At age 67, Marty has type 2 diabetes, which he manages by testing his blood sugar several times a day, balancing a healthy diet with daily exercise, taking his diabetes pills as prescribed and seeing his doctors regularly.

While each of these activities plays an important role in keeping his diabetes in check, if you ask Marty what is most important to his success, he says it’s not a what but a who: his wife, Miriam. Miriam supports Marty by joining him on his daily walks, stocking the refrigerator with fresh veggies and gently reminding him when it’s time to make an appointment with the eye doctor. And just knowing that someone is in his corner has made it easier for Marty to deal with the daily demands of keeping his diabetes under control.
Continued from front page

Marty has discovered what a good amount of research suggests: that support and encouragement from a family member or friend makes it more likely that a person with diabetes will stick to his or her treatment plan*.

Your family members and friends can be a big help in many little ways:

¬ Eating the same healthier meals as you eat.
¬ Planning outdoor activities to do together.
¬ Learning more about diabetes so they can better understand what you are experiencing.
¬ Listening and providing support without criticism or judgement.

There are benefits for the person supporting a loved one with diabetes, too. Miriam found that since she started cooking healthier and taking daily hikes with Marty in the hills near their house, she has lost weight, feels better and sleeps more soundly. It also has brought something fresh to Marty and Miriam’s relationship as they discover new experiences and interests to share.

Making Sure the Help You Get Is the Help You Want

The best way to get the kind of help you want is to ask for it. To Marty, Miriam’s constant monitoring of his food choices (“Now, are you sure you want to eat that?”) felt a bit more like nagging than the well-intentioned concern it was meant to be. It took Marty sitting down with his wife and letting her know that where he really needed her help was in finding new, healthier ways to enjoy his favorite foods.

Because asking for help is sometimes easier said than done, here are a few tips:

¬ Help your loved ones better understand diabetes and what it means to you. Be honest about its challenges, your goals and the changes you are trying to make.
¬ Be specific about how you want people to help. Would you like someone to go with you to your appointment as a second set of ears to hear the doctor’s advice? Are you thinking about starting to exercise but need a workout buddy? Do you want someone to go with to the movies or out to lunch when you need a break?
¬ Realize that most people are happy to help—they just need to know how.

*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3825688/

CONNECTING IN THE COMMUNITY

Help and encouragement also can come from people who might not know you but know what you’re going through.

Look for a support group in the community. Many diabetes centers, hospitals and community centers offer diabetes education and self-management classes, as well as discussion groups where people with diabetes share their experiences. You may find a class or group that teaches you new information and motivates you to stay on track. Don’t let the idea of sharing in front of a group keep you away: There’s a power in being with other people who share the same challenges as you do. Just hearing how other people cope can make you feel that you can, too.

Connect online. Online forums can connect you with other people to get information and support any time of the day or night. Here are a few to try:

Type 1 and Type 2

¬ American Diabetes Association (https://community.diabetes.org/home)
¬ Diabetes Daily (https://www.diabetessdaily.com)
¬ TuDiabetes (https://tudiarthritis.org)
¬ Diabetes Sisters (https://diabetessisters.org)
¬ Diabetes Mine (https://www.healthline.com/diabetesmine)

Type 1

¬ Glu (https://myglu.org)
¬ Type One Nation (http://typeonenation.org)

While online forums can be helpful, take care not to share your personal information on them. Also, never take advice to start a new treatment or to stop or change a dose of medication without talking to your doctor first.
Until three years ago, my experience with diabetes had come from my medical education and working with my patients with diabetes. But when several lab tests showed high blood sugar levels and I was eventually diagnosed with type 1 diabetes, my experience with the disease became very personal.

As a doctor, I understand how uncontrolled blood sugar can lead to serious complications, including kidney failure, blindness, heart attack and stroke. When I found out I had diabetes, however, those complications became very real possibilities for me. Now, I’m motivated to take steps to prevent them—for instance, I hike or walk daily, watch my weight, take my medicine regularly and follow my blood sugars closely.

That’s not to say it’s always easy. It takes planning, patience and time. And on any given day, even if I am doing everything I am supposed to, normal life stress might still drive my blood sugars up. I’ve discovered that managing diabetes is personal for every one of us who has this disease. It means learning about your body, what affects your sugar levels and how to use the tools available to you. This includes:

**Being consistent in taking medications your doctor prescribes.**

If prescribed, blood pressure, cholesterol and diabetes pills taken regularly can prevent or delay the development of serious complications, like heart attack and stroke (see more on this on page 6).

**Getting preventive tests done.**

For people with diabetes, these include regular blood and urine tests and eye exams. There’s a list of these important tests on page 4.

**Letting others help you.**

This issue’s cover story talks about some ways the people in your life can help you succeed in managing your diabetes. Their support can also protect you in an emergency if you can’t help yourself. For instance, whenever I go backpacking, I make sure someone in the group knows I have type 1 diabetes and where to find the rescue kit with an emergency glucagon shot.

I understand the challenges our members with diabetes face because they’re my challenges, too. I think you’ll find a lot of helpful information in this newsletter. I encourage you to read it and talk to your doctor about any questions or challenges you might have.

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**Exercise and Its Sweet Rewards**

We know you’ve heard before about the health benefits of regular physical activity: Exercise daily and you are more likely to feel better, be able to maintain a healthy weight, sleep more soundly, have more energy, lower your blood pressure and reduce your risk of falling, just to name a few. For people with diabetes, or those at risk for the disease, exercise promises all this and much more.

When you balance a healthy diet with consistent physical activity (and medication, if you take it), you can:

- Keep your blood glucose within your target levels.
- Prevent or delay serious complications, such as problems with your eyes, feet and kidneys.

**A Little Goes a Long Way**

It doesn’t take much—experts recommend aiming for at least a half hour of moderate-to-vigorous physical activity five days a week. If 30 minutes at one time is too much at first, break it up into 10-minute mini workouts throughout the day and extend your workout time a little each week. Start slow and easy by looking for little ways to be more active in the things you already do every day. Park a little farther away and walk the extra few steps, for example. What about getting in a few sets of squats while you wait for the tea kettle to boil?
A Handy Tool for **All Your Care**

By now you should have received your Health Check Record for 2018, so we hope you’re already finding it useful for managing your healthcare. Your new Health Check Record can help you keep track of recommended preventive tests and, if you have diabetes, you’ll also find an extra chart with the following five tests important to controlling your diabetes. Some of this information, including when you had these tests done and what the results were, may be available online through your doctor’s patient portal. Be sure to ask.

<table>
<thead>
<tr>
<th>TEST</th>
<th>HOW OFTEN</th>
<th>WHAT IT IS</th>
<th>WHY IT’S IMPORTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1c Test</td>
<td><em>If your blood sugar is NOT well-controlled:</em> every two to three months. If your blood sugar IS under control: at least twice a year.</td>
<td>A laboratory blood test to measure your blood glucose control over time.</td>
<td>Measuring the amount of sugar in your blood is the only sure way to know if your diabetes is under control. While daily self-tests reveal your blood glucose level at given moments in time, the A1c test provides a big picture of your diabetes.</td>
</tr>
<tr>
<td>Diabetic Eye Exam</td>
<td>At least once a year. (Can be done during regular annual eye exam. Already used up your vision exam? Your doctor can refer you to a specialist.)</td>
<td>A thorough eye exam to check for diabetes-related eye problems, such as diabetic retinopathy or glaucoma.</td>
<td>Diabetic-related eye conditions may not cause changes in vision right away; only an eye exam can detect them early so they can be treated and not get worse.</td>
</tr>
<tr>
<td>Kidney Function Test</td>
<td>At least once a year.</td>
<td>A blood or urine test to see if your kidneys are working properly.</td>
<td>Diabetes can injure small blood vessels, making it difficult for your kidneys to do their job of cleaning the blood sent to other parts of the body.</td>
</tr>
<tr>
<td>Diabetic Foot Exam</td>
<td>Self-exam daily; by a doctor or nurse at least once a year.</td>
<td>A heel-to-toes, top-to-sole examination of your feet to check for signs of nerve damage (neuropathy). The doctor may check for feeling by pressing a short piece of nylon fishing line to multiple locations on your foot or performing a pinprick, reflex or vibration test.</td>
<td>Regular foot exams can detect nerve damage in your feet early, reducing your chance of developing an infection or other serious problems with your feet. See page 6 for more on foot health.</td>
</tr>
<tr>
<td>Medication Review</td>
<td>At least once a year with your doctor.</td>
<td>A review by you and your doctor of <em>all</em> your medications, including supplements and over-the-counter remedies as well as prescriptions.</td>
<td>Diabetes puts you at greater risk for developing high blood pressure and high cholesterol, so ask your doctor whether you need medications for these conditions.</td>
</tr>
</tbody>
</table>
During our last Straight TeleTalk on diabetes, several listeners had interesting nutrition-related questions that we thought our other members might want to hear, too. So, we turned to Sarah Bellefleur, nutritionist and SCAN’s Director of Network Quality, for the answers.

Granola bars seem like they would be a healthy choice. Are they?

Sarah says: It depends. Granola bars can be a healthy snack option, but many of them have a lot of added sugar. In fact, some granola bars have more than the recommended amount of sugar for an entire day. So, read nutrition labels and choose bars with no more than 6 grams of sugar. One of my favorite on-the-go breakfasts is a granola bar topped with almond butter along with an apple.

What about drinking alcoholic beverages—is it okay to drink on the weekend if I exercise during the week?

Sarah says: Maybe, but it’s best to check with your doctor first. Alcohol can affect blood sugars and interact with oral diabetes medications. Talk with your doctor to understand the risks involved for you. If you do have a drink, the American Diabetes Association recommends*:

- Limit yourself to two drinks per day if you’re a man; one, if you’re a woman.
- Do not drink on an empty stomach or when your blood sugars are low.
- Avoid mixed drinks (they are often full of sugar). If you do have a cocktail, opt for calorie-free mixers, like club soda.
- Sip drinks slowly to prevent sudden changes in blood sugar, and alternate with sips of water.

What are the best foods that I can eat to keep my blood sugar stable?

Sarah says: Adding foods high in fiber to every meal and snack will help keep your blood sugars stable. High fiber foods include fruits, green leafy vegetables, nuts, seeds and beans.

I’ve heard that the Keto Diet can lower blood sugar levels and reduce the need for insulin. Does it really work?

Sarah says: A ketogenic diet is a very restrictive low-carb diet that is comprised mostly of healthy fats and protein. While this diet may help lower blood sugars, it is difficult to sustain over time and—more importantly—it could cause potential harm to people with diabetes. Diabetic medications need to be closely monitored by your doctor or endocrinologist while on this plan, and this diet is not appropriate for people with any stage of kidney disease. Talk with your doctor before starting any restrictive meal plan, including the Keto Diet.

What about apple cider vinegar? Can it really help lower blood sugar better than insulin?

Sarah says: The best and healthiest way to keep your blood sugars in range is by eating a healthy diet and taking your diabetes medications as prescribed. With that being said, there is some preliminary research showing that adding apple cider vinegar (ACV) to your diet can help lower blood sugars over time. If you decide to take ACV, though, it should be done in addition to a healthy diet and lifestyle, not to replace good food choices, exercise or your medications.

* www.diabetes.org
STAY A STEP AHEAD OF FOOT PROBLEMS

If you have diabetes, you need to keep a close eye on your feet. Here’s why: High blood sugar can cause damage to nerve fibers throughout the body, a condition called diabetic neuropathy. One of the most common kinds of diabetic neuropathy, called peripheral neuropathy, can affect the arms, stomach and back, but most people experience it in their legs and feet. The symptoms vary, but diabetic neuropathy can lead to falls, infections and even amputation.

Look for the Warning Signs

Although many people with diabetes have peripheral neuropathy, their symptoms might be very different. Make an appointment to see your doctor right away if you have any of the symptoms below. Recognizing warning signs and getting treatment early can prevent more serious problems later on.

My feet hurt.
- There’s tingling in my feet, like pins and needles.
- I have stabbing or shooting pains in my feet.
- My feet feel freezing cold or burning hot.
- Sometimes I feel like I have socks on when I don’t.
- The slightest touch hurts my feet.

I don’t feel anything in my feet.
- It doesn’t hurt when I have blisters or cuts on my feet.
- I can’t feel my feet when I’m walking.
- The muscles in my feet and legs feel weak; I feel unsteady when I stand or walk.

I’ve noticed a difference in my feet.
- It seems like they have changed shape.
- I have open sores on my feet and legs that take a long time to heal.

Get on Solid Footing

These steps may help you keep nerve damage at bay or keep it from getting worse.

Make an appointment to see your feet every day. If you have no feeling in your foot, you won’t know you have an injury unless you see it. Look over and under your feet daily for sores, cuts or swelling, and feel with your hands for hot or cold spots, bumps or dry skin. If it’s hard for you to reach your feet, get help from a family member or good friend.

Treat your feet. Keep your feet clean and dry, and trim toenails to prevent infections. If you need help caring for your feet, let your doctor know. And always wear shoes and socks that fit well.

Exercise, but exercise caution. Some physical activities are not safe for people with certain types of neuropathy, so ask your doctor if there are any activities you should avoid.

Eat to protect your feet. The same cardinal rule for managing your diabetes goes for preventing or delaying diabetic-related foot problems: Eat a healthy diet, exercise and take medications as prescribed.

Think Taking Your Meds Is No Big Thing? Think Again

You’ve been thinking about cutting back on your diabetes medication. After all, you’ve been eating healthy foods and getting enough exercise, and besides, you didn’t notice a difference after that time you forgot to take a pill. What’s it matter if you skip a dose here and there or refill your prescription a month late?

It matters a lot, actually.

Not taking your medications as prescribed—even for a short time—puts you at risk for a host of long-term consequences. While there are a number of reasons why you might consider cutting back or not taking your meds (see if any of the following apply to you), never do so without first talking to your doctor or pharmacist.

I don’t notice any difference when I miss a dose of my diabetes pills.

Diabetes often doesn’t announce itself through symptoms, so you may not feel different at first whether or not you take your pills. But diabetes is a chronic condition that, when not treated, puts you at greater risk for problems down the line. Even if you don’t feel different after you take your medicine, it’s at work protecting you from blindness, kidney disease, stroke, irreversible nerve damage and more.

It gets expensive to take all the different medications I need.

There are several ways you can save money on your prescription medications:
Hearing Loss and Diabetes

Are you finding it hard to hear the conversation on the phone or in restaurants and other noisy places?
Does it seem like people are mumbling?
Are you constantly asking people to repeat what they say to you?
Do you have ringing in your ears?

It’s not uncommon to gradually notice symptoms like these as we get older and lose some of our hearing. This is especially true for people with diabetes, who are twice as likely to experience hearing loss than people without the disease.

According to Patty Greene, Director of Provider Engagement for TruHearing, it’s not known for sure why there’s a connection between diabetes and hearing loss but she says medical experts think it could be that poor blood sugar control damages the blood vessels carrying oxygen and nutrients needed for the ears to function properly. When those vessels are damaged, hearing loss, tinnitus and balance issues can arise.

What You Can Do to Protect Yourself—You can reduce your risk of diabetes-related hearing loss the same way you can avoid or delay other complications from the disease: maintain your blood sugar at healthy levels, exercise and eat a healthy diet. Beyond that, here is some more sound advice from TruHearing for keeping your ears in good working order.

➢ Get your hearing checked regularly. It’s a good idea to have your hearing evaluated by a hearing care professional each year, or sooner if you notice a sudden change in your hearing.
➢ Don’t smoke. Smoking has also been linked to hearing problems so lighting up only increases the risk for people with diabetes.
➢ Control the volume. Protect the delicate inner workings of your ears by limiting your exposure to loud environments. When you can’t avoid them, wear earplugs.
➢ Avoid harmful medications. Some medications are ototoxic, meaning they can affect your hearing and balance.

If You Think You Are Losing Your Hearing—Make an appointment to have your hearing checked. SCAN members with the hearing benefit can call TruHearing at 1-844-255-7148 (TTY: 711) from 5 a.m. to 6 p.m. Monday through Friday to schedule an exam with a hearing care specialist. No referral is needed. The specialist may recommend hearing aids or other treatment depending on the cause, type and degree of your hearing loss and your lifestyle.

➢ Think about having your prescriptions filled through SCAN’s mail-order pharmacy or another SCAN Preferred pharmacy where you can get many medications for lower copayments.
➢ For a medicine that you take all the time, ask your doctor if you can get a prescription for a 90-day supply. Many SCAN plans offer cost-savings for 90-day refills.
➢ Depending on your income, there may be a program that can help with your medication costs:
  • MyAdvocate helps members who may qualify apply for Extra Help. Call them at 1-866-866-0871.
  • Check RxAssist (http://rxassist.org/patients) for patient assistance programs in your area.

I’ve always managed my diabetes well before, but I’m having trouble now even though I’m still doing everything the same.

Diabetes changes over time, so your diabetes care plan may need to change, too. Your body may be making less insulin or releasing it more slowly than it did before, or it might have built up a resistance to insulin.

Other changes in your life could also be the reason. For example, some medications are less effective than others at controlling spikes in glucose levels caused by stress.

Talk with your doctor. He or she can recommend changes needed to get you back on track. Until then, continue taking your medication as you always have.
My Personal Diabetes Lesson

To Eat? To Drink? These Are the Questions

The Hearing Loss Connection