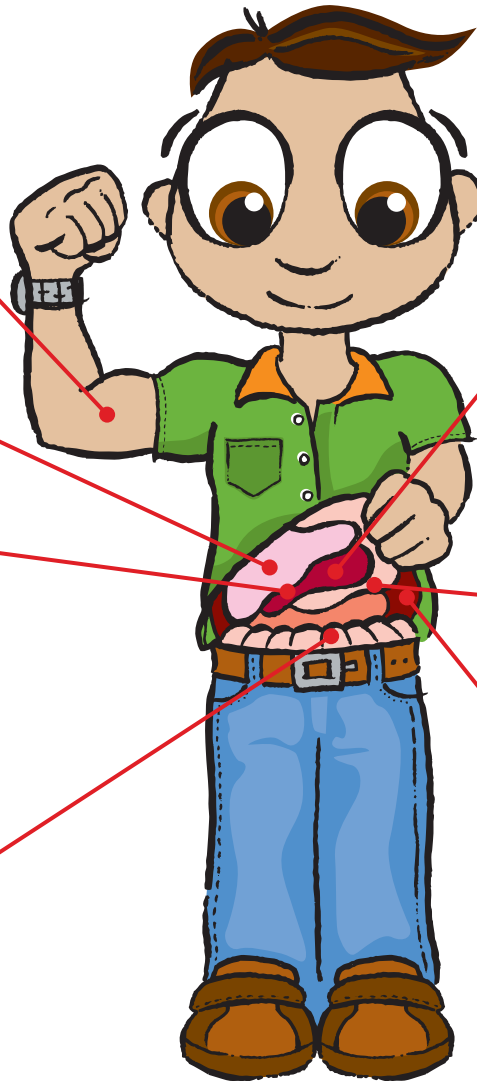
- Metformin (Glucophage)
- *Slows glucose release from liver*

Liver and Pancreas

- Sitagliptin (Januvia)
Saxagliptin (Onglyza)
Linagliptin (Tradjenta)
Alogliptin (Nesina)
Exenatide (Byetta)
Liraglutide (Victoza)
Albiglutide (Tanzeum)
- *Helps balance insulin levels between the liver and the pancreas*

Stomach

- Exenatide (Byetta)
Liraglutide (Victoza)
Albiglutide (Tanzeum)
Dulaglutide (Trulicity)
- *Decreases food intake*



Pancreas

- Glyburide (Diabeta)
Micronase, Glynase)
Glipizide (Glucotrol)
Glimepride (Amaryl)
Exenatide (Byetta)
Liraglutide (Victoza)
Albiglutide (Tanzeum)
Repaglinide (Prandin)
Nateglinide (Starlix)
- *Helps pancreas release more insulin*

Insulin

- (Basal- provides coverage all day)
(Bolus- lowers after meal blood sugar)
- *Used when your pancreas cannot make enough insulin*

Kidneys

- Canagliflozin (Invokana)
Dapagliflozin (Farixiga)
Empagliflozin (Jardiance)
- *Blocks the reabsorption of glucose in the kidneys.*

Generic is listed first, followed by brand name in parenthesis.

¿Cómo funcionan mis medicinas?

Células de los músculos

- Pioglitazona (Actos)
Rosiglitazona (Avandia)
Metformina (Glucofago)
- *Hacen que las células de los músculos sean más sensibles a la insulina*

Hígado

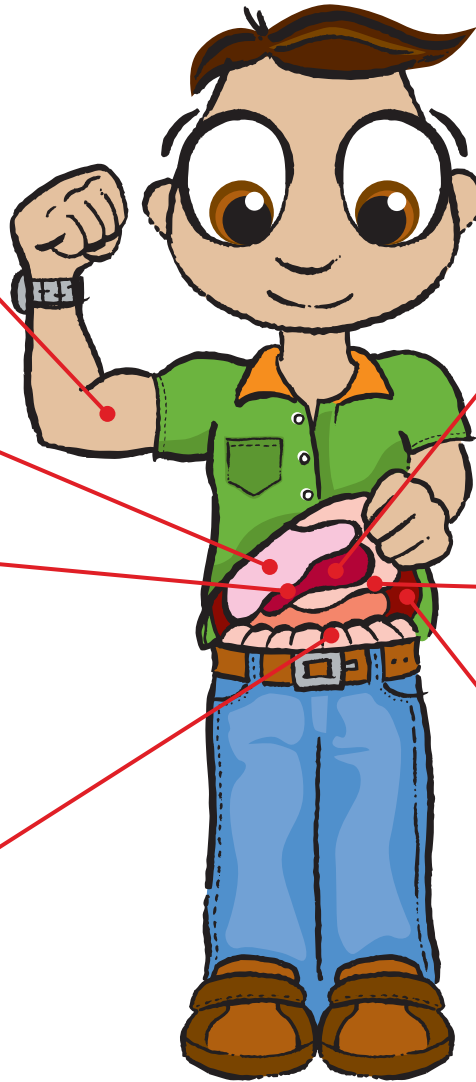
- Metformina (Glucofago)
- *Hace más lenta la liberación de glucosa del hígado.*

Hígado y páncreas

- Sitagliptina (Januvia)
Saxagliptina (Onglyza)
Linagliptina (Tradjenta)
Alogliptina (Nesina)
Exenatida (Byetta)
Liraglutida (Victoza)
Albiglutida (Tanzeum)
- *Ayudan a equilibrar los niveles de insulina entre el hígado y el páncreas.*

Estómago

- Exenatida (Byetta)
Liraglutida (Victoza)
Albiglutida (Tanzeum)
Dulaglutida (Trulicity)
- *Hacen más lenta la digestión de la comida.*



Páncreas

- Gliburida (Diabeta),
Micronase (Glynase)
Glipizida (Glucotrol)
Glimeprida (Amaryl)
Exenatida (Byetta)
Liraglutida (Victoza)
Albiglutida (Tanzeum)
Repaglinida (Prandin)
Nateglinida (Starlix)
- *Ayudan al páncreas a liberar más insulina.*

Insulina

- (Basal: proporciona cobertura todo el día)
(Bolo: disminuye el azúcar sanguíneo después de la comida)
- *Se usan cuando el páncreas no puede producir suficiente insulina.*

Riñones

- Canagliflozina (Invokana)
Dapagliflozina (Farixiga)
Empagliflozina (Jardiance)
- *Bloquean la reabsorción de glucosa en los riñones.*

Las medicinas genéricas se listan primero, seguidas por los nombres de marca entre paréntesis.

Sample Medication Label

Your Pharmacy

200 WILMOT RD
DEERFIELD, IL 60015

PH (800)555-5555

DR D. INTERCOM

NO 0060023-08291 DATE 05/14/02

JOHN SMITH

123 MAIN STREET ANYTOWN, US 11111

**TAKE ONE CAPSULE BY
MOUTH THREE TIMES DAILY
FOR 10 DAYS UNTIL ALL
TAKEN**

AMOXICILLIN 500MG CAPSULES

QTY 30

MFG TEVA

NO REFILLS - DR. AUTHORIZATION REQUIRED

USE BEFORE 05/14/03

SLF/SLF



All labels do not look the same. But they can tell you a lot of important things about your medicine. Here are examples of the most common things and what they mean.

Pharmacy name and telephone number	R_x REX PHARMACY PH: 987-6543	Doctor's name and telephone number	Dr. Peter E Sample PH: 213-6400
Prescription number for refills or insurance forms	NO. 241-247-0	Date the prescription was filled	DATE: 11/13/2003
Your name	PATIENT: JOHN DOE	Number of refills; if no refills, talk to your doctor if you need more	REFILLS: _____ NO REFILLS - DOCTOR AUTHORIZATION REQUIRED
Name of medicine	TAKE ONE TABLET BY MOUTH TWICE DAILY	Directions on how to take the medicine	
Quantity—how much is in the bottle	MEDICINE NAME QTY: 30	Strength of the medicine	10 MG TABLETS
Who makes the medicine (manufacturer)	MFG: PHARMA	Date the medicine is no longer okay to use	EXP. DATE: 11/06

Your label may also say:

TAKE WITH MEALS

- Do not take this medicine on an empty stomach. It may upset your stomach.
- If you miss a meal, eat some crackers or bread first. Then take your medicine right after that.

TAKE ON AN EMPTY STOMACH

- Take the medicine 1 hour before you eat or 2 hours after you eat.
- You should take some antibiotics with food and others on an empty stomach. Ask your doctor or pharmacist what you should do if it is not on the label.

TAKE 1 TABLET 3 TIMES A DAY

- Take 1 tablet about every 8 hours.
Example: Take 1 tablet at 7 AM, 1 at 3 PM, and 1 at 11 PM.
- It may be all right to take some medicines with breakfast, lunch, and dinner. Ask your doctor or pharmacist.

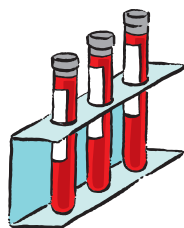
TAKE 1 TABLET 2 TIMES A DAY (OR TWICE A DAY OR IN AM AND PM)

- Take 1 tablet about every 12 hours.
Example: Take 1 tablet at 7 AM and 1 at 7 PM.
- It may be all right to take some medicines with breakfast and then with dinner. Ask your doctor or pharmacist.

TAKE EVERY 4 TO 6 HOURS AS NEEDED

- You may see this on medicines you take to treat a symptom like a cough, stuffy nose, or pain.
- Take the medicine if you need it. But take it only if it has been at least 4 hours since the last time you took it.
- If you no longer have the symptom, you might not need to take the medicine. Check with your doctor.

Additional Tests and Procedures



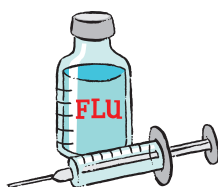
Annual blood work

Your yearly blood work might include tests to measure your cholesterol (lipids), potassium, creatinine and A1c.



Microalbumin (urine test)

This helps measure how well your kidneys are working. This test should be done every year.



Flu Vaccine

A yearly flu shot can help you keep healthy during the flu season.



Pneumonia Vaccine

Get a pneumonia shot by age 65, and then get a booster after age 65 or as directed by your doctor.



Foot Exam

Your doctor should check your feet at every visit. It's important to detect foot problems or loss of sensation as early as possible. A thorough exam using a monofilament should be done yearly.



Dilated Eye Exam

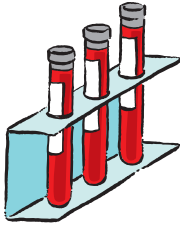
See an eye care professional every year for a diabetes-related eye exam.



Dental Exam

To prevent gum disease, a dental cleaning every 6 months is recommended.

Pruebas y Procedimientos Adicionales



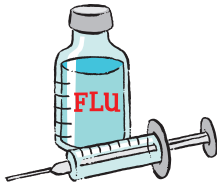
Examen de Sangre Anual

Su examen anual de sangre puede incluir pruebas para medir su colesterol (lípidos), potasio, creatina y A1c.



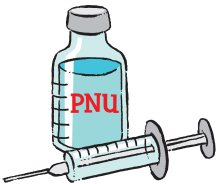
Albúmina (prueba de orina)

Esto ayuda a medir qué tan bien están funcionando sus riñones. Esta prueba debe hacerse cada año.



Vacuna Contra la Gripe

Una vacuna contra la gripe anual puede ayudarle a mantenerse saludable durante la temporada de gripe.



Vacuna Contra la Neumonía

Reciba una primera dosis de vacuna contra la neumonía a la edad de 65 años y luego un refuerzo después de los 65 años o según las instrucciones de su doctor.



Examen de Pies

Su médico debe revisar sus pies en cada visita. Es importante detectar problemas del pie o la pérdida de sensación lo antes posible. Un examen completo usando un monofilamento debe hacerse cada año.



Examen de Vista Dilatada

Consulte cada año a un profesional del cuidado de los ojos para un examen relacionado con la diabetes.



Examen Dental

Para prevenir la enfermedad de las encías, se recomienda una limpieza dental cada 6 meses.

Caring for Your Feet

Keep your feet protected and healthy to prevent open sores and wounds on your feet.



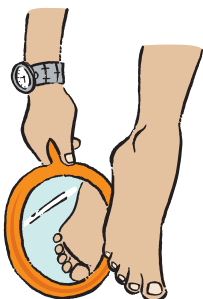
Keep your feet clean and dry.



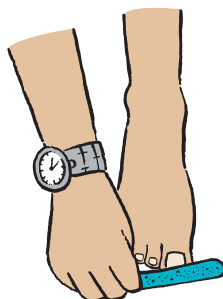
Do not soak your feet for a long time.



Wear clean socks every day and always wear shoes with a closed toe and heel.



Check your feet daily for blisters, redness or sores. See your doctor right away if you have any sores.



Routinely use an emery board to trim nails. Never use a razor or a knife.



Keep floors and paths clear of objects to avoid stubbing your toes.



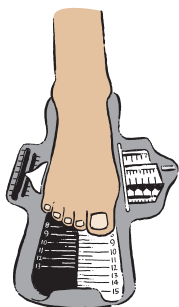
Examine your shoes every day.



Never walk barefoot or wear flip flops.

How to Pick the Right Shoe

When you shop for shoes, take this tip sheet with you. Take your time to carefully select shoes. You are looking for a shoe that protects your feet, keeps them dry and offers support as you walk.



- Have your foot measured to make sure you are selecting the right size and width.



- Select a shoe with flexible fittings, such as laces or “hook and loop” straps. Avoid slip ons.



- Try on the shoes with socks and walk in them at the store.
- Pay attention to the fit. No part of the shoe should pinch your feet.



- The inside should be smooth and have no seams.
- Look for cushioned insole that prevents rubbing or friction.
- The ankle area should be soft and supportive.



- The toe box should be wide enough so you can wiggle your toes.
- Your foot should not slide inside the shoe as you walk.

Cuidando Sus Pies

Mantenga sus pies protegidos y saludables para evitar heridas en los pies y llagas abiertas.



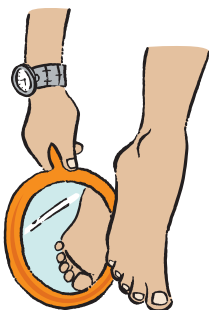
Mantenga los pies limpios y secos.



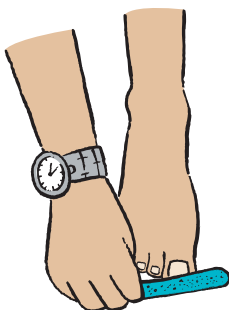
No sumerja sus pies durante mucho tiempo.



Use calcetines limpios todos los días y siempre use zapatos con punta y talón cerrados.



Revise sus pies diariamente por ampollas, enrojecimiento o llagas. Consulte a su médico de inmediato si tiene cualquier llaga.



Acostúmbrase a utilizar una lima para afilarse las uñas. Nunca use una navaja o cuchillo.



Mantenga los pisos y rutas de acceso libres de objetos para evitar tropiezos con la punta de sus pies.



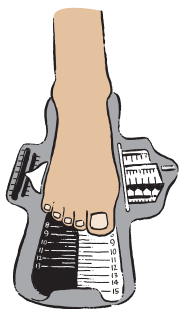
Examine sus zapatos todos los días.



Nunca camine descalzo(a) o use chanclas.

Cómo Escoger el Zapato Correcto

Cuando compre zapatos, lleve esta hoja de sugerencias. Tómese su tiempo para seleccionar cuidadosamente los zapatos. Usted está buscando un zapato que le proteja sus pies, los mantenga secos y le sirva de sostén a medida que camina.



- Pida que le midan el pie para asegurarse de que selecciona el tamaño y el ancho correctos.



- Seleccione un zapato con conexiones flexibles, como cordones o “gancho y cintas”. Evite las sandalias.



- Pruébese los zapatos con calcetines y camine en ellos en la tienda.
- Preste atención a la comodidad. Ninguna parte del zapato debe lastimarle sus pies.



- El interior debería ser suave y no tener costuras.
- Busque una plantilla acolchada que evite el rozamiento o fricción.
- El área del tobillo debe ser suave y de apoyo.



- La caja de los dedos debe ser lo suficientemente amplia para que usted pueda mover sus dedos.
- El pie no debe resbalarse dentro del zapato cuando camina.

Exercise and Still Keep Your Seat

- 1** Use a good sturdy chair.
- 2** If in a wheelchair, lock the brakes.
- 3** Sit up in your chair.
- 4** Keep your feet flat on the ground for arm exercises.



Hand reaches: Place both hands on your shoulders. Reach to the ceiling with your right hand and then return your hand to your shoulder. Then reach and return with the left hand.



Arm Circles: Extend your arms to shoulder level out to your sides. Slowly make forward and backward circles with your arms.



Side stretch: Raise your left arm over your head and gently stretch to the right. Repeat by raising your right arm and stretching to the left.



March in place: Lift and lower your feet as if you are walking in place.



Ankle Circles: Extend your right foot out in front of you. Make a circle with your ankle. Repeat with your left foot.



Knee pulls: Pull your knee up toward your chest and hold for a few seconds. Release and repeat with the other knee.

**Start with 5 moves for each exercise every day.
Work up to 20 moves for each exercise every day.**

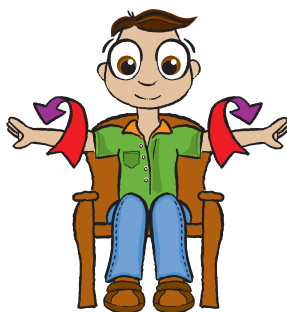
Haga Ejercicio y Aún Mantenga su Silla

- 1** Utilice una buena silla resistente.
- 2** Si está en una silla de ruedas, aplique los frenos.
- 3** Siéntese en su silla.
- 4** Mantenga sus pies en el suelo para ejercicios con los brazos.



Alcance con la mano:

Coloque ambas manos en sus hombros. Llegue hasta el cielo raso con la mano derecha y luego regrese su mano a su hombro. Después alcance y regrese con la mano izquierda.



Círculos con los brazos:

Extienda sus brazos a nivel del hombro fuera a los costados. Lentamente haga círculos hacia adelante y hacia atrás con los brazos.



Extensión de lado: Suba su brazo izquierdo sobre su cabeza y estire suavemente hacia la derecha. Repita levantando su brazo derecho y extendiéndolo hacia la izquierda.



Marcha en su lugar:

Levante y baje sus pies como si usted estuviera caminando en el mismo lugar.



Círculos de tobillo: Extienda su pie derecho hacia adelante. Haga un círculo con el tobillo. Repita con su pie izquierdo.



Levantes de rodilla: Levante su rodilla hacia su pecho y sostenga durante unos pocos segundos. Libere y repita con la otra rodilla.

**Comenzar cada ejercicio con 5 movimientos todos los días.
Aumentar cada ejercicio hasta 20 movimientos todos los días.**



Diabetes Distress

Dealing with the Weight of Diabetes

The unpredictability in blood sugar, daily schedules, and life can make this disease frustrating. Whenever our actions have unpredictable outcomes, we can become distressed. In this case it is specific to diabetes, so it is referred to as diabetes distress.

Having diabetes is like someone handing you four balls and telling you to juggle perfectly. Then it's telling you that once you acquire that skill you will now juggle every day for the rest of your life and that there are variables that are going to influence your ability to juggle, you just don't know what and when. If you stop doing this, you will get sick and the people who care about you will become upset and tell you to start juggling again.

Those who have diabetes know this scenario far too well. You have been given a disease to manage that requires daily attention to aspects of life that never seemed controllable even before the diagnosis. In addition to these behaviors, you are often expected to look at numbers as a judgement of your success, and go to frequent healthcare appointments that evaluate you and your skill in dealing with this juggling act. Oh, by the way your family and friends get in on the act, because they know you have diabetes and you not only feel judged by them, you feel judged by yourself.

This wouldn't be such a big deal if you could get it right, but the unpredictability in blood sugar, daily schedules, and life can make this disease frustrating. The emotional ups and downs add to the daily burden.

How does this diabetes distress impact me and the disease?

Whenever our actions have unpredictable outcomes, we can become distressed. In this case it is specific to diabetes, so it is referred to as diabetes distress. We develop tension, fatigue, a sense of being overwhelmed and experience "burnout." This burnout sometimes pushes us to quit or at least not pay close attention to the things that are causing this distress. You may think "I just won't check my blood sugar, or I'll skip that medication since it doesn't seem to do much anyway." The unfortunate result is diabetes goes unmanaged, leaving you with a high A1C, not feeling well and possibly developing complications.

Friends, family and co-workers are all likely to be concerned about you and may seem to be monitoring your activities. You have the right to ask people to give you space if they are too close, but keep in mind they are usually doing this because they care, so express appreciation for their attention, then offer them ideas for how you would like them to be involved and how you don't want them involved. It's clear you are the one with diabetes, but you also have the responsibility to help those who love you be involved in appropriate ways.

What can I do if I think I have this distress?

First find out. If you think this is happening to you, don't be surprised as it happens to many people who live with diabetes.

- Talk with your diabetes educator, they can ask relevant questions.
- Get an assessment. There are simple tests that can help such as a [diabetes distress questionnaire](#).
- The results from the test will help you identify what area in diabetes is most distressing.
- Based on those results you can develop a plan.

Diabetes doesn't go away, so what can I do to ease my distress?

- Find someone who understands your feelings surrounding living with diabetes and talk to them.
- Talk with another person who has diabetes, a diabetes support group offered by your local hospital or your diabetes educator, family member, or a mental health professional. Someone who knows diabetes will ease the burden and you won't feel so alone.
- If you feel judged by others express your concerns and find a way to ask for their help rather than their judgments.
- The medical system can sometimes make you feel that if your health is not improving, then it is something you are doing wrong. You need their support, which is different than their judgment. Tell your healthcare team and family if and how supportive they are, because they often feel helpless as family members often do not know what to say or do to help their loved ones manage diabetes.
- If you are worn out by the daily tasks and the feeling of failure, give yourself a reasonable break from the routine.
- Realize almost no one gets diabetes right. Doing diabetes tasks well will not assure you of getting the numbers you want. Striving for perfection is extremely difficult. Take some time off. Plan it, make it safe, and perhaps ask someone to help you. Do this intentionally, not out of anger.
- If you feel bothered by others or have the sense they are monitoring your behavior, ask them to stop.

Diabetes is not easy. When you feel burned out, you may not want more responsibility, but this is probably the time you most need to ask for help and let others join in the way that works best for you.



Angustia por diabetes

Como manejar el peso de la diabetes

El carácter imprevisible del nivel de azúcar en sangre, los horarios de todos los días y la vida pueden hacer que esta enfermedad sea frustrante. Siempre que nuestras acciones tengan un resultado impredecible, podemos angustiarnos. En este caso es específico a la diabetes, de modo que se denomina angustia por diabetes.

Tener diabetes es como si alguien le entregara 4 bolas y le dijera que haga malabarismos a la perfección. Luego es como decirle que una vez que adquiera esa habilidad, ahora hará malabarismos todos los días por el resto de su vida y que hay variables que influirán en su habilidad para hacer malabarismos, solo que no se sabe cuáles ni cuándo. Si deja de hacerlo, se enfermará y las personas que se preocupan por usted se enfadarán y le dirán que comience a hacer malabarismos nuevamente.

Aquellos que tienen diabetes conocen demasiado bien esta situación. A usted se le ha entregado una enfermedad para manejar que requiere prestarle atención diaria a aspectos de la vida que nunca parecieron ser controlables, incluso antes del diagnóstico. Además de estos comportamientos, generalmente se espera que mire las cifras como valoración de su éxito y que vaya a frecuentes citas de atención médica donde lo evalúan a usted y a su habilidad para manejar este acto de malabarismo. Oh, por cierto, su familia y amigos participan en el acto, porque saben que tiene diabetes y usted no solo se siente juzgado por ellos sino que se siente juzgado por usted mismo.

Esto no sería para tanto si usted lo pudiera hacer bien, pero el carácter imprevisible del nivel de azúcar en sangre, los horarios de todos los días y la vida pueden hacer que esta enfermedad sea frustrante. Los altibajos emocionales aumentan la carga diaria.

¿Cómo repercute en mí y en la enfermedad esta angustia causada por la diabetes?

Siempre que nuestras acciones tengan un resultado impredecible, podemos angustiarnos. En este caso es específico a la diabetes, de modo que se denomina angustia por diabetes. Desarrollamos tensión, fatiga, una sensación de estar abrumado y experimentamos un "desgaste". Este desgaste a veces nos empuja a rendirnos o al menos a no prestar especial atención a las cosas que nos están causando estrés. Puede pensar: "Simplemente no controlaré mi nivel de azúcar en sangre, o saltaré ese medicamento ya que no parece hacer mucho de todos modos". El resultado desafortunado es que la diabetes deja de controlarse, dejándolo a usted con un alto de A1C, no sintiéndose bien y posiblemente desarrollando complicaciones.

Es probable que sus amigos, familia y compañeros de trabajo se preocupen por usted y parezcan estar controlando sus actividades. Tiene derecho a pedirles a las personas que le den espacio si se acercan demasiado, pero tenga en cuenta que generalmente lo hacen porque les importa, de modo que manifieste su agradecimiento por su atención, luego proporcióneles ideas sobre cómo le gustaría a usted que se involucraran y cómo no le gustaría que se involucraran. Es claro que usted es quién tiene diabetes, pero también tiene la responsabilidad de ayudar a quienes lo aman a participar de forma adecuada.

¿Qué puedo hacer si pienso que tengo esta angustia?

Primero averígüelo. Si piensa que le está sucediendo esto, no se sorprenda pues le pasa a muchas personas que viven con diabetes.

- Hable con su educador en diabetes, ellos pueden hacer preguntas relevantes.
- Hágase una evaluación. Hay pruebas simples que lo pueden ayudar, como un [cuestionario de angustia por diabetes](#).
- Los resultados de la prueba lo ayudarán a identificar qué área de la diabetes le causa mayor angustia.
- Puede desarrollar un plan basándose en esos resultados.

La diabetes no desaparece, entonces, ¿qué puedo hacer para aliviar mi angustia?

- Encuentre a alguien que comprenda sus sentimientos acerca de vivir con diabetes y hable con esa persona.
- Hable con otra persona que tenga diabetes, un grupo de apoyo para diabéticos ofrecido por su hospital local o su educador en diabetes, familiar o profesional de salud mental. Alguien que sepa sobre diabetes alivianará la carga y no se sentirá solo.
- Si se siente juzgado por los demás, exprese su preocupación y encuentre la manera de pedir su ayuda en lugar de sus opiniones.
- El sistema médico a veces puede hacerlo sentir que si su salud no está mejorando, entonces hay algo que está haciendo mal. Usted necesita de su apoyo, lo cual es diferente a necesitar de su opinión. Dígales a su equipo de atención médica y a su familia qué tanto apoyo le brindan y si se lo brindan, porque a menudo se sienten inútiles ya que habitualmente los familiares no saben qué decir o qué hacer para ayudar a sus seres queridos a manejar la diabetes.
- Si está agotado por las tareas diarias y por el sentimiento de fracaso, dese un descanso razonable de la rutina.
- Dese cuenta que casi nadie lo hace bien. Hacer bien las tareas de los diabéticos no le asegurará que obtendrá las cifras que quiere. Buscar la perfección es extremadamente difícil. Tómese un tiempo de descanso. Planifíquelo, haga que sea seguro y quizás pídale ayuda a alguien. Hágalo intencionalmente, no por enojo.
- Si siente que otros lo molestan o tiene la sensación de que están controlando su comportamiento, pídale que se detengan.

La diabetes no es fácil. Cuando se sienta agotado, tal vez no quiera tener más responsabilidad, pero este es probablemente el momento en que más necesita pedir ayuda y dejar que otros participen de la forma que mejor funcione para usted.



What causes our feelings about diabetes?

When someone is diagnosed with diabetes, a variety of emotions can emerge including sadness, guilt, fear, anger and others. There is no way to predict the emotions that will develop upon diagnosis as there are many factors that determine this, including personality and past experiences.

There are chemical changes in our body that occur as a result of stress, so changes in how we feel are expected. Feelings of frustration, anger, sadness, etc., are a normal reaction after being diagnosed with diabetes. For example, if your father had diabetes and he had to take insulin, you might fear having to take insulin injections (if you believed injections would be painful). Maybe, you had been warned by your doctor that if you didn't lose weight you were at risk for developing diabetes. In this case, you might feel guilty or angry for not taking action sooner. Generally, our feelings have a relationship with our thoughts and beliefs.

Why are feelings such a big deal related to living with diabetes?

Feelings can make the education and treatment process with diabetes more challenging. Feelings take a lot of our energy and ability to focus. You might have noticed that at difficult times in your life, you have had trouble concentrating. You would find yourself at work thinking about something that was bothering you instead of paying attention to your work. You might find yourself talking about those problems in your life, whenever you had someone to listen. Coping with our emotions can be very draining and makes it difficult to handle other stress in our lives.

How can diabetes educators help with feelings?

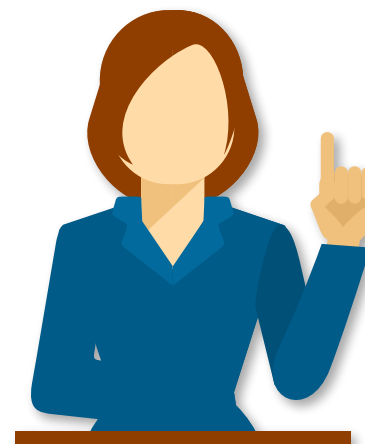
Diabetes educators have learned when people have strong feelings it becomes important to process them, so the person with diabetes can begin to accept their feelings. They can then better understand the facts about diabetes self-management and hopefully shift their perceptions to a healthier way of coping with diabetes. For example, if you express your fears to a diabetes educator, they can reassure you that not everyone with diabetes has to take injections or they can walk you through an easier way of injecting to minimize discomfort. Diabetes educators are active listeners. People with diabetes often deal with a lot of frustrations that can be challenging to talk about, especially with friends and family, but diabetes educators are there to provide reassurance, support and guidance.

Is it bad to have these feelings?

We often have shame about how we feel or guilt that we are not reacting in the “right” way. The truth is, there is no right or wrong feeling in reaction to diabetes. Feelings can give us motivation to do things, or help us connect with others. It is important to have the right resources in dealing with these feelings and behaviors so that they are not expressed in unhealthy ways.

Dealing with feelings has a few requirements

- **Know** – acknowledge what you are feeling
- **Name** – put a label on it
- **Express** – release the emotions in a healthy way
- **Accept** – understand that you cannot change everything about the world, only your role in it



When we are interested in dealing with our feelings there are a number of resources that can help

- Family can help sometimes, but other times not
- Friends often prove to be extremely beneficial
- Your diabetes educator is a good resource and will lend an ear
- If you feel stuck and have difficulty getting help, a mental health provider can be useful
- A diabetes support group or reaching out to the [diabetes online community \(DOC\)](#) can be a great place to feel supported

Don't just keep feelings to yourself and suffer. Sure you feel vulnerable and fear you'll be judged, but you will never know unless you try. So take the risk, tell someone and see how it feels.





La ira

y sus amigos emocionales

¿Qué causa nuestros sentimientos sobre la diabetes?

Cuando a alguien se le diagnostica diabetes, surgen una variedad de emociones que incluyen tristeza, culpa, temor, ira y otros. No hay forma de predecir las emociones que se desarrollarán tras el diagnóstico ya que hay muchos factores que pueden determinar esto, incluso la personalidad y las experiencias pasadas.

Existen cambios químicos en nuestro cuerpo que ocurren como resultado del estrés, de modo que los cambios en cómo nos sentimos son esperables. Los sentimientos de frustración, ira, tristeza, etc. son una reacción normal después de ser diagnosticado con diabetes. Por ejemplo, si su padre tuvo diabetes y tuvo que recibir insulina, usted podría tener miedo de tener que administrarse inyecciones de insulina (si cree que las inyecciones podrían ser dolorosas). Tal vez, su médico le advirtió que si no perdía peso corría riesgo de desarrollar diabetes. En este caso, puede sentirse culpable o enojado por no haber tomado medidas antes. En general, nuestros sentimientos están relacionados con nuestros pensamientos y creencias.

¿Por qué los sentimientos relacionados a vivir con diabetes son tan importantes?

Los sentimientos pueden hacer que la educación y el proceso de tratamiento con la diabetes sean más problemáticos. Los sentimientos nos quitan mucha de nuestra energía y nuestra capacidad de enfoque. Puede haber notado que en los momentos difíciles de su vida, ha tenido problemas para concentrarse. Se encontraba en el trabajo pensando sobre algo que estaba molestándole en lugar de estar prestando atención a su trabajo. Tal vez se encontraba hablando sobre esos problemas de su vida siempre que tuviera a alguien para escuchar. Sobrellevar nuestras emociones puede ser muy agotador y hace que sea difícil manejar otras presiones en nuestra vida.

¿Cómo pueden ayudar los educadores en diabetes con los sentimientos?

Los educadores en diabetes han aprendido que cuando las personas tienen sentimientos fuertes se vuelve importante procesarlos, para que la persona con diabetes pueda comenzar a aceptar sus sentimientos. Entonces pueden comprender mejor los hechos sobre el manejo propio de la diabetes y se espera que cambien sus percepciones por una forma saludable de afrontar la diabetes. Por ejemplo, si expresa sus miedos a un educador en diabetes, él puede asegurarle que no todos los que tienen diabetes tienen que administrarse inyecciones o puede guiarlo con una forma más sencilla de administrarse la inyección para minimizar la molestia. Los educadores en diabetes escuchan activamente. Las personas con diabetes suelen lidiar con muchas frustraciones que pueden ser difíciles de hablar, especialmente con amigos y familia, pero los educadores en diabetes están ahí para proporcionar tranquilidad, apoyo y asesoramiento.

¿Es malo tener estos sentimientos?

Solemos sentir vergüenza acerca de cómo nos sentimos o culpa por no reaccionar de la manera "correcta". La verdad es que no hay una forma correcta o incorrecta de sentirnos en respuesta a la diabetes. Los sentimientos pueden motivarnos a hacer cosas o ayudarnos a conectarnos con otros. Es importante tener los recursos indicados para manejar estos sentimientos y comportamientos de modo que no se expresen de forma no saludable.

Hay unos pocos requisitos para manejar los sentimientos

- **Saber:** reconocer lo que está sintiendo
- **Nombrar:** etiquetarlo
- **Expresar:** liberar las emociones de una forma saludable
- **Aceptar:** comprender que no puede cambiar todo en el mundo, solo su rol en él



Cuando estamos interesados en enfrentar nuestros sentimientos, existen una serie de recursos que pueden ayudar

- La familia a veces puede ayudar, pero otras veces no
- Por lo general los amigos resultan ser extremadamente beneficiosos
- Su educador en diabetes es una buena referencia y puede escucharlo
- Si se siente estancado y tiene problemas para recibir ayuda, un proveedor de salud mental puede ser muy útil
- Un grupo de apoyo para diabéticos o recurrir a la comunidad virtual de diabéticos (DOC, por su sigla en inglés) pueden ser buenos lugares para sentirse apoyado

No se guarde los sentimientos y sufra. Por supuesto que se siente vulnerable y tiene miedo de que lo juzguen pero nunca lo sabrá a menos que lo intente. Así que arriéguese, dígaselo a alguien y vea cómo se siente.

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Diabetes and Depression

Double Trouble

How do I know if I am depressed?

Ask yourself two questions:

1. Have I lost interest in the things I usually like to do and has this lasted more than two weeks?

2. Have I felt down, depressed, sad, and blue more days than not over the last two weeks?

If your answer to these two questions is yes, then seeking further evaluation is important. For example, talk with family or friends and ask them if you have seemed depressed. Look at the list on the right and see how many symptoms you may have. Talk with your doctor or diabetes educator about taking a simple test to evaluate your level of depression such as the [PHQ9 questionnaire](#).

Diabetes and depression seem to hang out with each other far too often. Sometimes diabetes seems to lead the way and sometimes depression leads. One makes the other worse and vice versa.

When these two are together it is difficult to find the energy to do anything. The more unmanageable your diabetes, the less likely you are to take steps to change your mood. You might not do the things you would normally do to stay healthy, like exercise, healthy eating, seeing friends and generally just being active. You may be more likely to watch TV, eat sweets, sleep too much or not enough, and distance yourself from others. This cycle is very painful and requires strength and persistence to find your way out.

Healthcare professionals who work with people who have diabetes know that they are far more likely to become depressed. We are not referring to just diabetes distress, but to depression; a mental health problem of greater depth and seriousness. Depression has symptoms that last a minimum of two weeks and can go on for months. The symptoms (see chart below) are serious and complicate diabetes management, so management of your diabetes often declines which in turn worsens the depression.

Symptoms of Depression

You must have 5 or more of these most of the time over at least a two-week period to diagnose a major depression. Even if you have less than 5, you should still speak to your healthcare professional.

- ☐ Fatigue
- ☐ Feelings of worthlessness, guilt, excessive sadness
- ☐ Problems getting to sleep or sleeping too much
- ☐ Weight loss or weight gain
- ☐ Difficulty concentrating or making decisions
- ☐ Loss of interest in usual activities
- ☐ Thoughts of suicide
- ☐ Feeling restless or slowed down

The take home message is this: because you have diabetes you are more likely to experience depression. It is challenging, but don't give up, they can successfully be treated. Get an annual depression assessment so you stay ahead of it and treat early rather than waiting too long. Have a plan in mind, so you are prepared if it happens to you. As with managing diabetes, if you anticipate a problem you can deal with it more effectively than if you try to play catch up after the fact.

How do I know it's not just my diabetes out of control?

You don't! But if you had an evaluation for depression and it indicates you have some depression then don't delay treatment because it can compromise diabetes care.

Here is the dilemma; you must treat both at the same time. You are probably thinking "but I can hardly get out of bed, much less treat both of these illnesses." Since each causes the other to become worse, it is critical to treat both. It can be a long battle, but neither can get better unless both are improving. The good news is that as one improves the other is likely to improve.

How is depression treated?

Depression is very treatable and you have choices about how you want to treat it. Some of this depends on what is available for you and some on your preferences.

Talk therapy has proven to be quite effective in treating depression. A treatment known as cognitive behavioral therapy (CBT) and motivational interviewing (MI) is very effective as well as other forms of psychotherapy. Support groups can also be helpful. The American Diabetes Association's In My Community (diabetes.org/in-my-community) feature lists a variety of local support options as does JDRF's typeonenation.org for those with type one diabetes.

Medications can be helpful as well. Your physician may prescribe these or they might send you to a specialist such as a therapist or psychiatrist.

Other activities have also shown promise in helping with depression as well as diabetes:

- Exercise
- Meditation
- Yoga
- Tai chi, Chi Gong





Diabetes y depresión

Doble Problema

¿Cómo sé si sufro depresión?

Hágase dos preguntas:

1. ¿He perdido interés en las cosas que generalmente me gusta hacer y esto ha durado más de dos semanas?

2. ¿Me he sentido mal, deprimido, triste y abatido la mayoría de los días durante las últimas dos semanas?

Si su respuesta a estas dos preguntas es sí, entonces es importante solicitar otra evaluación. Por ejemplo, hable con su familia y amigos y pregúnteles si usted les ha parecido deprimido. Mire la lista que se encuentra a la derecha y vea cuántos síntomas puede tener. Hable con su médico o educador en diabetes acerca de realizar una prueba simple para evaluar su nivel de depresión, como por ejemplo el cuestionario sobre la salud del [paciente-9 \(PHQ9, por su sigla en inglés\)](#).

La diabetes y la depresión parecen ir de la mano con demasiada frecuencia. A veces la diabetes parece mandar y a veces manda la depresión. Una hace que la otra empeore y viceversa.

Cuando estas dos aparecen juntas es muy difícil encontrar la energía para hacer cualquier cosa. Cuanto más difícil de manejar sea su diabetes, es menos probable que usted vaya a tomar medidas para cambiar su estado de ánimo. Tal vez no haga lo que normalmente haría para permanecer saludable, como hacer ejercicio, comer saludablemente, ver a sus amigos y simplemente estar activo en general. Tal vez sea más probable que mire televisión, duerma demasiado o no lo suficiente y se distancie de los demás. Este ciclo es muy doloroso y requiere de fuerza y persistencia para encontrar la salida.

Los profesionales de la salud que trabajan con gente que tiene diabetes saben que tienen muchas más probabilidades de deprimirse. No nos referimos solamente a la angustia por la diabetes, sino a la depresión; un problema de salud mental de mayor profundidad y gravedad. La depresión tiene síntomas que duran como mínimo dos semanas y pueden continuar durante meses. Los síntomas (ver siguiente recuadro) son graves y complican el manejo de la diabetes, de modo que el manejo de la diabetes suele disminuir, lo cual empeora la depresión.

Síntomas de depresión

Debe tener 5 o más de estos síntomas la mayor parte del tiempo durante al menos un período de dos semanas para diagnosticar una gran depresión. Incluso si tiene menos de 5, igualmente debería hablar con su profesional de la salud.

- ☐ Fatiga
- ☐ Sentimientos de inferioridad, culpa, tristeza excesiva
- ☐ Problemas para dormirse o dormir demasiado
- ☐ Pérdida o aumento de peso
- ☐ Dificultad para concentrarse o tomar decisiones
- ☐ Pérdida de interés en actividades habituales
- ☐ Pensamientos suicidas
- ☐ Sentirse inquieto o ralentizado

La moraleja es esta: como tiene diabetes es más probable que tenga depresión. Es difícil, pero no se rinda, puede tratarse de forma exitosa. Realícese una evaluación anual de depresión para adelantarse y tratarla tempranamente en lugar de esperar demasiado. Tenga un plan en mente, para estar preparado si le sucede a usted. Del mismo modo que el manejo de la diabetes, si anticipa un problema puede manejarlo de forma más eficaz que si trata de recuperarse después de que sucede.

¿Cómo sé que no es solamente mi diabetes que está fuera de control?

¡No lo sabe! Pero si le han realizado una evaluación de depresión e indica que usted tiene un poco de depresión, entonces no retrase el tratamiento debido a que puede comprometer el cuidado de la diabetes.

Aquí está el dilema, usted debe tratar las dos al mismo tiempo. Probablemente esté pensando "pero si apenas puedo salir de la cama, mucho menos tratar ambas enfermedades". Debido a que cada una hace que la otra empeore, es fundamental tratarlas a ambas. Puede ser una larga batalla pero ninguna de las dos puede mejorar a menos que ambas mejoren. La buena noticia es que si una mejora, es probable que la otra mejore.

¿Cómo se trata la depresión?

La depresión es muy tratable y usted tiene opciones sobre cómo quiere tratarla. Algunas dependen de qué está disponible para usted y algunas de sus preferencias.

La terapia conversacional ha probado ser bastante eficaz para tratar la depresión. Un tratamiento conocido como Terapia Cognitiva Conductual (TCC) y Entrevista Motivacional (MI) es muy eficaz, así como otras formas de psicoterapia. Los grupos de apoyo también pueden ser muy útiles. En la opción En mi comunidad de American Diabetes Association (diabetes.org/in-my-community) se enumeran una variedad de opciones de apoyo local, como typeonenation.org de JDRF para aquellos con diabetes tipo 1.

Los medicamentos también pueden ser útiles. Tal vez su médico se los recete o tal vez lo envíe a un especialista, como por ejemplo, a un terapeuta o un psiquiatra.

Otras actividades también han mostrado ser prometedoras para ayudar con la depresión así como también con la diabetes:

- Ejercicio
- Meditación
- Yoga
- Tai chi, Chi Gong





Stress

a little something for all of us

Did you ever catch yourself with your shoulders pulled up around your ears, clenching your teeth, or just being edgy with someone near you and wonder to yourself, “What is happening to me?” Or maybe you find yourself thinking about an upcoming event that feels a bit unpredictable like a job interview or a final exam, and notice your breathing is shallow and your heart is racing.

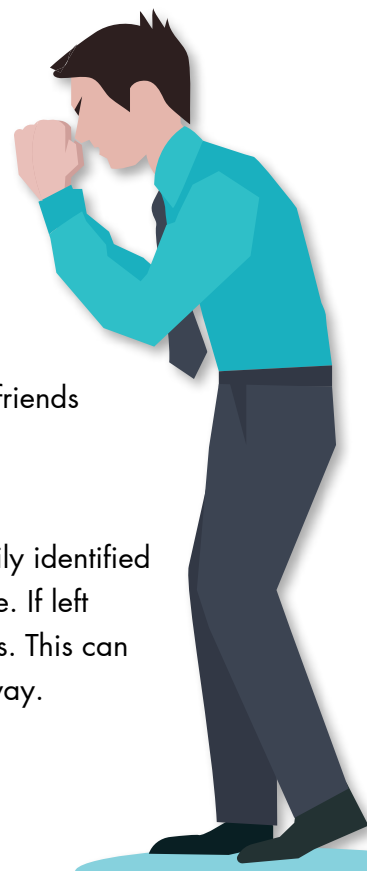
Our body is amazing; it gets us ready to handle events we think are challenging by sending hormonal messages that instruct it to get ready to meet the demands. This is the self-contained system we call the fight/flight/freeze response and it is intended to cope with stressful – good or bad – situations. It helps us to confront situations by giving us extra energy and the ability to focus so we can respond appropriately.

Under most conditions our stress response is a good thing; however, if we can’t fight the situation, or run away from it, we might find those hormones that get us prepared, begin to build up. This leaves us with an increase in blood pressure that keeps our muscles tense, our energy high, and keeps us on edge for extended periods. This puts extra pressure on the body and can make us more likely to get sick. Stress is something that we cannot get away from because it is a response to both happy and unpleasant events in our lives. Regardless of the source, managing it effectively should be a priority.

How do you know when you are stressed?

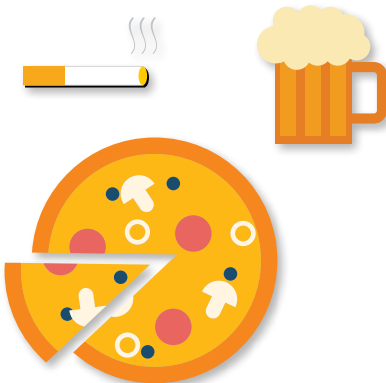
- My muscles get tense, particularly in my lower back, neck, jaw and shoulders
- I get a headache and/or stomachache
- I get irritable with my family, co-workers and friends
- I feel completely worn out and drained

Our physical response to stress can be most easily identified as it is often the first response that we experience. If left untreated, it can affect our thoughts and attitudes. This can be more challenging to cope with in a healthy way.



Is stress a bigger deal with diabetes?

Yes. Part of the body's system that prepares us to manage stress also releases the hormone glucagon, which causes your blood sugar to increase. For people without diabetes, their pancreas produces insulin to combat this increase, but those with diabetes have to rely on medication or other methods to decrease blood sugar levels. If you deal with stress by emotional eating or sitting around, blood sugar levels can be high for an extended period of time. If you experience chronic stress, then more damage can be done to your body.



What negative things do you do to relieve your stress?

- Consume alcohol in excess
- Smoke cigarettes
- Eat chips, ice cream, candy, pizza, etc., in excess
- Avoid people
- Watch TV, play video games, in excess

Each of these is identified as negative because it does not help reduce the build-up of stress. Each of these may temporarily help, but we are still left with the consequences, which have long-term health implications.

What should I do about my stress?

If you can't change it, change your mind. Look at it differently, as not so serious, or find a positive way to see things. While we might not be able to change a situation we often have the ability to change how we see it. For example, you might find yourself stuck in traffic and know you will be late for an appointment. You could become very tense, grip the steering wheel very tightly and try to weave around everyone to get there a minute earlier. Or you could change your mind, turn on some soothing music and remind yourself, it is not the end of the world and one or two minutes isn't going to make a difference.

If you can't change it or change your mind, then let it go. We often build anxiety over what we imagine the outcome of events might be. To practice letting go or having faith is often the best we can do.

Deal with the stress after the fact. Finding positive ways to manage our stress may be our best alternative. Some examples of positive stress management are:

- Exercise
- Meditation or deep breathing
- Taking a walk outside
- Talking with a supportive friend, co-worker or family member
- Listening to music
- Taking a break

Stress is a significant part of life. By accepting this, we know we need to have ways of dealing with it that serve us and help us live well. Diabetes is a stressful part of your life, but you can find positive ways to manage it.





Estrés

un poquito para todos nosotros

¿Alguna vez se encontró con sus hombros encogidos hasta las orejas, apretando los dientes o simplemente sintiéndose tenso con alguien que se encuentra cerca de usted y preguntarse “¿Qué me está sucediendo?” O tal vez se encuentre pensando sobre un próximo evento que parece un poco impredecible, como una entrevista de trabajo o un examen final, y nota que su respiración es superficial y que su corazón se acelera.

Nuestro cuerpo es maravilloso; nos prepara para afrontar eventos que consideramos que son difíciles enviando un mensaje hormonal que indica que se prepare para cumplir con las exigencias. Este es el sistema autónomo que denominamos la respuesta de combate/huida/congelarse y tiene como propósito sobrellevar las situaciones estresantes (buenas o malas). Nos ayuda a enfrentar las situaciones aportándonos energía adicional y la capacidad de enfoque para que podamos responder adecuadamente.

En la mayoría de las condiciones nuestra respuesta frente al estrés es algo bueno; sin embargo, si no podemos combatir la situación o escaparnos de ella, tal vez descubramos que esas hormonas que nos preparan comienzan a acumularse. Esto nos deja con un aumento en la presión arterial que mantienen nuestros músculos tensos, nuestra energía alta y nos mantiene nerviosos durante largos períodos. Esto ejerce presión adicional sobre el cuerpo y hace que sea más probable enfermarse. El estrés es algo de lo que no podemos escapar debido a que es una respuesta a eventos alegres y desagradables en nuestra vida. Independientemente de la fuente, la prioridad debe ser manejarlo eficazmente.

¿Cómo saber si está estresado?

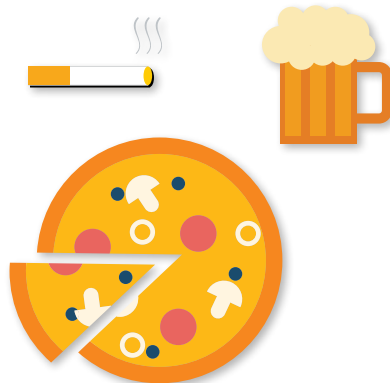
- Mis músculos se tensan, en particular los de mi espalda baja, cuello, mandíbula y hombros.
- Tengo dolor de cabeza y/o dolor de estómago.
- Me irrito con mi familia, compañeros de trabajo y amigos.
- Me siento completamente agotado.

Nuestra respuesta física ante el estrés puede ser más fácil de identificar ya que suele ser la primera respuesta que experimentamos. Si no se recibe tratamiento, puede afectar nuestros pensamientos y actitudes. Esto puede ser más difícil de enfrentar de una forma saludable.



¿El estrés es un problema más grande con la diabetes?

Sí. Parte del sistema corporal que nos prepara para manejar el estrés también libera la hormona glucagón, que causa el aumento de azúcar en sangre. En las personas que no tienen diabetes, el páncreas produce insulina para combatir este aumento, pero aquellos con diabetes tienen que recurrir a medicamentos u otros métodos para disminuir los niveles de azúcar en sangre. Si maneja el estrés comiendo como escape emocional o permaneciendo sentado, los niveles de azúcar en sangre pueden ser altos durante un largo período de tiempo. Si experimenta estrés crónico, entonces puede dañarse más su cuerpo.



¿Qué cosas negativas hace para aliviar el estrés?

- Consumir alcohol en exceso
- Fumar cigarrillos
- Comer papas, helado, caramelos, pizza, etc. en exceso
- Evitar a las personas
- Mirar televisión, jugar videojuegos, en exceso

Cada uno de estos se consideran negativos debido a que no ayudan a reducir el aumento de estrés. Cada uno de estos puede ayudar temporalmente, pero aún nos quedamos con las consecuencias, las cuales tienen efectos a largo plazo en la salud.

¿Qué debo hacer acerca de mi estrés?

Si no puede cambiarlo, cambie la mente. Mírelo de forma diferente, no como algo tan grave, o encuentre una forma positiva de ver las cosas. Si bien tal vez no seamos capaces de cambiar una situación a menudo tenemos la capacidad de cambiar cómo la vemos. Por ejemplo, se podría encontrar detenido en el tráfico y saber que llegará tarde para una cita. Usted puede volverse tenso, tomar el volante fuertemente y tratar de zigzaguar a los demás para llegar un minuto antes. O puede cambiar su mente, poner música relajante y recordarse a sí mismo que no es el fin del mundo y que uno o dos minutos no van a hacer la diferencia.

Si no puede cambiarlo o no puede cambiar la mente, entonces olvídesse. A menudo acumulamos ansiedad sobre lo que imaginamos que podría ser el resultado del evento. A menudo lo mejor que podemos hacer es practicar olvidarse o tener fe.

Maneje el estrés luego del hecho. Nuestra mejor alternativa puede ser encontrar maneras positivas de manejar nuestro estrés. Estos son algunos ejemplos de un manejo positivo del estrés:

- Ejercicio
- Meditación o respiración profunda
- Salir a caminar
- Hablar con un amigo, compañero de trabajo o familiar comprensivo
- Escuchar música
- Tomar un descanso

El estrés es una parte importante de la vida. Al aceptarlo, sabemos que debemos tener formas de manejarlo que nos sirvan y nos ayuden a vivir bien. La diabetes es una parte estresante de la vida, pero usted puede encontrar maneras positivas de manejarla.

