

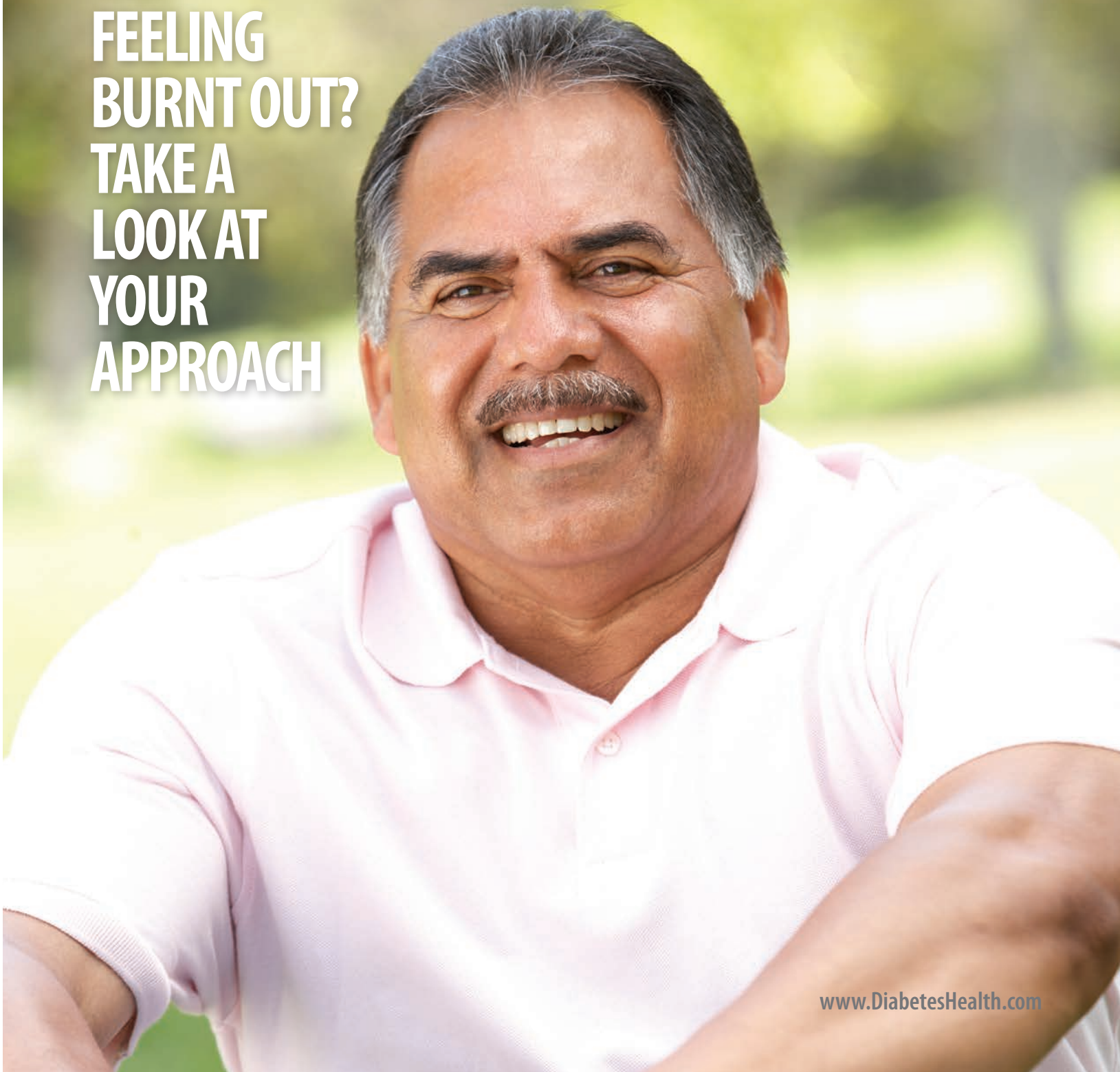
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## In This Issue



6



13



22

### COVER STORY

#### 6 Feeling Burnt Out? Take a Look at Your Approach

- It's said that only two things in life are certain: death and taxes. But for a majority of people with diabetes, there is a third certain thing: burnout.

### FEATURE

#### 13 The Emotions That Come with Diabetes

- Diabetes can produce a whole series of feelings and emotions.

### SPECIAL FLU PULL OUT

- 4 People with Diabetes Are Not More at Risk for Contracting the COVID-19
- 6 Your Vaccination Reference Chart
- 8 Preparing for Flu Season
- 12 Vaccinations – More Important Than Ever Before

Visit [www.healthmart.com](http://www.healthmart.com) to locate a Health Mart pharmacy near you. Locations providing immunization services are identified with a syringe icon.

#### 16 Gum Disease Can Be the Root of 4 Serious Health Issues

- Your dentist keeps warning you about bleeding or inflamed gums for a reason. They can be a gateway to serious health issues.

#### 20 My Holistic Antiviral Approach to COVID-19

- I traveled in Europe to four cities last spring before many cities were identified as falling under travel bans.

#### 22 Science Shows We Are Harder Wired to Think Negative Thoughts Rather Than Positive

- COVID-19 has become a national mental health issue. Isolation and fear leave us at the mercy of our negative closed-loop thoughts.

#### 24 Very Few U.S. Adults Practice Top 5 Recommended Health Behaviors

### COLUMNS

#### Making a Difference

##### 5 Letter From the Publisher

- An Emotional Issue

##### 26 Ask Nadia

- Can Type 2 Diabetes Turn into Type 1?

### RESEARCH REPORTS

##### 21 Ascensia Enters Strategic Partnership with Senseonics

##### 28 FDA Approves Dexcom G6 Use in Hospitals During Pandemic

##### 30 mySugr App Now in Use by 2 Million People Worldwide

### FOOD FOR THOUGHT

##### 18 Keto Lunch with 44 Grams of Protein

##### 19 Morning Frittata

### CARTOONS

##### 31 A1 Chuckles



# An Emotional Issue

Nadia Al-Samarrie was not only born into a family with diabetes, but also married into one.

She was propelled at a young age into “caretaker mode,” and with her knowledge of the scarcity of resources, support, and understanding for people with diabetes, co-founded *Diabetes Interview*—now *Diabetes Health* magazine.

Nadia’s leadership has spanned 29 years, establishing the magazine as a preeminent consumer and professional resource.

With our profound Web presence, *Diabetes Health* leads the way with an informative blend of content and technology, delivering Nadia’s enduring vision to investigate, inform, and inspire.

**Someone** new to the diabetes community might think it talks most often about medications, research, education, and the long-term side effects of diabetes.

But there's also another dimension to the experience of having diabetes: our emotions. We are not just intelligent creatures; we are also emotional. One hallmark of being human is being able to feel a vast range of emotions—including frustration.

That's the topic of our Cover Story, "Feeling Burnt Out? Take a Look at Your Approach" (page 6), which discusses the almost inevitable experience people with diabetes face: frustration, and even depression, from the feeling that they are chained to a treadmill. Fortunately, no one is alone in this struggle, as Dr. Bill Polonsky, a noted diabetes researcher, points out in describing ways to handle burnout that make a lot of sense.

The theme continues with Daryn Stier's look at the range of feelings diabetes can elicit in "The Emotions That Come with Diabetes" (page 13). Many readers may find it consoling that the problems they face are shared by many, many people in the diabetes community.

"In Science Shows We Are Harder Wired to Think Negative Thoughts..." (page 22), I discuss how neuroscience shows that one of our evolutionary quirks is that we're more inclined to think—and believe—negative thoughts over sunnier, more optimistic thoughts. But it's not a hopeless cause.

There are ways of pushing beyond our own negative feedback.


Aromatherapy is one approach I think you might try in addressing your concerns over COVID-19. In "My Holistic Antiviral Approach to COVID-19" (page 20), I relate my own experience merging aromatherapy with other behaviors that can help keep the virus at bay.

Diabetes seems to come to us with a list of demands, including careful attention to other factors that affect our health. One is gum care, which "Gum Disease Can Be the Root of 4 Serious Health Issues" (page 16) addresses. Another is "Very Few U.S. Adults Practice Top 5 Recommended Health Behaviors" (page 24), a pithy reminder of the take-care-of-yourself behaviors we should all know.

One concern that many people with type 2 diabetes have is having their condition morph into type 1 diabetes. I address that concern in "Ask Nadia" (page 26). My answer is a springboard to a discussion of type 1.5, a relatively late arrival on the diabetes diagnosis scene.

We haven't forgotten that having diabetes doesn't mean we can't eat well. Take a look at "Keto Lunch with 44 Grams of Protein" (page 18), and "Morning Frittata" (page 19) to see what I'm talking about.

— **Nadia Al-Samarrie, Founder, Publisher, and Editor-in-Chief**



## If You Feel Diabetes Burnout Looming, Take a Second Look at Your Approach

Patrick Totty

**It's** said that only two things in life are certain: death and taxes. But for a majority of people with diabetes, there is a third certain thing: burnout.

**There are three main things to consider about burnout. One, almost everybody with diabetes experiences it. Dr. Polonsky says that in his 30 years of dealing with people's diabetes burnout, "I would say that it's weird not to go through burnout, at least occasionally."**


Burnout has many descriptions: "I'm sick and tired of the diabetes management grind." "I'm bummed out by the relentless demands the disease makes." "I hate facing spending the rest of my life watching everything I eat, constantly measuring my blood sugar, and dragging myself out to exercise rain or shine."

"People become fed up, overwhelmed," says Dr. Bill Polonsky, PhD. "When you're first diagnosed, it's as though you've just been given a new job that

you'll have to do 24 hours a day, 52 weeks a year, with no pay or vacation, that you have to do for the rest of your life. Who wouldn't resent that? Who wouldn't grow tired of it?" Dr. Polonsky is President of the Behavioral Diabetes Institute in San Diego, California.

There are three main things to consider about burnout. First, almost everybody with diabetes experiences it. Dr. Polonsky says that in his 30 years of dealing with people's diabetes burnout, "I would say that it's weird *not* to go through burnout, at least occasionally."

Second, it is almost always preceded by months and years of diligent diabetes management that often starts as a honeymoon but winds up in divorce court. You work hard to reduce your A1c, exercise regularly, and eat a healthy diet. There's a feeling of elation when you reach hard-won goals. But once you get there you can feel like poor Alexander the Great, who, after he



had conquered India, pleaded to no one in particular, "What new worlds are left for me to conquer?"

At this point there are no new worlds left for you to conquer. You're no longer pushing to reach distant goals. Now you're in maintenance, which is a far different, tedious affair.

But there's also an opposite cause of burnout. "It's when you're putting out your best efforts and still not getting the results you're hoping for—weight loss, better glucose results, etc.," says Dr. Polonsky.

There are some external factors, too. One that adds to the threat of burnout is feeling isolated—that you're having to struggle and do everything by yourself and on your own. Another is sabotage—being surrounded by people who are constantly negative or disparaging about your condition.

That brings us to the third, and most disturbing, aspect of diabetes burnout: People who go through burnout often give

up completely on trying to manage their diabetes. They decide to stop all the old routines and begin eating what they want whenever they want it, and sloughing off on regular exercise and blood sugar checks.

But there are some excellent ways to prevent a descent into burnout or to make your way back from one. One is understanding how common feelings of anger and frustration are among people with diabetes. Dr. Polonsky introduces this concept when he speaks to large groups: "I

**At this point there are no new worlds left for you to conquer. You're no longer pushing to reach distant goals. Now you're in maintenance, which is a far different, tedious affair.**



ask audience members to describe just one thing about managing diabetes that drives them crazy. Everybody has an almost instant response. I've never run across anybody who can't name at least one thing that drives them nuts."

**He describes "Bang for Buck," a list of the 100 or more different self-care behaviors for managing diabetes that most people learn about in a good diabetes education program.**

The most common complaints he hears is, "My best efforts don't work," or, "I've tried a new diet and I haven't lost an ounce." "Much of this comes from the numbers people are getting from a blood glucose meter as opposed to, say, a continuous glucose monitor. Blood sugar numbers can be wacky from time to time for a simple reason: You are not a pancreas. You can't do what a functioning pancreas does. You

shouldn't confuse BG meter numbers with self-esteem points."

That said, Dr. Polonsky says that sometimes listeners take his advice about blood glucose meters too seriously: "I once handed out little stickers to put on blood glucose meters that read 'Remember, it's just a number.' Afterward, one fellow came up and asked me if he could have 30 of the stickers. When I asked him why he needed so many, he said, 'They're pretty small and it's going to take that many to cover the glass on my meter.'"

#### **DOWN WITH 100-ITEM CHECKLISTS!**

That question and audience reaction inspired Dr. Polonsky to introduce a different way of thinking for people with diabetes. What if their concepts of proper diabetes self-management might actually be harming them?

He describes "Bang for Buck," a list of the 100 or more different self-care behaviors





for managing diabetes that most people learn about in a good diabetes education program. "But not all of them are equally important and it's impossible for anybody who has diabetes to do them all." The problem with trying to do them all, he says, leads either to unsustainable perfectionism—a fragile undertaking since psychologically even one flaw undoes everything—or becoming exhausted and feeling that you're "bad" because you can't do them all.

One illustration of how people can get lost in the thickets of 100-item must-do lists is his memory of a young woman with an A1c of 11% who attended one of his educational sessions. She had listened closely and afterwards told Dr. Polonsky that she was ready to get her act together. "What you've said is doable," she told him, "so I'm going to start drinking more water from now on." She added that she refused to take medications. He responded emphatically, "First, drinking

more water is probably number 100 on the list of 100 things you can do to manage diabetes. But if you won't take your medications, which is your choice to make, you are not going to get anywhere with your diabetes management"

Dr. Polonsky knows that the reason why some people don't want to take diabetes medications is that, while they believe there are probable benefits to them, they worry too much about the negatives. "But the positives profoundly outweigh the drawbacks."

He suggests a personal "Bang for Buck" list of the top 5 to 10 most powerful things

**One illustration of how people can get lost in the thickets of 100-item must-do lists is his memory of a young woman with an A1c of 11% who attended one of his educational sessions.**

each person with diabetes can do to best manage the disease. "Enlist your healthcare provider's help to figure out what those top things should be for you. Your goal is a healthy 'good enough.' Good enough really is good enough. Simplifying your approach to diabetes not only eliminates

**Besides helping people create their own "Bang for Buck" list, Dr. Polonsky advises adding one cardinal rule to the list: "Find somebody in your household or online who's looking out for you and can help you through the tough times."**

perfectionism or that feeling of 'I've been very bad,' but it goes a long way toward removing some of the stresses that lead to burnout. *You can't do it all and you don't have to do it all.*"

#### **NOT A DO-IT-YOURSELF TASK**

"You *never* want to whittle down your list on your own. You must consult with your healthcare provider. Most people don't necessarily know what's most important. When you bring it up, most people will cast their eyes downwards and say, 'I

guess I should be eating better.'" But eating is not as important as maintaining your

overall numbers, not smoking, and taking your medications. If you refuse to take your recommended meds, you're sabotaging yourself. Your pancreas is pooping out and needs all the help it can get."

Besides helping people create their own "Bang for Buck" list, Dr. Polonsky advises adding one cardinal rule to the list: "Find somebody in your household or online who's looking out for you and can help you through the tough times." Another mitigation: Bond with other people who have diabetes, both informally (say, via phone or Zoom chats) and more formally in a support group (which you should be able to find via your healthcare provider or an internet search for diabetes support groups in your area).

Dr. Polonsky notes that there is a constant stream of terrible news about diabetes, which doesn't help the morale of people with diabetes. "But there's also good news out there."

For example, he cites a multi-year Swedish study that compared the heart attack risks

*continued on page 12...*

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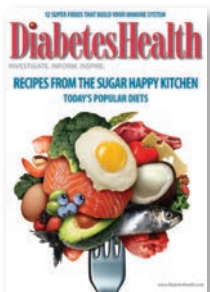
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## Families & Diabetes Guide With Pet Medical Device

Wherever you go and whomever you talk to, it becomes apparent that family is probably the most important treasure in anybody's life. Ask the college kid away from home for the first time, or the soldier stationed thousands of miles from home. Even the most glamorous or well-heeled people breathe a sigh of relief and relaxation when they can leave the world behind and return to their families.



*continued from page 10...*

**So good (not perfect) control can help type 2s sustain as low a level of cardiovascular risk as that of non-diabetic persons. That's one great incentive for staying the course. That's not to say that you can't take an occasional break. Soldiers who have been involved in a fiercely fought campaign at some point need to leave the frontlines and rest.**


for every type 2 person in the 10-million population kingdom with those same risks among 1 million people without diabetes. On the surface, the study results showed that type 2s' risk for cardiovascular disease (CVD) was quadruple that of the non-diabetic control group—not at all a reassuring conclusion.

However, looking further into the study, Dr. Polonsky observes that the type 2s who suffered increased CVD occurrences "were all people whose diabetes was unmanaged and running wild." The good news underlying the study's results showed that type 2s whose diabetes was under control (A1c < 7%, no smoking, healthy diet, etc.) ran the *same* risk of mortality—not more—as the people who did not have type 2.

So good (not perfect) control can help type 2s sustain as low a level of cardiovascular risk as that of people without diabetes. That's one great incentive for staying the course. That's not to say that you can't take an occasional break. Soldiers who have been involved in a fiercely fought campaign at some point need to leave the frontlines and rest. Your struggle with diabetes is one such fierce campaign. But remember, like any good soldier on leave, at some point you have to return to the fight.

**Notes:**

Dr. Polonsky's book, *Diabetes Burnout—What to Do When You Can't Take It Anymore*, is a classic in the field of diabetes self-help.

The Behavioral Diabetes Institute's mission statement acknowledges that "many people become overwhelmed, frustrated, or 'burned out' by the daily difficulties of diabetes and by the unending, often burdensome self-care demands, potentially leading to anger, guilt, depression, fear, feelings of hopelessness." Learn more at <https://behavioraldiabetes.org> 

# The Emotions That Come with Diabetes

Advice from  
Daryn Stier, LCSW, MSW

**Daryn Stier** is a licensed clinical

social worker from Walnut Creek, CA. On her website ([www.coachdaryn.com](http://www.coachdaryn.com)) she describes herself: "As someone with diabetes, I understand living with a chronic condition from the inside out. My work includes helping persons with type I and type II diabetes navigate the challenges of living with a chronic illness. I have been working with the diabetes community for over twenty years."

## HOW CAN I HANDLE MY INSULIN REACTIONS WITHOUT ANYBODY'S HELP?

**DARYN:** Being self-sufficient is the American ideal; John Wayne never seemed to want or need someone else's help in his movies. However, when you hear yourself saying, "I have to do it all on my own," an excellent question to ask yourself is: "Why?" Often, people with diabetes feel they are a burden when they ask for help. Moreover, they do not want to feel different from the rest of the world. But in reality, (as opposed to in the movies), we all need help, and we all ask for help under certain circumstances. The goal is to figure out how you can ask for

help in dealing with your insulin reactions and still feel independent and capable. One way of doing this is to explain to those around you what an insulin reaction is and your signs and symptoms. Work out a game plan with them as to how you specifically want their help. For example, agree to have them support you in eating on time and get you juice when you ask for it. Performing this kind of "dress rehearsal" will allow you to be in charge of the situation and give your family and friends the feeling they are helpful.

## I FEEL LIKE I AM TO BLAME FOR HAVING DIABETES. WHY IS THIS, AND DOES ANYONE ELSE FEEL THIS WAY?

**DARYN:** I cannot begin to tell you the number of people who blame themselves

**Being self-sufficient is the American ideal; John Wayne never seemed to want or need someone else's help in his movies. However, when you hear yourself saying, "I have to do it all on my own," an excellent question to ask yourself is: "Why?"**

**Take the time to plan ahead on how you want to share this information. Doing so will illustrate that you are comfortable with your disease and that he/she can be too! The timing of when you tell a new date about your diabetes depends on what feels right. Is keeping the information back causing you to stress and interfering in getting to know this other person?**

for having diabetes. You are not alone. It is human nature to search for the reasons behind why things happen. There is also a tendency in human nature to blame oneself when no answers are found in a difficult situation. Perhaps this has become more complicated because you heard some skewed information like, "Eating too many cookies gives you diabetes." Or maybe a parent/doctor/teacher said something like, "If you had done what I told you, you wouldn't have gotten diabetes." What you are taught about an illness is hard to unlearn. However, feeling like you are to blame because you have diabetes can only complicate your ability to take care of yourself. And you are definitely not to blame! Examining these feelings of blame in a counseling setting can provide

you with valuable information and offer you ways to rework some misconceived beliefs.

### **I JUST STARTED DATING A NEW PERSON. WHEN AM I SUPPOSED TO "BLURT OUT" THAT I HAVE DIABETES?**

**DARYN:** One concern that many people with diabetes have is: How are people going to respond when I tell them I have diabetes?

Unfortunately, we cannot control how people will ultimately respond. However, one of the things we can control is how we give out our information, and also to a degree, how comfortable we are in sharing it. "Blurting out" important information is usually a mistake. Take the time to plan ahead on how you want to share this information. Doing so will illustrate that you are comfortable with your disease and that he/she can be too! The timing of when you tell a new date about your diabetes depends on what feels right. Is keeping the information back causing you to stress and interfering in getting to know this other person? If we all think that sharing this information is like giving a gift, a gift of ourselves, then sharing information about our condition will be a lot easier. **DH**

# Diabetes Health

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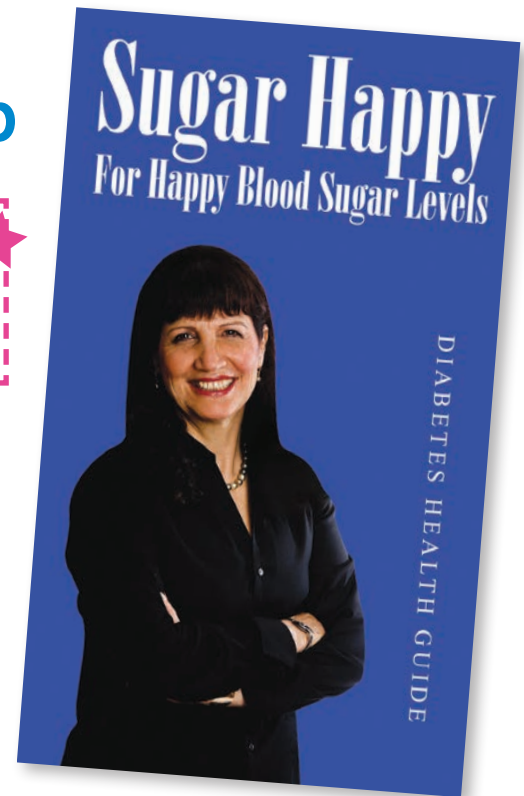
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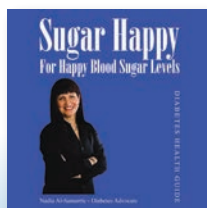
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Once your purchase is complete you will receive a zoom link to join me for a 60 minute discussion. Large print book will be out in September of 2020.

Nadia was not only born into a family with type 2 diabetes but also married a type 1. She was propelled at a young age into "caretaker mode," and with her knowledge of the scarcity of resources, support, and understanding for people with diabetes, co-founded Diabetes Health magazine.

*I must commend the depth of knowledge Nadia has been able to put in writing and the simplicity of it all. As a doctor, myself, I have learned and relearned a great deal and I have no doubt that this would be a useful book to persons living with diabetes and their family. Actually, I find that there are principles touched that relates to many more chronic illnesses as well. The order of the content was equally greatly done.*

— Dr. Kelia General Practitioner (GP)



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# Gum Disease Can Be the Root of 4 Serious Health Issues

Diabetes Health Staff

**Your** dentist keeps warning you about bleeding or inflamed gums for a reason. They can be a gateway to serious health issues.

Periodontal disease, the result of infections and inflammations of the gums, affects nearly 50 percent of U.S. adults aged 30 and older, according to the Centers for Disease Control and Prevention. The problem increases with age: 70 percent of U.S. adults 65 and over have some form of periodontal disease. Those sizable portions of the population are at increased risk of heart disease, stroke, cancer, erectile dysfunction, and prostate problems.

concerns than many people may realize,” says Dr. Harold Katz.

“When you brush, floss, and rinse regularly, you are doing more than caring for your teeth and gums. You are also taking care of your overall health.”

## 4 SERIOUS HEALTH ISSUES

Katz says major health concerns researchers have associated with gum disease include:

**Heart disease:** Several studies have shown a link between periodontitis and heart disease. “The same bacteria causing periodontitis symptoms like inflammation, bleeding, and bone loss around teeth can travel through

“Lousy gums can lead to more health

*continued on page 17...*

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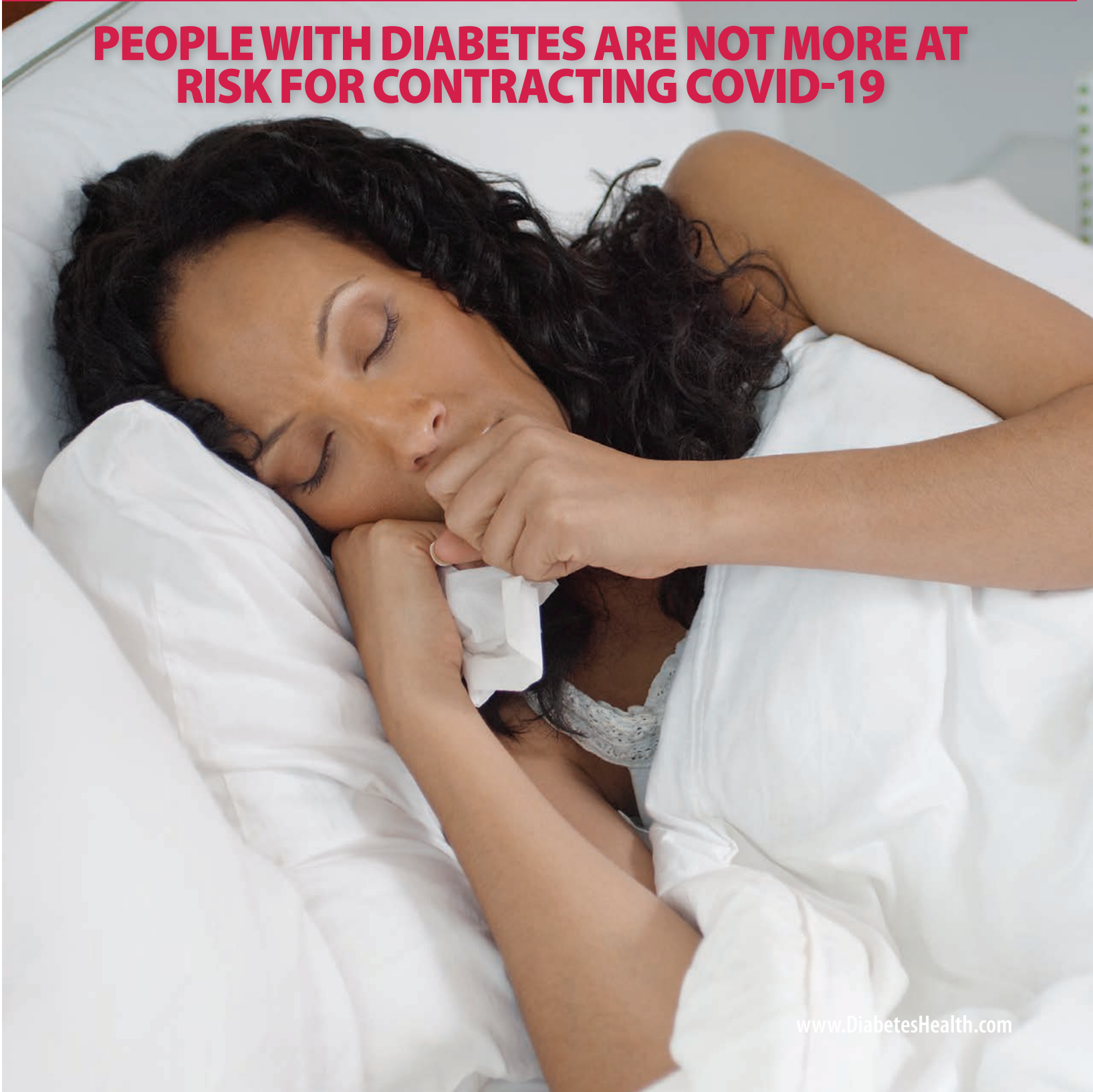


# Diabetes Health

INVESTIGATE. INFORM. INSPIRE.

FALL/WINTER 2020

**PEOPLE WITH DIABETES ARE NOT MORE AT RISK FOR CONTRACTING COVID-19**



[www.DiabetesHealth.com](http://www.DiabetesHealth.com)

## In This Issue

### COVER STORY

## 4 People with Diabetes Are Not More at Risk for Contracting COVID-19

We are living in a time that feels more like a science fiction movie than reality.



**YOUR VACCINATION REFERENCE CHART**

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV Infection CD4 Count >500 >350	Algalia, complement deficiencies	End-Stage renal disease, on hemodialysis	Heart or lung disease, alcoholism	Chronic liver disease	Diabetes	Health care personnel	Men who have sex with men
Flu or RV (Inactivated influenza vaccine or recombinant influenza vaccine)		1 dose annually	1 dose annually	1 dose annually	1 dose annually	1 dose annually	1 dose annually	1 dose annually	1 dose annually	1 dose annually
Tdap or Td (Tetanus, diphtheria and pertussis)		1 dose Tdap, then Td booster every 10 yrs	1 dose Tdap, then Td booster every 10 yrs	1 dose Tdap, then Td booster every 10 yrs	1 dose Tdap, then Td booster every 10 yrs	1 dose Tdap, then Td booster every 10 yrs	1 dose Tdap, then Td booster every 10 yrs	1 dose Tdap, then Td booster every 10 yrs	1 dose Tdap, then Td booster every 10 yrs	1 dose Tdap, then Td booster every 10 yrs
RZV Shingles (preferred) (Recombinant Zoster Vaccine)	DELAY									
PCV13 (Pneumococcal Conjugate Vaccine)		1 dose	1 dose	1 dose	1 dose	1 dose	1 dose	1 dose	1 dose	1 dose
PPSV23 (Pneumococcal Polysaccharide Vaccine)		1 or 2 doses depending on age and indication	1 or 2 doses depending on age and indication	1 or 2 doses depending on age and indication	1 or 2 doses depending on age and indication	1 or 2 doses depending on age and indication	1 or 2 doses depending on age and indication	1 or 2 doses depending on age and indication	1 or 2 doses depending on age and indication	1 or 2 doses depending on age and indication
MenACWY (Meningococcal conjugate)		1 or 2 doses depending on indication, then booster every 5 yrs if risk remains	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains

■ Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection  
■ Recommended vaccination for adults with an additional risk factor or another indication  
■ Delay vaccination until after pregnancy if vaccine is indicated  
■ No recommendation

Source: Centers for Disease Control and Prevention (CDC)

1. Precaution for LLV does not apply to alcoholism. 2. See notes for influenza; hepatitis B; measles, mumps, rubella and varicella vaccinations. 3. Hematopoietic stem cell transplant.

Flu - 6 www.DiabetesHealth.com / DIABETES HEALTH

### CHART

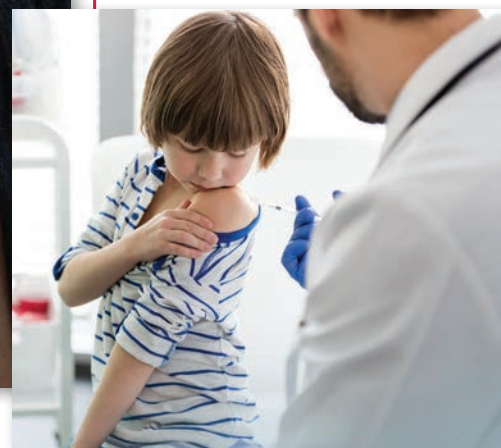
## 6 Your Vaccination Reference Chart

Recommended vaccinations for adults with an additional risk factor or another indication.

## FEATURE

### 8 Preparing for Flu Season

“Have you gotten your flu shot this year?” We must hear that phrase at least 20 times every fall.



## FEATURE

### 12 Vaccinations – More Important Than Ever Before

Many times, the message we hear about managing our diabetes is – “It’s a Marathon, Not a Sprint.”

# COVID-19

CORONAVIRUS BACKGROUND

## PEOPLE WITH DIABETES ARE NOT MORE AT RISK FOR CONTRACTING COVID-19

Nadia Al-Samarrie

We are living in a time that feels more like a science fiction movie than reality. Who could have imagined most of the population working from home or new protocols like social distancing when shopping at the grocery store?

**If you do contract COVID-19, it's the complications that make you more vulnerable. People with diabetes generally see a rise in their blood sugars when they are sick. Higher blood sugars with or without COVID-19 indicates inflammation.**

Our new normal is in response to protecting everyone from COVID-19 spreading. For people with weakened immune systems, the stakes are even higher.

The good news is that no data supports the idea that people with diabetes are more at risk for contracting COVID-19. Nor are they apt

to heal less quickly if they maintain target blood sugar levels.

If you do contract COVID-19, it's the complications that make you more vulnerable. People with diabetes generally see a rise in their blood sugars when they are sick. Higher blood sugars with or without COVID-19 indicate inflammation, a state where your body is unable to create the biochemical balance to stay healthy.

Not enough insulin in your body to maintain targeted blood sugars causes inflammation. Having the right balance of insulin from your insulin-producing pancreas or medication is what brings the inflammation back into balance. High blood sugars compromise your body's ability to fight infection while targeted blood sugars support healing. Preventative care can make a difference.



### HOW TO PROTECT YOURSELF FROM COVID-19?

The Centers for Disease and Control (CDC) has outlined the precautions we need to take.

When you cough or sneeze, cover your mouth with a tissue, your hand or arm. It will prevent the virus from spreading. If you remember the movie *Outbreak* with Dustin Hoffman, it illustrates how something as small as one person sneezing in the theater can become a pandemic.

### TIPS TO KEEP YOU HEALTHY DURING A PANDEMIC:

- Social distancing prevents other people from being in contact with you. You may or may not be a virus carrier. In these uncertain times, the point of exposure is what we are minimizing when we self-quarantine.
- Washing your hands for 20 seconds is what they teach doctors to do in medical school to prevent disease from spreading. The transmission of diseases has solid research behind it.
- Wearing a mask prevents other vulnerable people from contracting COVID-19. It does not prevent the person from wearing the mask from contracting the virus. It protects the people around them from contracting the virus in case the mask wearer shows no symptoms of being ill.

- Maintaining a distance of six feet indoors and outdoors in case you are around people who may not show any symptoms of being sick when they sneeze or cough. Droplets from people that sneeze or cough can land on your mouth or be inhaled through your nose.

### EXERCISE

If you are 55 to 84 and have practiced a lifetime of exercise, one study shows that your immune system can be just as strong as it was in your youth. Contrary to some theories about aging, your immune system does not have to decline with aging.

#### Source:

ADA  
CDC

*New insights into insulin: The anti-inflammatory effect and its clinical relevance*, University of Birmingham. [DH](#)

**Social distancing prevents other people from being in contact with you. You may or may not be a virus carrier. In these uncertain times, the point of exposure is what we are minimizing when we self-quarantine.**

## YOUR VACCINATION REFERENCE CHART

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV Infection CD4 Count <200 >200	Asplenia, complement deficiencies	
IIV or RIV (Inactivated Influenza Vaccine or Recombinant Influenza Vaccine)	<b>1 dose annually</b> LLV protects you from getting the flu- for children and adults				
Tdap or Td (Tetanus, diphtheria and pertussis)					
RZV Shingles (preferred) (Recombinant Zoster Vaccine)	<b>DELAY</b>				
PCV13 (Pneumococcal Conjugant Vaccine)		<b>1 dose</b> PCV13- protects against 13 types of pneumococcal bacteria - most common are pneumonia, meningitis, sinusitis, and middle ear infection - for ages 2-64 and all 65 and older			
PPSV23 (Pneumococcal Polysaccharide Vaccine)					
MenACWY (Meningococcal conjugate)					

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection


Recommended vaccination for adults with an additional risk factor or another indication

Source: Centers for Disease Control and Prevention (CDC)

1. Precaution for LLV does not apply to alcoholism. 2. See notes for influenza; hepatitis B; measles, mumps, rubella and varicella vaccinations. 3. Hematopoietic stem cell transplant.

# YOUR VACCINATION REFERENCE CHART

End-State renal disease, on hemodialysis	Heart or lung disease, alcoholism	Chronic liver disease	Diabetes	Health care personnel	Men who have sex with men
<p align="center"><b>1 dose annually</b> RIV protects you from getting the flu- for 18 years and older</p>					
<p align="center"><b>1 dose Tdap, then Td booster every 10 yrs</b> Tdap- protects you against tetanus, diphtheria, and pertussis (whooping cough) for ages 11 and older Td protects you from tetanus- for ages 11 and older</p>					
<p align="center"><b>2 doses at age &gt;50 yrs</b> RZV protects against shingles for 50 years and older, Centers for Disease Control and Prevention (CDC) recommends for 60 years and older</p>					
<p align="center"><b>1, 2, or 3 doses depending on age and indication</b> PPSV23 protects against 23 types of pneumococcal bacteria- most common are pneumonia, meningitis, sinusitis, and middle ear infection - for ages 2-64 and all 65 and older</p>					
	<p align="center"><b>1 or 2 doses depending on indication, then booster every 5 yrs if risk remains</b> MenACWY protects against four different strains of meningococcal bacteria (meningitis and blood poisoning) - for ages 11 and older</p>				

 Delay vaccination until after pregnancy if vaccine is indicated

 No recommendation



# PREPARING FOR FLU SEASON

Christine Cline-Dahlman, BFA, CPhT

**“Have** you gotten your flu shot this year?”

We must hear that phrase at least 20 times every fall. The fact that we hear the phrase so many times is tough enough. The fact that we hear the word “SHOT!” so many times is worse. For those of us who use lancets and inject insulin, another time to use a needle does not appeal to us.

We must remember: The impact from the flu virus is worse for a person diagnosed with diabetes. So the question does have merit.

The person with diabetes is six times more likely to be hospitalized from the flu over the person who is not diagnosed with diabetes. The chance of death from the flu virus can be as high as 15 percent more for a person with diabetes.

When we think of those statistics, how could we *not* receive a dose of flu vaccine!

How about not using the word “shot?” Let’s think “Protection.”

Flu is not just about achy body, stuffed heads, runny nose, feeling cold and tired. It has specific impact to us. When we are sick, tired, sleeping, we do not think clearly about what to eat and what medications to take.

A common suggestion to prepare for flu and cold season from diabetes educators is to have a “Ready Bag” stocked and easy to access for when we get sick. This bag should include certain foods that support a balance of blood glucose levels. It should also have a selection of over-the-counter meds that do not interfere with any of our medications.

Choose a small bag that is easily seen – by color or pattern. Add a luggage tag and write “Ready Bag,” then your name. If more than one person in the household is diagnosed with diabetes, their supplies and medication can be personalized.

Start the preparation of your Ready Bag with a list of regular medications and the schedule you take them. Most people already carry a list with them at all times. Make a copy – this can be the first task.

**A common suggestion to prepare for flu and cold season from diabetes educators is to have a “Ready Bag” stocked and easy to access for when we get sick. This bag should include certain foods that support a balance of blood glucose levels.**



Keep in mind that over 90 percent of patients with diabetes are diagnosed as type 2. Only 14 percent of those use insulin only. Another 13 percent take insulin and oral medication, and 57 percent take only oral medications. When 70 percent of type 2 patients take oral medications, most people will not be placing insulin in the Ready Bag.

Over the past several years, patients who took tablets or capsules placed them in a segmented, plastic container to let them know what to take on a given day. But segments of the container do not tell our caregiver when and how to take these meds.

Today, local community pharmacies have equipment to package and label your medication into daily doses. Some pharmacies have equipment that actually package your medication into small clear pouches that print full medication information along with the day/date/time of the day that the medication should be taken. This packaging is MOST helpful for your caregiver when you are sick. The pouches can keep you on schedule in spite of the interruption of having the flu.

Hypertension, commonly called high blood pressure, is often a companion diagnosis for diabetes patients. This means that you are not only watching changes in blood glucose but also changes in your blood pressure. This becomes important when we have a cold or the flu.

Jonathan Marquess, PharmD and Certified Diabetes Educator in Atlanta, states that most cough and cold medications contain a decongestant. He cautions his patients to be aware that a decongestant can raise blood pressure. In addition, decongestants can also interfere with the effectiveness of blood pressure medications. Therefore, he recommends choosing a product that does not contain a decongestant. Choose an alternative with a different ingredient that still helps lessen the symptoms. Several products have labels with HBP. This label indicates appropriate for patients who have or take medication to manage high blood pressure.

Next time you pick up your diabetes medications, tell your pharmacist that you are preparing a Ready Bag for flu season and ask for recommendations of over-the-counter medications that do not interfere with your other prescription medications. Be prepared to purchase at least a couple to have on hand. You can also make a list to keep in your Ready Bag that will give your caretaker the information that can be purchased if you need them.

**Today, local community pharmacies have equipment to package and label your medication into daily doses. Some pharmacies have equipment that actually package your medication into small clear pouches that print full medication information along with the day/date/time of the day that the medication should be taken.**

A task that you can complete before you talk with your pharmacist is to see what cold medications you have on hand, make a list of them, and include the expiration dates. You may need to replace a medication because it is has expired.

The right foods at the right time can make a difference when we are sick. Compose a list of the foods you like and support a stable blood glucose reading. Add a segment of foods that can be given if your blood glucose rises or falls while you are sick. This list relieves the stress of having to remember these important items.

**When you are not feeling well, it can be difficult to go shopping for over-the-counter medicines and other products that can help relieve your symptoms. You may also need extra supplies for testing and monitoring.**

There are items to keep in your Ready Bag in case your blood glucose falls. Start collecting small packets when you eat out. Consider crackers (wheat are nice), honey, jellies, individually wrapped hard candies (7-10), packets of raisins, a small box of juice, small can of soda, ultra-pasteurized fat-free milk. These items can help raise blood sugar in an emergency. Add glucose tablets, and ketone strips to have at the ready. Write a few notes to help the caregiver to know how to use these items

Patients with diabetes often have additional chronic medical conditions. Multiple health conditions create a vulnerability for us with the onset of flu. Completing a few steps now will help keep us healthy but also helps us get better, faster if we do catch a cold or the flu.

Fall is a season of preparation, we can do so with the flu vaccination but we can also prepare for any cold we might get by preparing our Ready Bag.

### PREPARING TO CARE FOR YOURSELF DURING SICK DAYS

These are Health Mart-recommended products that will help you treat your flu symptoms and keep your blood sugar in a safe range.

### OVER-THE-COUNTER PRODUCTS FOR SYMPTOM RELIEF AND MONITORING

When you are not feeling well, it can be difficult to go shopping for over-the-counter medicines and other products that can help relieve your symptoms. You may also need extra supplies for testing and monitoring.

- Thermometer
- Extra test strips and lancets
- Spare batteries for monitors
- Ketone test strips
- Cool mist humidifier
- Anti-diarrhea medicine
- Anti-nausea medicine
- Pain and fever relievers
- Glucose tablets or gels
- Cough/cold symptom relievers

Stock These Foods and fluids to Fuel up on During an Illness

Eating your regular meals and snacks can be hard when you are ill, especially if

you have nausea or are vomiting. To plan ahead, be sure to have some easy-to-eat foods and liquids, with and without sugar, on hand.

- Sports drinks
- Small juice containers
- Canned soup
- Regular gelatin
- Regular and sugar-free soft drinks (Why sugared drinks? See "Plan Now" below)
- Instant cooked cereals
- Crackers
- Unsweetened applesauce


## PLAN NOW (AND THANK YOURSELF LATER)

### Keep up with your care:

- Even if you have a low appetite, **continue to take your diabetes medication**. Don't change your doses unless instructed to by your pharmacist or doctor. The stress on your body when you are ill can make your blood sugar go up.
- **Check your blood sugar every 2 to 4 hours** and write down the results with dates, times, and any other symptoms you have.
- **Monitor your weight daily** and write down the results.
- If you have a fever, **check your temperature** and write down the results.

- **Drink at least 1 cup of sugar-free liquids every hour** to prevent dehydration. If your blood sugar is low, you may need to drink some liquids that contain sugar.
- **Eat your regular meals and snacks.** If you are able to eat your regular foods, plan to eat or drink 50 grams of high-carb foods or drinks every four hours. If you are nauseated take small sips of fluids.
- If your blood sugar stays above 240 mg/dL, you may need to **check for ketone levels in your urine**.

### REACH OUT TO YOUR HEALTHCARE PROVIDER IF YOU HAVE:

- Blood sugar higher than 240 mg/dL for more than 1 day
- Moderate-to-large ketones in your urine tests
- Vomiting or diarrhea for more than 4 hours
- Any severe pain or chest pain
- Fever of 100° F or higher
- Trouble moving your arms or legs
- Any problems with vision, speech, or balance
- Confusion or new memory problems 

Even if you have a low appetite, continue to take your diabetes medication. Don't change your doses unless instructed to by your pharmacist or doctor. The stress on your body when you are ill can make your blood sugar go up.

# VACCINATIONS – MORE IMPORTANT THAN EVER

Christine Cline-Dahlman, BFA, CPhT

**Many** times the message we hear about managing our diabetes is, "It's a marathon, not a sprint."

Since March, when shelter in place and safe distancing went into effect, we have had to remind ourselves, "Today is one more day in our marathon for our life, our health and our wellness."

**This year, we especially want a vaccine for COVID-19. We want a tool that lets us know we are protected. COVID-19 has caught our attention to realize how vital vaccinations are to our well-being.**

Just as marathon runners tell themselves, "One more mile finished," we should say to ourselves, "Today is one more day where I strove to keep my BG in range, and I made good choices for my health and wellness."

Marathon runners train every day and make good choices each day for their well-being. They have tools that help them

run the distance – shoes, socks, proper clothing, good nutrition sources, and plenty of water. Water is the key tool for a long-distance run.

You have tools as well. One vital tool that serves you for your marathon is vaccines. A vaccine gives you protection that continues every day. They are the right tool to prevent new diseases that can seriously disrupt your diabetes management because they continue to work when you are not thinking about it.

This year, we especially want a vaccine for COVID-19. We want a tool that lets us know we are protected. COVID-19 has caught our attention to realize how vital vaccinations are to our well-being.

Although a COVID-19 vaccine is not available today, we can take steps to build up our whole immune system. We can take our desire for COVID-19 protection and



apply it to all the vaccines we are eligible for. Collectively, we build our immune systems to protect us against our vulnerability to preventable diseases.

Fall is the season when children have their back-to-school immunization schedules checked. It's when most everyone gets an annual flu shot. Adults between the ages of 18 and 64 usually don't think about vaccines other than the one for flu, but this year, they're asking about other options. This year, family members are seeking guidance on behalf of one another.

There are five vaccines that prevent diseases that we are easily exposed to. They are flu, pneumonia, Dtap and Tdap, shingles, and hepatitis. There have been changes to the influenza vaccine formula, along with an updated protocol for pneumonia vaccines. Recommendations and charts from the Centers for Disease Control (CDC), as developed by the Advisory Committee on Immunization Practices (ACIP), serve as the standard for the following information:

### **INFLUENZA**

Your annual flu vaccination is the start. Three years ago the influenza vaccine formula for ages 18 through 64 changed from a trivalent formula, which protects against three strains of the flu virus, to a quadrivalent, which protects against four strains.

So this year, the formula for age 65 and over will now have vaccines that protect against four strains of the virus. Fluvad, made by Sequirus, will be a 0.5 ml dose and use an adjuvant to boost protection. FluzoneHD, made by



## **Meet Lance.™**

**He was just diagnosed with diabetes...**

After being diagnosed with diabetes, Lance's healthcare team explained to him that there are four areas he needs to understand and focus on.

By focusing on these areas, Lance was able to manage his diabetes.



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**In June 2019, ACIP, under the umbrella of the CDC, changed the protocol for when persons 65 and older receive the Pevnar 13. Instead of following a recommended schedule for vaccination, the preference now is for vaccine recipients to make to a shared clinical decision with their healthcare providers to take the vaccine at the age of their choice.**

Sanofi, will be a 0.7 ml dose and use a higher dose of antigen as its source of boosted protection. The FDA recognizes both of these brands for administration specifically for patients 65+, and the Centers for Medicare and Medicaid Services recognizes them for payment coverage.

If you are 65 and older, and have a Medicare Advantage plan, it may state that vaccination is paid for if it is billed medically rather than on your pharmacy coverage. Many pharmacies today have set up medical billing for vaccination payments. Ask your pharmacy to verify payment eligibility before receiving the vaccination. Medicare B pays for flu vaccinations.

#### **PNEUMONIA**

Pneumonia affects our respiratory system—the system that lets us breathe. The leading causes of pneumonia are bacteria, viruses,

and fungi. There are two vaccines available for ages two months and up, Pevnar 13 and Pneumovax 23. Each vaccine offers different protection, but they are recognized for broader coverage when both are received over a period of time.

Pevnar 13 is the most common choice for children. It can be administered to children as young as two months with a scheduled series of four doses up to 15 months of age. Pneumovax 23 can be given as early as two years of age, under certain conditions, and as an addition to Pevnar 13.

For adults ages 19 through 64, either of these vaccines may be given if a health condition indicates, but Pneumovax 23 is the one most often administered. Any adult who has a chronic health condition, such as diabetes, should receive at least one dose of pneumonia vaccine before age 65. Two treatments can be administered under certain guidelines.

In June 2019, ACIP, under the umbrella of the CDC, changed the protocol for when persons 65 and older receive the Pevnar 13. Instead of following a recommended



schedule for vaccination, the preference now is for vaccine recipients to make to a shared clinical decision with their healthcare providers to take the vaccine at the age of their choice. However, many medical and pharmacy providers still urge patients to receive the Prevnar 13 at age 65 as a choice of protection. They then recommend a dose of Pneumovax 23 one year after the Prevnar 13 dose for broader protection. Both Prevnar

13 and Pneumovax 23 doses are paid for by Medicare B.

No studies whatsoever support the notion that either of these two pneumonia vaccines protects against COVID-19, which is also a respiratory disease. But there are indications that a healthy, protected respiratory system may reduce the impact of a coronavirus attack on it. [DH](#)

**Any adult who has a chronic health condition, such as diabetes, should receive at least one dose of pneumonia vaccine before age 65. Two treatments can be administered under certain guidelines.**

## FLU AND PNEUMONIA VACCINES: EFFECTIVE AGAINST COVID-19?

- Talk about fending off influenza naturally leads to thoughts about COVID-19. Does getting flu shots lessen the risk of acquiring the coronavirus? The answer is no. COVID-19 is caused by a virus that is not at all affected by current influenza vaccinations. There is now an accelerated effort to develop a vaccine that will protect most people from either acquiring the virus or considerably lessen its effects and harm on vaccinated patients who do come down with it.
- But for now there is no definitive drug treatment for preventing the onset of the coronavirus let alone treat it in cases where patients have come down with it.
- Can influenza drugs fortify the lungs to fight against COVID-19 in case of infection? Only in the sense that they can prevent damage to the lungs often brought on by pneumonia. (See "Vaccinations: Now More Important Than Ever" on page 11.)

Christine Cline-Dahlman is Director of Education & Training, Institute for Wellness and Education, Manager of Clinical Services, The Marquess Group, in Atlanta, GA.

# The Health Mart® Brand

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## FEATURING

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The American Diabetes Association recommends that a person experiencing low blood glucose follow the 15-15 rule - have 15 grams of carbohydrate to raise your blood glucose and check it after 15 minutes. If it's still low (below 70 mg/dL), have another serving.<sup>1</sup>

**Ask your Health Mart® pharmacist to learn more!**



1. American Diabetes Association, Hypoglycemia (Low Blood Glucose). <http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/hypoglycemia-low-blood.html?loc=low-d-slabnav>, Accessed 16 Oct 2018. NICO-4474 02/20 © 2020 Trividia Health, Inc. TRUE METRIX, TRUEplus, TRUE MANAGER™ and TRUEdraw are trademarks of Trividia Health, Inc. TRUE METRIX® and TRUE METRIX® AIR are intended for self-monitoring blood glucose only and not for multiple patient use. Only TRUE METRIX® PRO is intended for multiple patient use. All other product names and brand names are trademarks of their respective owners. Health Mart, the Health Mart logo and the Health Mart Private label logo are registered trademarks of Health Mart Systems, Inc. All rights reserved.

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the bloodstream to the arteries," Katz says. "Bacteria can latch onto the walls of the arteries and cause small blood clots, increasing the risk of restricted blood flow to the heart."

**Stroke:** The findings from a study titled "Impacts of Periodontitis On Nonfatal Ischemic Stroke" showed that patients who suffered a stroke also had evidence of an oral infection. "Research has indicated that gum disease is nearly equal to high blood pressure as a source of causing strokes," Katz says.

**Cancer:** "Bacteria swells the gums, and it can cause similar reactions to other tissues," Katz says. A study published in *Cancer Research* found that some of the same types of bacteria that trigger periodontal disease may also be linked to a higher risk of esophageal cancer. Another investigation, in the *Annals of Oncology*, found that men with an advanced form of periodontitis were 45 percent more likely to get diagnosed with cancer. "More

proof you are simply endangering yourself while leaving bad gums unattended, allowing bacteria to spread," Katz says.

**Erectile dysfunction:** Research has suggested there's a connection between systemic inflammation, which could be caused by that traveling bacteria in your mouth – and increased risk of developing impotence. In research from Taiwan, men with erectile dysfunction were 79 percent more likely to have been diagnosed with chronic periodontal disease.

"It's simple: Maintaining healthy gums increases your chances of a healthy body," Katz says. "Poor oral hygiene causes infection of the gums. It can send toxins into the bloodstream. It's being proven that having good oral hygiene is one of the most important preventative health measures one can take." 

**ABOUT DR. KATZ**

Dr. Katz is the author of *The Bad Breath Bible*. He has been featured on ABC's "Good Morning America," CBS's "Early Show" and "The View" with Barbara Walters, as well as numerous other TV shows.

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# Keto Lunch With 44 Grams of Protein

Nadia Al-Samarrie



I recently filled out an online Keto diet form asking me how much weight I want to lose, my age, and my current weight. The recommendation that came back said to reach my weight goal by October I would need to stick to a daily consumption of 30 grams of carbohydrates, 72 grams of protein, and 111 grams of fat per day.

I modified the recommendation by adding 30 grams of carbs to my daily intake—60 grams in all. Even though those extra carbs might mean a slower weight loss for me, I'm more likely to succeed if I can consume 20 grams of carbs per meal.

According to Marissa Peers, 92 percent of all diets fail. Why? Because the emotional component of eating overrules the logical brain. Diet is not always about food. It's the joy we think we'll experience after eating something we desire.

Whatever your goals are, make sure to check in with your healthcare professional before starting on a diet. Balancing food with your diabetes medication is important to your success.

Here's an easy, filling, low-carb recipe I made for myself when starting on my Keto diet.

Nutrition Facts	
Servings: 1	
Amount per serving	
<b>Calories</b>	<b>573</b>
% Daily Value*	
<b>Total Fat</b> 30.7g	39%
Saturated Fat 15.1g	75%
<b>Cholesterol</b> 128mg	43%
<b>Sodium</b> 618mg	27%
<b>Total Carbohydrate</b> 16.9g	6%
Dietary Fiber 3.1g	11%
Total Sugars 9.3g	
<b>Protein</b> 58.1g	
Vitamin D 0mcg	0%
Calcium 82mg	6%
Iron 5mg	28%
Potassium 523mg	11%

\*The % Daily Value (DV) tells you how much a nutrient in a food serving contributes to a daily diet. 2,000 calorie

1/3 lb. ground Angus beef  
3 romaine lettuce leaves

Carbs- 0 grams  
Protein 27.9 grams  
Fat 30 grams

1 Small sweet pepper:  
Carbs- 2.5 grams  
Protein 0 grams  
Fat 0 grams

Cook the 1/3 lb. of ground beef  
Wash 3 romaine lettuce leaves and refrigerate  
Cut 3 oz. of mozzarella cheese  
Slice one medium tomato  
Slice one small bell pepper  
1/2 serving of tomato mozzarella: 5.9 grams of carbs  
Cut 3 ounces of Mozzarella cheese  
Slice 1 medium tomato  
Slice once small yellow bell pepper



## Morning Frittata

- 6 Eggs
- 1/2 cup of milk
- 1 scallion stock
- 5 grape tomatoes
- 14 grams fresh raw parsley
- 71 grams baby bella mushroom
- 1 tablespoon feta cheese
- 1/4 teaspoon of salt
- 1/2 teaspoon of pepper

### Cooking Instructions:

Preheat oven to 400 degrees  
Cooking time 25 minutes

- Whisk eggs, milk, salt and pepper in a bowl
  - Chop parsley, scallion, mushrooms and tomatoes
  - Pour the whisked egg and milk into pan
  - Place chopped vegetables evenly in pan
  - Crumble feta cheese and spread evenly in pan
- Place pan in oven and cook for 25 minutes

Nutrition Facts	
Servings: 6	
Amount per serving	
<b>Calories</b>	<b>102</b>
	% Daily Value*
<b>Total Fat</b> 5.4g	7%
Saturated Fat 1.9g	9%
<b>Cholesterol</b> 167mg	56%
<b>Sodium</b> 194mg	8%
<b>Total Carbohydrate</b> 6.6g	2%
Dietary Fiber 1.7g	6%
Total Sugars 4.4g	
<b>Protein</b> 7.7g	
Vitamin D 16mcg	78%
Calcium 74mg	6%
Iron 1mg	8%
Potassium 387mg	8%

\*The % Daily Value (DV) tells you how much a nutrient in a food serving contributes to a daily diet. [2,000 calorie](#)

# My Holistic Antiviral Approach to COVID-19

Nadia Al-Samarrie



I traveled in Europe to four cities last spring. Although I had no plans to go to Italy, a good friend had to cancel her flight to meet me in London. This was before her small town in Italy was identified as falling under a travel ban.

I decided in addition to wearing a mask, I needed to guard against getting sick if I were around asymptomatic people.

#### Source:

Vitamin C NIH Fact Sheet for Healthcare Professionals;  
Vitamin D Fact Sheet for Healthcare Professionals;  
NIH: Studies of Tea Tree oils on Clinical Isolates;  
Science Direct: Eucalyptus oil as efficient hybrid materials against multi-resistant bacteria  
Science Direct: Potential of selected Lamiaceae plants in anti (retro) viral therapy

I went back to basics by boosting my immune system with vitamins and a diet that will keep me healthy. In addition to carrying an antiseptic spray, washing my hands for 20 seconds, avoiding touching my face, and drinking lots of medicinal herbal teas, I decided to build a more robust defense system.

If you have an autoimmune disease like diabetes, your immune system is already compromised. Speak to your healthcare professional about which vitamins, supplements, and foods will not interfere with your medication.

A deficiency in vitamin C can further compromise your immune system, while vitamin E can prevent infections. Take vitamins that boost your immune system. Vitamin C will keep the heart, immune system, and eyes healthy. Vitamin E is an antioxidant that guards your cells against damage.

## COMPLIMENTARY ESSENTIAL OIL INFUSION THERAPY USED TO COUNTER THE FLU

Essentials oils are used topically or infused in the air with water. Undiluted oils can irritate your skin or bother your lungs. Don't run out and buy essential oils without checking in with your healthcare professional. If you have asthma or a blood pressure condition, know which oils are not recommended for your unique profile.

A little information does not go a long way. It is best to meet with a credentialed, certified essential oil specialist who graduated from a reputable school. It would be best if you were well informed about your medications first to ensure that essential oils may do more good than harm.

I have used infusion therapy for common colds and the flu for decades. I also keep a warm mist steamer on hand with eucalyptus oil for the nights my stuffy nose makes breathing difficult.

## ANTIVIRAL APPROACH TO COVID-19 WHEN TRAVELING

Before returning home from Europe, I made an appointment with a registered holistic aromatherapy practitioner. After my consultation, I received a nasal inhaler to be used when traveling. The oils combined for me took into account my medical and emotional history.

The aromatherapy oils she combined were tree tea oil with eucalyptus to fight viral and bacterial infections, and rosemary to boost my immune system as an additional anti-bacterial oil.

Don't panic if people are not wearing masks when you travel. Follow the CDC guidelines. Give yourself that extra boost with a holistic approach by eating well, taking vitamins, using essential oils, and checking in with your healthcare team. **DH**

DIABETES HEALTH IN THE NEWS:

# Ascensia Enters Strategic Partnership with Senseonics



**Ascensia** Diabetes Care has entered an agreement to be the sole global distributor of Senseonics' Eversense® continuous glucose monitoring systems. Ascensia, which distributes blood glucose meters in 125 countries, brings worldwide clout to the market on Senseonics' behalf.

Ascensia already markets BGM devices to 10 million people with diabetes under the CONTOUR label. It will begin immediately ramping up the marketing of Eversense® CGMs in the United States, with the goal of having full marketing strategy and capability in place by the first quarter of 2021.

By partnering with a single global marketing provider, Senseonics leaves itself free to concentrate on the research and development of more advanced CGMs. Switzerland-based Ascensia will also be in charge of customer support.

Currently there are four manufacturers of continuous glucose monitors: Abbott (FreeStyle Libre), Dexcom (G6), Medtronic (Guardian Connect and Guardian Sensor 3), and Senseonics Eversense®.

The U.S. market for CGMs is expected to grow exponentially as millions of prediabetic adults acquire full-blown type 2 diabetes. Federal health experts now estimate that 90 million Americans are prediabetic. CGM will become more important and widespread as the healthcare system tries to find more efficient ways to help type 2s manage their disease. [DH](#)

**By partnering with a single global marketing provider, Senseonics leaves itself free to concentrate on the research and development of more advanced CGMs. Switzerland-based Ascensia will also be in charge of customer support.**

# Science Shows We Are Harder Wired to Think Negative Thoughts Rather Than Positive

Nadia Al-Samarrie

**COVID-19** has become a national mental health issue. Isolation and fear leave us at the mercy of our negative closed-loop thoughts. Worst of all, staying fearful affects our psychological and physical well-being. Have you had days where you did not want to get out of bed? Why bother?

**Thoughts are a funny thing. One minute we can feel on top of the world, the next minute we can feel one inch away from scraping the pavement. It all boils down to understanding how our brain works.**

## **THE CENTERS FOR DISEASE CONTROL REPORTS HOW UNCERTAIN TIMES CONTRIBUTE TO:**

- Fear and worry about your health and the health of your loved ones, your financial situation or job, or loss of support services you rely on
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Worsening of mental health conditions
- Increased use of tobacco and/or alcohol and other substances

The National Science Foundation states that people experience 12,000 to 60,000 thoughts a day. Eighty percent of them are unpleasant, and 95 percent of these negative thoughts are repetitious. It turns out we are harder-wired to think negative thoughts over positive ones.

Thoughts are a funny thing. One minute we can feel on top of the world, the next minute we can feel one inch away from scraping the pavement. It all boils down to understanding how our brain works.

Diabetes adds another layer to this. Thinking and worrying about your blood sugar adds to the boiling cauldron. Done in excess, it can create anxiety and depression.

## **HOW DO WE STAY POSITIVE IN A TIME OF UNCERTAINTY?**

Know that it is natural for you to have predominately negative thoughts. Like breathing, they just happen effortlessly. But being conscious of this biological pattern allows you to interrupt it. Remind yourself: "I am not my thoughts." Think



of the times you believed something that made you unhappy. Later you found out that what you had thought had no merit. Just because we think about something does not necessarily mean it's true.

Be cognizant that your blood sugar and diabetes can exacerbate the feeling of being panicked and depressed. People with diabetes suffer from a higher rate of depression than people who don't.

Twenty-five to 50 percent of people with diabetes may be diagnosed with depression and seek treatment. That leaves 50 to 75 percent of people who are suffering from undiagnosed depression.

If your negative thoughts are chronic with no end, reach out to your healthcare professionals. They have always been a wealth of information. COVID-19 has taught us how selfless these well-educated heroes are. For perhaps the first time, we are witnessing the depth of their commitment to our well-being.

Their professional and personal sacrifice, as exhibited during the pandemic, speaks volumes.

If you need to speak to someone, MentalHealth.Gov recommends that you start a conversation with your primary doctor to refer you to a healthcare professional who can help you navigate your emotional maze. You are not weak or sick for seeking help. It takes strength and courage to take inventory of your mental health fitness. Suffering only makes you miserable. [DH](#)

*Sources:*

CDC Coping with Stress  
CDC Depression and Diabetes

**If your negative thoughts are chronic, with no end, reach out to your healthcare professionals. They have always been a wealth of information. COVID-19 has taught us how selfless these well-educated heroes are. For perhaps the first time, we are witnessing the depth of their commitment to our well-being.**

# Very Few U.S. Adults Practice Top 5 Recommended Health Behaviors

Diabetes Health Staff

**The study's lead author, Eric M. Hecht, MD, Ph.D., associate professor in the Department of Public Health Sciences at the University of Miami Miller School of Medicine, said that the 12-year study tracked the lifestyle habits of 26,194 U.S. adults from ages 20 through 79.**

**Chalk it** up to whatever you want to—human nature, laziness, busyness, feeling overwhelmed, or powerful distractions—but an almost minuscule percentage of U.S. adults perform the five behaviors that medical experts say are the key to good health.

A recent report in the *American Journal of Preventive Medicine* on the "Healthy Behavior Adherence: The National Health and Nutrition Examination Survey, 2005-2016," states that, at best, 6.3 percent of U.S. adults (the reported range is 4.4 percent to 6.3 percent) incorporate those practices in their daily lives. They are:

- Healthy diet

- Regular exercise
- Completely cutting out smoking
- Avoiding excessive alcohol consumption
- Maintaining a healthy body mass index (a high BMI of 30 is considered borderline obese)

The study's lead author, Eric M. Hecht, MD, Ph.D., associate professor in the Department of Public Health Sciences at the University of Miami Miller School of Medicine, said that the 12-year study tracked the lifestyle habits of 26,194 U.S. adults from ages 20 through 79.

There was a bit of a silver lining in the study. Although only 1 in 16 study participants practiced all five healthful behaviors, a substantially larger percentage, 20.2 percent to 22.8 percent, engaged in four of the five behaviors.





Beyond that, the highest percentage of participation, ranging from 45.4 percent to 48.3 percent, involved only two or fewer good behaviors. Overall, the average number of good practices performed by study participants was 2.6.

The study's questionnaire asked a simple yes/no question about smoking and more specific questions about alcohol use and exercise. For instance, it asked participants how many drinks they consumed on those days over the past 12 months when they took a drink. (The commonly accepted recommendation for daily alcohol intake is one drink for women and two for men because of men's generally higher body mass.)

Several questions focused on high-intensity exercises, such as basketball or running, that ramp up heartbeat and respiration for 10 or more COVID-19 minutes and seemed designed to deliver a broad hint to study

participants about the form and goals of their regular exercise.

In light of the current COVID-19 pandemic, Dr. Hecht said that comorbidities brought on by the failure to follow these practices might have contributed in some part to high fatalities among older people whose immune systems had been compromised by prior poor health practices over the years.

The impending U.S. pandemic of type 2 diabetes—an estimated 90 million U.S. adults are prediabetic—will bring the urgent need for these behaviors to the forefront more forcefully than ever. [DH](#)

*Sources:*

NIH- Healthy Behavior Adherence: The National Health and Nutrition Examination Survey, 2005-2016

**In light of the current coronavirus pandemic, Dr. Hecht said that comorbidities brought on by the failure to follow these practices might have contributed in some part to high fatalities among older people whose immune systems had been compromised by prior poor health practices over the years.**

## Ask Nadia: Can Type 2 Diabetes Turn into Type 1?



Dear Nadia:

*I have type 2 diabetes and am on 500 mg of metformin. My A1c inched up a bit, and my doctor doubled my daily metformin medication. I also wear a CGM, which I love. Some nights I wake up with a 40-blood sugar reading. Other times I will eat a burger at night and my blood sugar is excellent throughout the night. I drink red wine with dinner every night. I stopped taking my medication for one day.*

*My question is, can my type 2 diabetes turn into type 1?*

—AE

Dear AE:

You are doing the right thing by working with your healthcare professional. The prescribed metformin is based on your unique medical profile. Typically, an increase in dosing is an effort to lower your blood sugars to achieve your A1c target goal.

### **CAN TYPE 2 DIABETES TURN INTO TYPE 1?**

Metformin prevents the liver from releasing glucose, allowing the insulin your body still produces to be more effective.

Drinking wine every night is generally not recommended by healthcare professionals. One of the dangers of drinking with

medications is possibly confusing a low blood sugar with a feeling of being “buzzed.”

If you started experiencing low blood sugars right after you increased your medication, remember, your doctor is trying to figure out the best dose. Five hundred mg may be too low if your blood sugar is running high, while 1000 mg per day may be too high if your blood sugar is running low. Not taking your medication without medical supervision is never a good idea. Metformin is either time-released or immediately released. Read your prescription bottle to see if you have a generic or branded metformin.

Your healthcare professional team depends on you to give them feedback on how the medicine is working in attaining your mutually agreed blood sugar goal. I would call your doctor to share the frequency of low blood sugars. Let them know when it is most likely to dip down. To dial in the perfect dose, make sure to continue the follow up with your healthcare professional on your blood sugar readings until you achieve the blood sugar targets you have both set for yourself.

**Your healthcare professional team depends on you to give them feedback on how the medicine is working in attaining your mutually agreed blood sugar goal. I would call your doctor to share the frequency of low blood sugars.**

To answer your question, unless you are a person living with type 1.5 diabetes, then the answer is no. Type 2 does not turn into type 1 diabetes.

### TYPE 1.5 DIABETES

Type 1.5 diabetes, also known as Latent Autoimmune Diabetes in Adults (LADA), is an autoimmune disease that falls between type 1 and type 2 diabetes because it has characteristics of both.

According to an article in *The Beacon-News*, approximately 10 percent of patients with type 1.5 are misdiagnosed with type 2. If you're over 35 when you develop diabetes, and especially if you have excess weight or are classified as obese, your healthcare provider may assume that you have type 2 diabetes.

Therefore, if you don't quite fit the profile of someone with type 2 diabetes, the diabetes medication is not working well in achieving target blood sugar levels, or if you show some of the characteristics of type 1, maybe you have LADA. People with LADA have islet antibodies in their blood, and, as in type 1 diabetes, their immune system is attacking beta cells. However, this is happening at a much slower rate, and initially, they don't need insulin. Think of LADA as type 1 diabetes that progresses slowly.

One study in *Diabetes Care* states you probably have LADA (rather than type 2 diabetes) if two or more of the following fit:

- You were under age 50 when you were diagnosed with diabetes.
- You had "acute" symptoms at diagnosis, that is, symptoms typical of type 1 diabetes.
- Your BMI is less than 25.
- You have a personal history of autoimmune disease (such as thyroid disease, celiac sprue, Addison's disease, or others).
- You have a family history of autoimmune disease.

The symptoms of type 1.5 are the same as the more well-known types of diabetes. They include increased thirst, increased urination, weight loss, and blurred vision. I wish you the best in health!

Nadia

#### Source:

Medical News Today

#### Disclaimer:

Nadia's feedback on your question is in no way intended to initiate or replace your healthcare professional's therapy or advice. Please check in with your medical team to discuss your diabetes management concerns.

#### Write Nadia

AskNadia@diabeteshealth.com and receive her unique perspective on your question.

**According to an article in *The Beacon-News*, approximately 10 percent of patients with type 1.5 are misdiagnosed with type 2. If you're over 35 when you develop diabetes, and especially if you have excess weight or are classified as obese, your healthcare provider may assume that you have type 2 diabetes.**

# FDA Approves Dexcom G6 Use in Hospitals During Pandemic

Diabetes Health Staff

The FDA has approved the use of Dexcom's G6 continuous glucose monitor in U.S. hospitals during the COVID-19 pandemic. Even though the G6 does not have a hospital label designation, healthcare professionals are benefiting from the technology because of the time it saves from having to finger test every patient in a crowded hospital.

Healthcare workers can quickly note and adjust insulin-dependent patients based on the G6's trending blood sugar data.

**Healthcare workers can quickly note and adjust insulin-dependent patients based on the G6's trending blood sugar data.**

This is especially helpful to patients with diabetes in managing their blood sugar and keeping their immune systems strong while in recovery in their hospital bed.

One example of the G6's usefulness comes from United Health, which tested the G6's technology with 790 members. Patients with high A1c's experienced the largest reduction over a 90-day period: 1%.

Another factor in the increasing use of the G6 is that it is the only CGM that has the ICGM (interoperable continuous glucose monitor) designation. This means the unit can be linked to smart pens, insulin pumps, and automated insulin delivery devices. (Tandem's t:slim X2 insulin pump and Companion Medical's smart pen device integrate with the Dexcom G6.)

Medicare covers the cost for insulin-dependent type 2s. Medicaid coverage is expanding every year, state by state.

Dexcom is offering a patient assistance program for people who lose their health insurance. You can sign up and register on the Dexcom website ([www.dexcom.com/get-started-cgm/40](http://www.dexcom.com/get-started-cgm/40)). A third-party company will verify your information to see if you are eligible to receive six months of sensors for approximately \$90. [DH](#)

*Source:*  
United Health Group Level2 Study



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# mySugr App Now in Use by 2 Million People Worldwide

Diabetes Health Staff



**Other features that work to keep users on track include reminders to take blood glucose readings and log them, as well as photographing meals with smartphones to improve carb counting.**

**Roche's** mySugr app, used in conjunction with the company's Accu-Chek® blood glucose meters, is now used by 2 million people with diabetes worldwide. The app, which Roche describes as a "logbook," is designed to work for any person who has diabetes—type 1s, type 2s, and women with gestational diabetes.

The app works almost like a central clearinghouse for users' diabetes information. It tracks blood sugar and carbohydrate intake, and can estimate the A1c number a user is likely to register over a 90-day period. (In Europe the app also calculates optimal insulin doses.)

It can accommodate and manipulate more data than its standard offerings above. Users

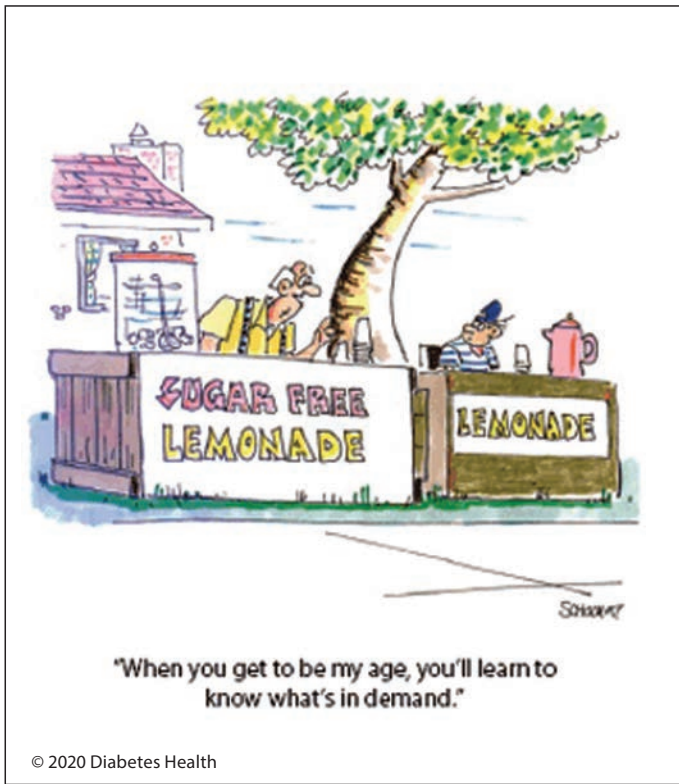
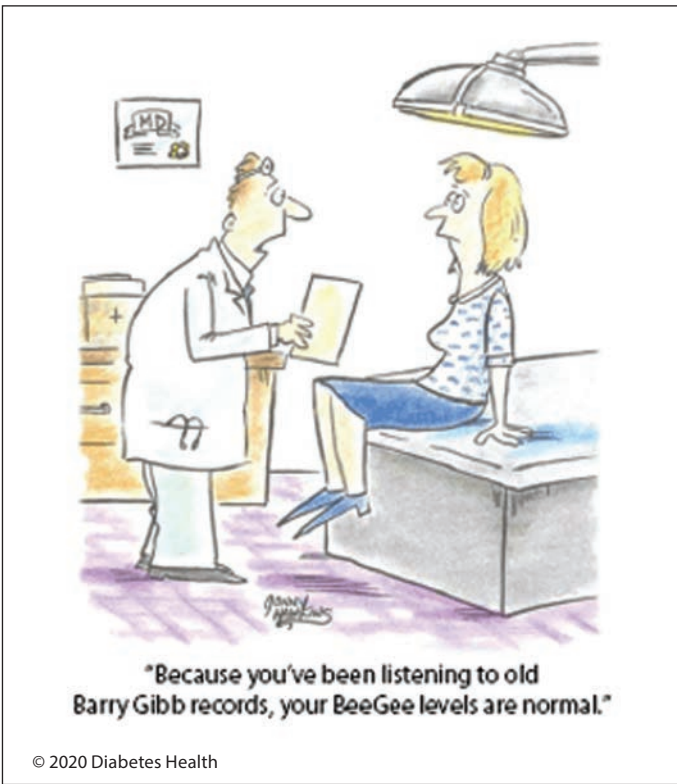
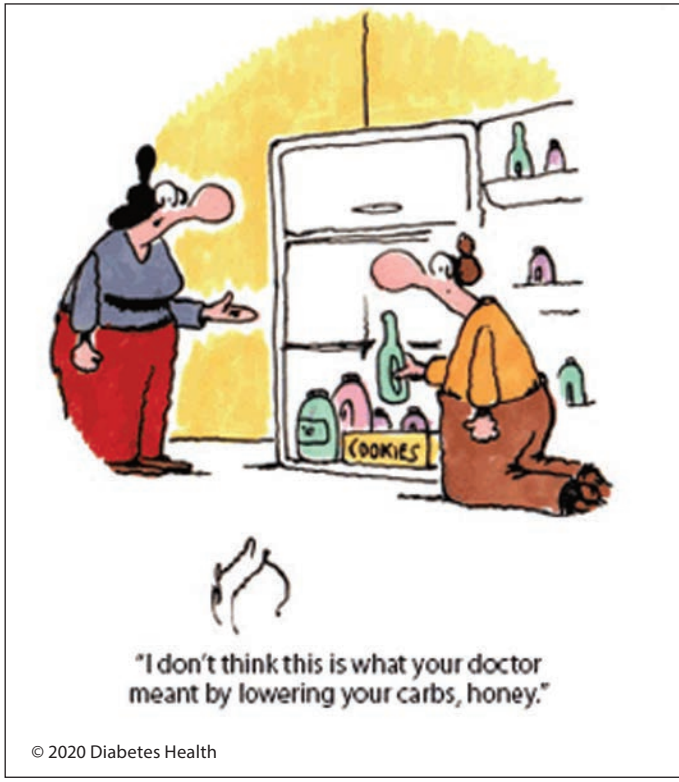
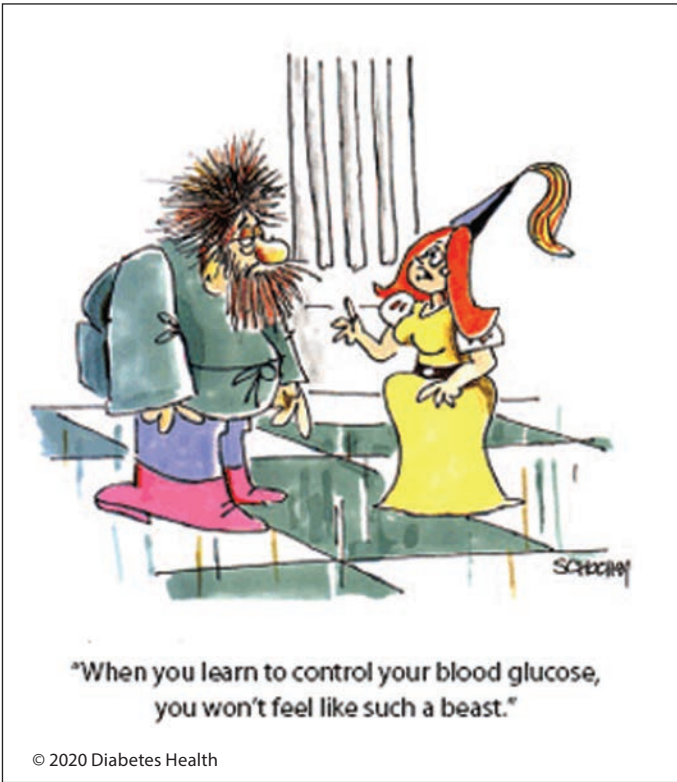
can also track their medications, overall diets and single meals, and insulin levels.

mySugr also connects with users' healthcare providers, providing a stream of extensive and reliable data for them to analyze. Based on that in-depth data, providers can fine-tune treatment approaches to their diabetic patients.

mySugr users work the app from a dashboard they can personalize to track those measurements that are the most important to them. The app provides daily, weekly, and monthly analyses of blood sugar patterns and the factors that most affect them—diet, medications, etc.

Other features that work to keep users on track include reminders to take blood glucose readings and log them, as well as photographing meals with smartphones to improve carb counting.

In the United States, mySugr is compatible with the following Accu-Chek® models: Aviva Connect; Performa Connect; Guide; Guide Me. The app is available in both Android and Apple versions. **DH**



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