

Yikes, I have diabetes! Now what. How will diabetes affect my life and my family? What will I have to do? Will I have to take insulin? There are so many questions. Where should I begin?

First things first. Take a deep breath. Your healthcare team is ready for you. Diabetes mellitus is a chronic disease that affects individuals across the life span. It involves the hormone insulin. Insulin is the key that converts the food you eat to the body's energy. Diabetes is classified three ways; Type 1, Type 2, and gestational diabetes. In Type 1 diabetes, your body does not make insulin due to beta cell destruction. In Type 2 diabetes, there is a progressive insulin defect. Your pancreas makes insulin, but your body is resistant to it. When your body does not recognize insulin, your blood sugar rises. Gestational diabetes occurs during pregnancy. Elevated blood sugar during pregnancy can harm your unborn child.

Symptoms associated with diabetes include excessive thirst, excessive urination, and excessive eating. When your body lacks insulin as in Type 1 diabetes, or is resistant to insulin as in Type 2 diabetes, your body sends out signals. Excess thirst, known as polydipsia, is feeling thirsty even after drinking. Excess urination, known as polyuria, is passing more than five liters of urine a day. Excess eating, known as polyphagia, is in response to your cells craving energy. Other symptoms include fatigue, dizziness, blurred vision, and frequent yeast infections. Individuals may also complain of weight loss, nausea, and slow healing wounds. Insulin is the key that allows food you eat to be converted to fuel needed for bodily functions. As you can see, insulin is vital for many of your body's functions.

How do you know that diagnosis of diabetes is real? Diabetes is diagnosed by measuring serum blood sugars. Blood sugars are flexible numbers with normal values of 69 to 99mg/dl. Any elevation in this number is a signal that your body does not have enough insulin or does not utilize the insulin available. When your fasting blood sugar is greater than 126 mg/dl on two separate occasions, a diagnosis of diabetes is made. A 2 hour after eating, post-prandial, plasma glucose level greater than 200 mg/dl also confirms the diagnosis of diabetes. Finally, a random plasma glucose greater than or equal to 200 mg/dl also confirms the diagnosis of diabetes. All of these tests are simple blood tests that your healthcare clinician has ordered.

The measurement of average blood glucose is the A1C. It measures the daily average blood sugar two hours after a meal based on a statistical formula. Normal ranges are 4.5 to 5.6%. An A1C greater than 6.5% also confirms diabetes. This measurement will guide your treatment of diabetes. As an individual with diabetes, you can and should expect that an A1C will be obtained every three to four months. The goal for A1C is 6.5% or less. This goal will be determined based on your unique needs and health.

The next step in your care will be an individualized treatment plan. Your treatment plan includes multiple steps. These steps include medications, physical activity, sensible eating, and self-monitoring. The key to success in your treatment is diabetes self-management education. With knowledge, you have the power to take control.

There are many ways to treat diabetes. Medications, both oral and injectable, are available. Insulin is not a punishment; it is what your body needs. The type of medications depends on your A1C.

The American Association of Clinical Endocrinologists (AACE, 2015) has created a clinical practice guideline outlining an algorithm for medication selections. Lifestyle modification is the number one treatment option for prevention and control of diabetes. Based on the value of the A1C, the guidelines provide a clinical medication treatment plan. If your A1C is less than 7.5%, clinical practice guidelines recommend one drug therapy. If A1C is greater than 7.5%, recommendations are for two medications. If A1C is greater than 9.0%, recommendations are for adding insulin.

Individuals with diabetes also need to control their cholesterol levels and blood pressure. LDL-C, also known as bad cholesterol, needs to be less than 70 mg/dL. Medications to control cholesterol are statins. The goal for blood pressure is systolic pressure, the top number, less than 130 and diastolic, the bottom number, less than 80. Therapeutic lifestyle changes including weight loss, physical activity, and sensible eating remain the hallmarks for treatment of elevated cholesterol, high blood pressure, and elevated blood sugar.

Strategies for improving diabetes care are multifaceted. They include optimizing clinicians and team behaviors, support individual behavior change, and change the system of care. Diabetes care is patient centered. A comprehensive diabetes treatment plan includes diabetes self-management education, nutrition, and physical activity, smoking cessation, barriers to care, immunization, and management of co-morbidities. Having diabetes is not the problem, having uncontrolled blood sugars is the problem.

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