

Questions about
**TYPE 2
DIABETES**
and the answers that may
SURPRISE YOU

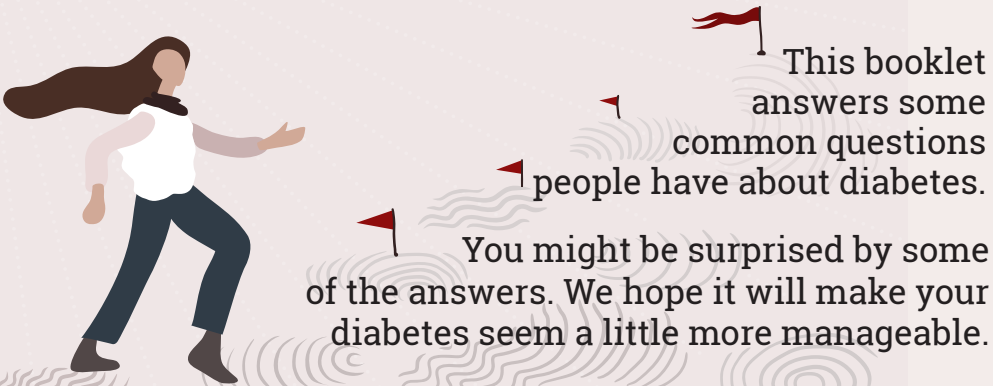
A booklet for people who want to live
the best life they can with diabetes



THIS BOOKLET IS FOR PEOPLE WITH TYPE 2 DIABETES

People with diabetes have a lot to juggle when it comes to their health care. It can feel overwhelming. Sometimes it might feel tempting to ignore the disease – so that you don't have to think about it anymore. Or you might be wondering if all your effort, energy, time, and money are really going to make a difference.

The best plan for your diabetes is one that is practical and fits into your life. One of the tricky things about managing diabetes is that, no matter what you do today, you probably will not notice anything different tomorrow... because diabetes takes a long time before its damage is felt. This means that treating diabetes is all about persistence; it is more of a marathon than a sprint.



Good diabetes control can add not only years to your life – BUT LIFE TO YOUR YEARS.

Can you tell which of these are **FACTS**, and which are **MYTHS**?

1. Medications for diabetes don't really make much difference.
Answer on page 4.
2. I should be testing my blood sugars every day.
Answer on page 6.
3. I have to be sweating to get any benefit from exercise.
Answer on page 7.
4. If I need insulin, it means I have failed.
Answer on page 8.
5. If I get sick, I may need to temporarily stop taking some of my medications.
Answer on page 10.

Diabetes medications can be life-saving. The idea that they don't make much difference is a myth.

This group of people did not get control of their blood sugar, blood pressure, and cholesterol.



6 out of 10 people had a heart attack, stroke, or amputation after 13 years.

This group of people used medications & exercise to lower their blood sugar, blood pressure, and cholesterol.



The number of people with a heart attack, stroke, or amputation was **cut in half**.

Your health care team may recommend you take:

MEDICATION	WHY IT HELPS
drugs that lower blood sugar	helps protect your kidneys, your eyes, your nerves, and your heart
statin	helps prevent heart attacks and strokes
blood pressure drugs	helps prevent heart attacks & strokes, and also protect the kidneys
low-dose ASA	not everyone should be on ASA, but for certain people it can help prevent heart attacks

Quitting smoking, getting enough exercise, and eating healthy foods are more ways to make a difference in your diabetes. For more information about exercise, turn to *page 6*. You may also find the websites on the back of this booklet helpful.

*"I want to take my diabetes medications, but...
... my meds are just so expensive."*

Tell your health care team about your cost concerns.

- There may be a less expensive medication available that works just as well.
- Your pharmacist may be able to apply for special drug coverage for you.
- Ask your health care team which medications or diabetes supplies are most important. There may be things that don't offer as much benefit, and can be stopped, or reduced. For example, not everyone with diabetes needs to test their blood sugars regularly – *see page 6*.

... I keep forgetting to take my meds."

- Is there something you do every day, such as brushing your teeth, or having breakfast? Try to link "taking my medication" with a part of your routine.
- Ask your health care team if it's possible to switch you to a "once-a-day" regimen.
- Sometimes two medications can be combined into one pill.
- You can ask your pharmacy to 'bubble pack' your meds so that it's easy to see whether you have taken today's dose or not.

... I'm worried about side effects."

- Your health care team will help keep you safe by ordering lab work to check your kidneys, liver, and blood. This will help to make sure your medications are benefiting you and not hurting you.
- You can protect your kidneys from side effects by pausing certain medications when you are dehydrated. For more on this, *see page 10*.
- Some diabetes medications, especially insulin, can cause blood sugars to drop too low. Information on preventing this can be found on *page 9*.

SOME PEOPLE NEED TO TEST THEIR BLOOD SUGARS MORE OFTEN THAN OTHERS

It may surprise you to know that many people with diabetes don't need to check their blood sugar very often. Before testing your blood sugars, you may ask yourself – what am I going to do with the result?

I have a new diet or a new medication and I want to see if it's working.

You could test **one or two days in a week.**

I am taking insulin.



You will need to test your blood sugars **regularly** in order to find the right dose of insulin for you.

I want to find out how my sugars change after eating a certain food.

You could test **before eating the food, and then test again 2 hours later.**

I feel sick and weak and I'm worried my sugars are too low.



Test right away. If the reading is below 4, take a fast-acting sugar.

My meds have all stayed the same for the last few months.

You likely do not need to test regularly.

Your health care team can find out how well your diabetes is controlled by looking at your lab work instead.

You should still test if one of the above situations applies to you (you are curious about diet or meds, feel like your sugars are low, or are taking insulin).

You don't have to poke yourself if the result won't change anything.

If you do test your blood sugar at home, share the numbers with your health care team.

EXERCISE DOESN'T HAVE TO BE HARD

When people think of exercise, they often imagine sweating in a gym, or running a marathon. These are certainly great things to do but they aren't the only ways to stay active.



Walking 30 minutes a day is enough!



"I feel fine and I'm not overweight. Why would I need to bother with exercising?"

The point of exercising is actually to try to:



help you feel happier,



give you more energy,



& add years to your life.

These things can happen with exercise even if you don't lose weight!

"I just don't have time to exercise."

Try to incorporate practical activity into your day.

Bike or walk to work or your appointments.



Take the stairs instead of the elevator.



Get off the bus early, or park farther away from your destination and walk the rest of the way.



Have a walking visit instead of sitting down for coffee.

Shovel snow by hand instead of with a snow blower.



STARTING INSULIN IS A...

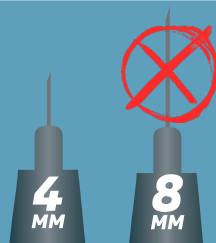
NORMAL PART OF DIABETES

Most people with diabetes will need to start insulin at some point. This is because as people get older, the pancreas gets worn out and doesn't make as much insulin (even in people without diabetes). The idea that starting insulin means you have failed is a myth. You can think of needing insulin as a natural part of aging with diabetes.

Starting insulin doesn't have to be painful. In fact, if you are having pain while injecting, this can probably be fixed. **Here are some ways to prevent injection pain:**

Use a short needle tip.

A short needle helps inject under the skin. Longer needles can accidentally inject into muscle, which is painful.



Use a new needle, every time.

Sharper needles are less painful needles. Reusing needles can save money, but it also will damage the skin.

Rotate injection sites.

Rotating where you inject will prevent lumps called lipohypertrophy from developing.

* NOT within 5 cm radius of belly button

Warm insulin to room temperature.

Insulin is usually stable for one month at room temperature. It will feel more comfortable to inject if you keep a small supply of insulin outside the fridge.

"I'm too scared of needles to inject myself."

Many people feel scared or uncomfortable when they think about needles.

You may feel better to know that new insulin devices, or 'pens', make injections easier. You won't have to draw up insulin into a syringe, and pens use very short needle tips – half a centimeter or less.

Here is a life-size picture of how short that is:

If you are just starting insulin, you might want to have a diabetes educator teach you how to inject. They can show you proper technique, and help make injections feel (nearly) painless.

It may surprise you to know – injecting your insulin is usually less painful than testing your blood sugar!

"I've heard that drugs like insulin can drop my sugars too low."

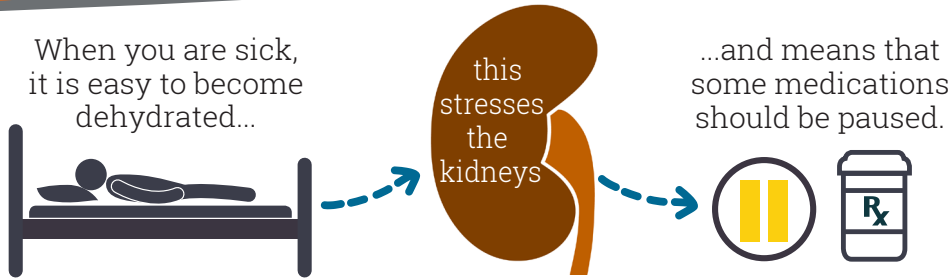
This is true. If too much insulin is taken, blood sugars can drop too low. This is called hypoglycemia, and can be dangerous.

The good news is that there are many ways to prevent hypoglycemia:

- Work closely with your health care team to find the right dose of insulin for you.
- Use proper injection technique so that you are always getting a consistent dose.
- Check your blood sugar at home. Tell your health care team about any patterns you've noticed (or bring in your blood sugar meter to show them).
- Skipping meals, exercising more than usual, and drinking alcohol can all drop your blood sugar too low – make sure to plan ahead.
- The treatment for hypoglycemia is to consume a fast-acting sugar, like juice, honey, or glucose tablets. People with diabetes should always keep a fast-acting sugar on hand. A guide to treating hypoglycemia can be found at this website: tinyurl.com/Canada-Hypoglycemia

If you are having low blood sugars, tell your health care team. They will be able to help stop this from happening.

When you are sick, it is easy to become dehydrated...



Ask your health care team if you are on any medications that need to be paused when you get sick.

MY PLAN

If I have been throwing up, and/or having diarrhea, and/or a fever and I am worried that I am dehydrated because I cannot "keep anything down", I will PAUSE (temporarily stop) the following medicine(s):

	Type of Medication	Your Medication
S	sulfonylureas, other secretagogues	<input type="checkbox"/>
A	ACE inhibitors	<input type="checkbox"/>
D	diuretics*, direct renin inhibitor	<input type="checkbox"/>
M	metformin	<input type="checkbox"/>
A	angiotensin receptor blockers	<input type="checkbox"/>
N	nonsteroidal anti-inflammatory drugs	<input type="checkbox"/>
S	SGLT2 inhibitors, or "flozins"	<input type="checkbox"/>

For over-the-counter cough, cold & flu products, please check with your pharmacist first. Do not take any products that contain nonsteroidal anti-inflammatory drugs such as ibuprofen (ADVIL/MOTRIN) or naproxen (ALEVE).

* If using diuretics for heart failure, please contact your physician or health care team for detailed instruction before stopping.

I will START these medications again at my usual dose when I am feeling well and my body has recovered from the illness.

I will increase the number of times I RECORD (check) my blood glucose levels when I am sick. If they are too high or too low, I will contact my health care provider.

If you are using insulin, you may need to increase or decrease the amount of insulin you inject. For example, you may need to also PAUSE your meal time (short-acting) insulin if not eating while sick.

Signs of Dehydration:



If you are sick, remember to:

HYDRATE

by drinking plenty of fluids with minimal sugar, limiting caffeine, and consider using electrolyte replacement solutions.

ASK

your health care team if you have questions about what to do or if you do not feel better after about 3 days.

FOR MORE USEFUL INFORMATION ABOUT DIABETES, VISIT:

Tools and Resources for People with Diabetes – Diabetes Canada
guidelines.diabetes.ca/patient-resources

Healthy Eating for Diabetes – Alberta Health Services
[www.albertahealthservices.ca/
assets/info/nutrition/if-nfs-healthy-eating-for-diabetes.pdf](http://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-healthy-eating-for-diabetes.pdf)

23 and 1/2 Hours: What is the single best
thing we can do for our health? – Dr. Mike Evans
youtu.be/aUalnS6HIGo

Quitting Smoking – Pharmacy Association of Saskatchewan
www.skpharmacists.ca/site/quit-smoking

Diabetic Foot Care – Vancouver Coastal Health
vch.eduhealth.ca/PDFs/FL/FL.955.D54.pdf

Insulin & You: A video guide to injecting insulin
– Diabetes Canada
youtu.be/z0lme_xfg8w



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