

Greetings all,

To God be the glory!!!

Remember the love, grace, and mercy God gives us. Continue to be kind, loving, and caring regardless of what the world is doing around us. Treat everyone in a Godly way. Helping each other be the best we can be will make a difference in the world!

Stay encouraged and remain prayerful, vigilant, safe, bold, and connected! GOD is still in CHARGE and in CONTROL!!!

Drink plenty of water, eat vegetables, fruits, and healthy foods. Boost your immune system!!! Take some time to breathe in and breathe out!!! Get plenty of rest!!! Please continue to wear your mask, wash your hands, and social distance!!!

November is American Diabetes Month!

Look—we know it can be hard to hear that you have diabetes.

You probably feel overwhelmed and confused. You're asking yourself, "What now?"

Well, the good news is you have a community to fall back on. You don't have to maneuver this by yourself. You have the support of countless others who have felt the same shock. Your diagnosis is simply the first step. There are ways you can manage your diabetes—through diet, exercise, medical support and emotional help. Dig in. Take action. And know that we have everything you need to help you live a long, healthy life surrounded by people who know exactly what you're going through.

Getting started with type 2

To use glucose as energy, your body needs insulin. But with type 2 diabetes, your body doesn't make enough insulin or doesn't use it well—and your body's cells can't use glucose for the energy it needs. When glucose stays in your blood, it can cause serious problems.

While there is no cure for type 2 diabetes, there are ways to manage your condition—through a balanced diet, an active lifestyle and (in some cases) medicine.

Take your medicine

Medicine can be another key to managing your type 2 diabetes. Work with your doctor to see what medicines can help you keep your blood sugar in your target range. Some people take both pills and insulin or insulin by itself. If you're starting new medicines, ask your doctor, pharmacist or diabetes educator the following questions:

- How many pills do I take?
- How often should I take them, and when?
- Should I take my medicine on an empty stomach or with food?
- What if I forget to take my medicine and remember later?
- What side effects could I have?
- What should I do if I have side effects?
- Will my diabetes medicine cause a problem with any of my other medicines?

Newly Diagnosed

Where Do I Begin with Type 2?

Diabetes is a journey. The American Diabetes Association is ready to be with you every step of the way.

Start here

First, take a deep breath.

You have type 2 diabetes. And yes, it's a big deal. But you know what? It's also something you can deal with. And the American Diabetes Association is here to help.

Finding out

When people first find out that they have diabetes, it's sometimes really scary, or sad, or even hard to believe.

After all, you probably don't feel sick, or any different than you felt before you were told you have diabetes. And yet it is very important to take this disease seriously.

Some people who learn they have diabetes worry that it means their life is over, or that they won't be able to do everything they used to do. Neither of those things is true.

Your new job

What is true is that you may need to change some things about your daily routine.

It's not your fault that you got diabetes, but it is your job to take care of yourself.

Luckily, there's a lot that you can do to keep yourself healthy. This section of diabetes.org will give you the first steps for taking control of your diabetes.

Medication & Treatments

Blood glucose can make all the difference.

Blood glucose (blood sugar) sometimes gets a bad rap, but it's not always bad.

Blood glucose is an important number when it comes to diabetes management.

Many foods break down into blood glucose, which is used for energy to fuel our brain, heart and muscles. Blood glucose either comes from the food we eat or is made by the liver, and is found in the blood stream (as it is carried to all of our organs and cells) and inside the cells (where it is changed into energy).

If you're struggling to manage your blood glucose levels, **you're not alone**.

The good news is, with the latest tools and strategies, you can take steps to manage your blood glucose, prevent serious complications and thrive.

What can make my blood glucose rise?

Hyperglycemia is the technical term for high blood glucose (highs). It happens when the body has too little insulin or when the body can't use insulin properly. Here are a few of the causes:

- Too much food, like a meal or snack with more carbohydrates than usual
- Dehydration
- Not being active
- Not enough insulin or oral diabetes medications
- Side effects from other medications, such as steroids or anti-psychotic medications
- Illness, stress, menstrual periods or short or long-term pain (these all cause your body to release hormones which can raise blood sugar levels)

The good news is, there are things you can do to avoid highs—and to treat them when you get them.

Blood Glucose Testing and Management

Hyperglycemia (High Blood Glucose)

Hyperglycemia is the technical term for high blood glucose (blood sugar). High blood glucose happens when the body has too little insulin or when the body can't use insulin properly.

What causes hyperglycemia?

A number of things can cause hyperglycemia:

- If you have type 1, you may not have given yourself enough insulin.
- If you have type 2, your body may have enough insulin, but it is not as effective as it should be.
- You ate more than planned or exercised less than planned.
- You have stress from an illness, such as a cold or flu.
- You have other stress, such as family conflicts or school or dating problems.
- You may have experienced the dawn phenomenon (a surge of hormones that the body produces daily around 4:00 a.m. to 5:00 a.m.).

What are the symptoms of hyperglycemia?

The signs and symptoms include the following:

- High blood glucose
- High levels of glucose in the urine
- Frequent urination
- Increased thirst

Part of managing your diabetes is checking your blood glucose often. Ask your doctor how often you should check and what your glucose sugar levels should be. Checking your blood and then treating high blood glucose early will help you avoid problems associated with hyperglycemia.

How do I treat hyperglycemia?

You can often lower your blood glucose level by exercising. However, if your blood glucose is above 240 mg/dl, check your urine for ketones. ***If you have ketones, do not exercise.***

Exercising when ketones are present may make your blood glucose level go even higher. You'll need to work with your doctor to find the safest way for you to lower your blood glucose level.

Cutting down on the amount of food you eat might also help. Work with your dietitian to make changes in your meal plan. If exercise and changes in your diet don't work, your doctor may change the amount of your medication or insulin or possibly the timing of when you take it.

What if it goes untreated?

Hyperglycemia can be a serious problem if you don't treat it, so it's important to treat as soon as you detect it. If you fail to treat hyperglycemia, a condition called ketoacidosis (diabetic coma) could occur. Ketoacidosis develops when your body doesn't have enough insulin. Without insulin, your body can't use glucose for fuel, so your body breaks down fats to use for energy.

When your body breaks down fats, waste products called [ketones](#) are produced. Your body cannot tolerate large amounts of ketones and will try to get rid of them through the urine. Unfortunately, the body cannot release all the ketones and they build up in your blood, which can lead to ketoacidosis.

Ketoacidosis is life-threatening and needs immediate treatment. Symptoms include:

- Shortness of breath
- Breath that smells fruity
- Nausea and vomiting
- Very dry mouth

Talk to your doctor about how to handle this condition.

Medical IDs

Many people with diabetes, particularly those who use insulin, should have a medical ID with them at all times.

In the event of a severe hypoglycemic episode, a car accident, or other emergency, the medical ID can provide critical information about the person's health status, such as the fact that they have diabetes, whether or not they use insulin, whether they have any allergies, etc. Emergency medical personnel are trained to look for a medical ID when they are caring for someone who can't speak for themselves.

Medical IDs are usually worn as a bracelet or a necklace. Traditional IDs are etched with basic, key health information about the person, and some IDs now include compact USB drives that can carry a person's full medical record for use in an emergency.

How can I prevent hyperglycemia?

Your best bet is to practice good diabetes management and learn to detect hyperglycemia so you can treat it early—before it gets worse.

What can make my blood glucose fall?

Hypoglycemia is the technical term for low blood glucose (lows). It's when your blood glucose levels have fallen low enough that you need to take action to bring them back to your target range. Here are a few of the causes:

- Not enough food, like a meal or snack with fewer carbohydrates than usual, or missing a meal or snack
- Alcohol, especially on an empty stomach
- Too much insulin or oral diabetes medications
- Side effects from other medications
- More physical activity or exercise than usual

Don't worry: There are things you can do to avoid lows. Be sure to learn the symptoms, and how to treat them when you get them.

Blood Glucose Testing and Management

Hypoglycemia (Low Blood Glucose)

Throughout the day, depending on multiple factors, blood glucose (also called blood sugar) levels will vary—up or down. This is normal. If it varies within a certain range, you probably won't be able to tell. But if it goes below the healthy range and is not treated, it can get dangerous.

Low blood glucose is when your blood glucose levels have fallen low enough that you need to take action to bring them back to your target range. This is usually when your blood glucose is less than 70 mg/dL. However, talk to your diabetes care team about your own blood glucose targets, and what level is too low for you.

Low blood glucose may also be referred to as an insulin reaction, or insulin shock.

Signs and symptoms of low blood glucose (happen quickly)

Each person's reaction to low blood glucose is different. Learn your own signs and symptoms of when your blood glucose is low. Taking time to write these symptoms down may help you learn your own symptoms of when your blood glucose is low. From milder, more common indicators to most severe, signs and symptoms of low blood glucose include:

- Feeling shaky
- Being nervous or anxious
- Sweating, chills and clamminess
- Irritability or impatience
- Confusion
- Fast heartbeat
- Feeling lightheaded or dizzy
- Hunger
- Nausea
- Color draining from the skin (pallor)
- Feeling sleepy
- Feeling weak or having no energy
- Blurred/impaired vision
- Tingling or numbness in the lips, tongue, or cheeks
- Headaches
- Coordination problems, clumsiness
- Nightmares or crying out during sleep
- Seizures

The only sure way to know whether you are experiencing low blood glucose is to check your blood glucose levels, if possible. If you are experiencing symptoms and you are unable to check your blood glucose for any reason, treat the hypoglycemia.

A low blood glucose level triggers the release of epinephrine (adrenaline), the “fight-or-flight” hormone. Epinephrine is what can cause the symptoms of hypoglycemia such as thumping heart, sweating, tingling, and anxiety.

If the blood sugar glucose continues to drop, the brain does not get enough glucose and stops functioning as it should. This can lead to blurred vision, difficulty concentrating, confused thinking, slurred speech, numbness, and drowsiness. If blood glucose stays low for too long, starving the brain of glucose, it may lead to seizures, coma, and very rarely death.

Treatment—The "15-15 Rule"

The 15-15 rule—have 15 grams of carbohydrate to raise your blood glucose and check it after 15 minutes. If it's still below 70 mg/dL, have another serving.

Repeat these steps until your blood glucose is at least 70 mg/dL. Once your blood glucose is back to normal, eat a meal or snack to make sure it doesn't lower again.

This may be:

- Glucose tablets (see instructions)
- Gel tube (see instructions)
- 4 ounces (1/2 cup) of juice or regular soda (not diet)
- 1 tablespoon of sugar, honey, or corn syrup
- Hard candies, jellybeans, or gumdrops—see food label for how many to consume

Make a note about any episodes of low blood glucose and talk with your health care team about why it happened. They can suggest ways to avoid low blood glucose in the future.

Many people tend to want to eat as much as they can until they feel better. This can cause blood glucose levels to shoot way up. Using the step-wise approach of the "15-15 Rule" can help you avoid this, preventing high blood glucose levels.

Note:

- Young children usually need less than 15 grams of carbs to fix a low blood glucose level: Infants may need 6 grams, toddlers may need 8 grams, and small children may need 10 grams. This needs to be individualized for the patient, so discuss the amount needed with your diabetes team.
- When treating a low, the choice of carbohydrate source is important. Complex carbohydrates, or foods that contain fats along with carbs (like chocolate) can slow the absorption of glucose and should not be used to treat an emergency low.

Severe hypoglycemia

When low blood glucose isn't treated and you need someone to help you recover, it is considered a severe event.

Treating severe hypoglycemia

Glucagon is a hormone produced in the pancreas that stimulates your liver to release stored glucose into your bloodstream when your blood glucose levels are too low. Glucagon is used to treat someone with diabetes when their blood glucose is too low to treat using the 15-15 rule.

Glucagon is available by prescription and is either injected or administered or puffed into the nostril. For those who are familiar with injectable glucagon, there are now two injectable glucagon products on the market—one that comes in a kit and one that is pre-mixed and ready to use. Speak with your doctor about whether you should buy a glucagon product, and how and when to use it.

The people you are in frequent contact with (for example, friends, family members, and coworkers) should be instructed on how to give you glucagon to treat severe hypoglycemia. If you have needed glucagon, let your doctor know so you can discuss ways to prevent severe hypoglycemia in the future.

Steps for treating a person with symptoms keeping them from being able to treat themselves.

1. If the glucagon is injectable, inject it into the buttock, arm, or thigh, following the instructions in the kit. If your glucagon is inhalable, follow the instructions on the package to administer it into the nostril.
2. When the person regains consciousness (usually in 5–15 minutes), they may experience nausea and vomiting.

Don't hesitate to call 911. If someone is unconscious and glucagon is not available or someone does not know how to use it, call 911 immediately.

Do NOT:

- Inject insulin (it will lower the person's blood glucose even more)
- Provide food or fluids (they can choke)

Causes of low blood glucose

Low blood glucose is common for people with type 1 diabetes and can occur in people with type 2 diabetes taking insulin or certain medications. The average person with type 1 diabetes may experience up to two episodes of mild low blood glucose each week, and that's only counting episodes with symptoms. If you add in lows without symptoms and the ones that happen overnight, the number would likely be higher.

Insulin

Too much insulin is a definite cause of low blood glucose. One reason newer insulins are preferred over NPH and regular insulin is that they're less likely to cause blood glucose lows, particularly overnight. Insulin pumps may also reduce the risk for low blood glucose. Accidentally injecting the wrong insulin type, too much insulin, or injecting directly into the muscle (instead of just under the skin), can cause low blood glucose.

Food

What you eat can cause low blood glucose, including:

- Not enough carbohydrates.
- Eating foods with less carbohydrate than usual without reducing the amount of insulin taken.
- Timing of insulin based on whether your carbs are from liquids versus solids can affect blood glucose levels. Liquids are absorbed much faster than solids, so timing the insulin dose to the absorption of glucose from foods can be tricky.
- The composition of the meal—how much fat, protein, and fiber are present—can also affect the absorption of carbohydrates.

Physical activity

Exercise has many benefits. The tricky thing for people with type 1 diabetes is that it can lower blood glucose in both the short and long-term. Nearly half of children in a type 1 diabetes study who exercised an hour during the day experienced a low blood glucose reaction overnight. The intensity, duration, and timing of exercise can all affect the risk for going low.

Medical IDs

Many people with diabetes, particularly those who use insulin, should have a medical ID with them at all times. In the event of a severe hypoglycemic episode, a car accident or other emergency, the medical ID can provide critical information about the person's health status, such as the fact that they have diabetes, whether or not they use insulin, whether they have any allergies, etc. Emergency medical personnel are trained to look for a medical ID when they are caring for someone who can't speak for themselves.

Medical IDs are usually worn as a bracelet or a necklace. Traditional IDs are etched with basic, key health information about the person, and some IDs now include compact USB drives that can carry a person's full medical record for use in an emergency.

Hypoglycemia unawareness

Very often, hypoglycemia symptoms occur when blood glucose levels fall below 70 mg/dL. As unpleasant as they may be, the symptoms of low blood glucose are useful. These symptoms tell you that your blood glucose is low and you need to take action to bring it back into a safe range. But, many people have blood glucose readings below this level and feel no symptoms. This is called hypoglycemia unawareness.

People with hypoglycemia unawareness can't tell when their blood glucose gets low so they don't know they need to treat it. Hypoglycemia unawareness puts the person at increased risk for severe low blood glucose reactions (when they need someone to help them recover). People with hypoglycemia unawareness are also less likely to be awakened from sleep when hypoglycemia occurs at night. People with hypoglycemia unawareness need to take extra care to check blood glucose frequently. This is especially important prior to and during critical tasks such as driving. A continuous glucose monitor (CGM) can sound an alarm when blood glucose levels are low or start to fall. This can be a big help for people with hypoglycemia unawareness.

Hypoglycemia unawareness occurs more frequently in those who:

- Frequently have low blood glucose episodes (which can cause you to stop sensing the early warning signs of hypoglycemia).
- Have had diabetes for a long time.
- Tightly manage their diabetes (which increases your chances of having low blood glucose reactions).

If you think you have hypoglycemia unawareness, speak with your health care provider. Your health care provider may adjust/raise your blood glucose targets to avoid further hypoglycemia and risk of future episodes.

Regaining hypoglycemia awareness

It's possible to get your early warning symptoms back by avoiding any, even mild, hypoglycemia for several weeks. This helps your body re-learn how to react to low blood glucose levels. This may mean increasing your target blood glucose level (a new target that needs to be worked out with your diabetes care team). It may even result in a higher A1C level, but regaining the ability to feel symptoms of lows is worth the temporary rise in blood glucose levels.

Other causes of symptoms

Other people may start to have symptoms of hypoglycemia when their blood glucose levels are higher than 70 mg/dL. This can happen when your blood glucose levels are very high and start to go down quickly. If this is happening, discuss treatment with your diabetes care team.

How can I prevent low blood glucose?

Your best bet is to practice good diabetes management and learn to detect hypoglycemia so you can treat it early—before it gets worse.

Monitoring blood glucose, with either a meter or a CGM, is the tried and true method for preventing hypoglycemia. Studies consistently show that the more a person checks blood glucose, the lower his or her risk of hypoglycemia. This is because you can see when blood glucose levels are dropping and can treat it before it gets too low.

If you can, check often!

- Check before and after meals.
- Check before and after exercise (or during, if it's a long or intense session).
- Check before bed.
- After intense exercise, also check in the middle of the night.
- Check more if things around you change such as, a new insulin routine, a different work schedule, an increase in physical activity, or travel across time zones.

Why am I having lows?

If you are experiencing low blood glucose and you're not sure why, bring a record of blood glucose, insulin, exercise, and food data to a health care provider. Together, you can review all your data to figure out the cause of the lows.

The more information you can give your health care provider, the better they can work with you to understand what's causing the lows. Your provider may be able to help prevent low blood glucose by adjusting the timing of insulin dosing, exercise, and meals or snacks. Changing insulin doses or the types of food you eat may also do the trick.

It's called the A1C test, and it's a powerhouse.

It can identify [prediabetes](#), which raises your risk for diabetes. It can be used to [diagnose diabetes](#). And it's used to monitor how well your diabetes treatment is working over-time. It's also a critical step in forming your game plan to manage diabetes with your diabetes care team.

The big picture: monitoring treatment

This relatively simple blood test can tell you a lot. The test results give you a picture of your average blood sugar level over the past two to three months. The higher the levels, the greater your risk of developing diabetes complications. Your doctor will tell you how often you need the A1C test, but usually you'll have the test at least twice a year if you're meeting your treatment goals. If you're not meeting your goals or you change treatments, you may need to get an A1C test more often.

So, what do the numbers mean?

When it comes to the numbers, there's no one-size-fits-all target. A1C target levels can vary by each person's age and other factors, and your target may be different from someone else's. The goal for most adults with diabetes is an A1C that is less than 7%.

A1C test results are reported as a percentage. The higher the percentage, the higher your blood sugar levels over the past two to three months. The A1C test can also be used for diagnosis, based on the following guidelines:



- If your A1C level is between 5.7 and less than 6.5%, your levels have been in the prediabetes range.
- If you have an A1C level of 6.5% or higher, your levels were in the diabetes range.

Finally: A1C is also defined as 'estimated average glucose,' or eAG

Another term you may come across when finding out your A1C is eAG. Your doctor might report your A1C results as eAG. eAG is similar to what you see when monitoring your blood sugar at home on your meter. However, because you are more likely to check your blood sugar in the morning and before meals, your meter readings will likely be lower than your eAG.

Mental Health

Understanding diabetes and mental health.

Diabetes takes a toll on more than your body. It's normal to feel emotional strain—and it's important to ask for help.

With diabetes, you have a lot on your mind.

Tracking your blood sugar levels, dosing insulin, planning your meals, staying active—it's a lot to think about. It can leave you feeling run down, emotionally drained and completely overwhelmed. It's called diabetes burnout. And that's why it's important to stay in touch with your emotions as you manage your diabetes. What are you feeling? Stressed out? Angry? Sad? Scared? Take time to take inventory of your emotions and reach out to those around you to talk honestly and openly about how you feel. Better yet, find a mental health care provider to guide you through the emotional terrain around your disease and [discover ways to lighten your mental load](#). With diabetes, feeling physically good is half the battle. Feeling mentally good is the other half.

It's natural to feel angry

It can start with your diagnosis. It can go from "why me?" to pure rage at your disease. Anger is an important part of your journey toward accepting your life with diabetes. And while it can feel good and empowering, out-of-control anger can be harmful to you and those around you—and it can lead to depression and stress.

The key to dealing with your anger starts with being able to identify what's making you angry. Is it fear? Is it loss of control? Is it anger at yourself? As you find yourself getting angry, try to identify its root cause—and then work to transcend it.

When you feel anger, there are a number of things you can do to short circuit it:

- Take a breath
- Take an even deeper breath
- Get a drink of water
- Sit down
- Lean back

- Shake your arms loose
- Work to silence yourself
- Take a walk

Beware of denial

As with pretty much every emotion you feel when you're diagnosed with diabetes, denial is natural. Everyone feels that sense of, "not me," or "I don't believe it," or "there must be some mistake." But at some point, you have to accept your diagnosis and take action. By continuing to deny it, you run the risk of not taking action to fight the disease and keep yourself healthy.

An important part of steering out of denial is recognizing how it sounds in your head—and how it makes you avoid critical care. If you catch yourself saying or thinking any of the following phrases, you may be in denial:

- "One bite won't hurt."
- "This sore will heal itself."
- "I'll go to the doctor later."
- "I don't have time to do it."
- "My diabetes isn't serious."

Everyone goes into denial from time to time—but there are things you can do to make sure you don't stay there. Work with your diabetes care team to make a plan and set your goals. Ask your diabetes educator for help and be accountable to them. And tell your family and friends how they can help you stick to your treatment plan.

Depression can sneak up on anybody

Sometimes, there's a sadness or an emotional flatness that just won't go away. Sometimes, you just feel hopeless—and have no idea what comes next. However it shows up, depression can be hard to detect and can wreak havoc with your self care. Spotting depression is important—and it's important to check for these symptoms:

- Loss of interest or pleasure
- Change in sleep patterns
- Waking up earlier than normal
- Change in appetite
- Trouble concentrating
- Loss of energy
- Nervousness
- Guilt
- Morning sadness
- Suicidal thought
- Withdrawal from friends and activities
- Declining school and work performance

If you feel like you might be depressed, talk with your doctor. See if it makes sense to talk to a psychotherapist or counselor and then work to overcome it. It takes time for depression to lift, but once you have the proper emotional tools in place, you can learn to recognize the symptoms and act fast.

Where Diabetes Meets Depression

The rate of depression in people with diabetes is much higher than in the general population. Women experience depression about twice as often as men, and the risk of depression increases in women with diabetes.

Many hormonal factors may contribute to the increased rate of depression in women:

- Menstrual cycle changes
- Pregnancy
- Miscarriage
- Pre-menopause
- Menopause

Many women also face additional stresses, such as responsibilities both at work and home, single parenthood and caring for children and for aging parents.

Previous studies have shown individuals who are insulin-resistant may have higher serotonin concentrations and may be more prone to depression and even suicide. Furthermore, women with diabetes may be more likely to suffer depression because of the clinical diagnosis.

Please go to <https://diabetes.org/get-involved/community/american-diabetes-month> for more information.

“Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well.”
3 John 1:2

To God be the Glory,

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