

THE
EVERYTHING
HEALTHY
LIVING SERIES

Diabetes: Living with Diabetes

*The most important information
you need to improve your health*



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The Everything® Healthy Living Series

Diabetes: Living with Diabetes

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Introduction

For more than 10 years, millions of readers have trusted the bestselling Everything series for expert advice and important information on health topics ranging from pregnancy and postpartum care to heart health, anxiety, and diabetes. Packed with the most recent, up-to-date data, Everything health guides help you get the right diagnosis, choose the best doctor, and find the treatment options that work for you.

The Everything® Healthy Living Series books are concise guides, focusing on only the essential information you need. Whether you're looking for an overview of traditional and alternative migraine treatments, advice on starting a heart-healthy lifestyle, or suggestions for finding the right medical team, there's an Everything Healthy Living Book for you.

Diabetes

If you've picked up this book, chances are that diabetes has touched your life or the life of someone close to you. Whatever the diagnosis — pre-diabetes, type 1, type 2, or gestational — diabetes can be a frightening and personally devastating diagnosis. Fortunately, learning all you can about diabetes and seeking support are probably the two most important components to staying on top of this disease.

A key phrase in the lexicon of diabetes care is good control. For those new to diabetes, good control means keeping your blood glucose, or blood sugar, in a range at or close to normal through diet, exercise, and/or medication (which can include pills, insulin, and/or other injectable drugs). Control is the answer to managing diabetes physically as well as emotionally. Always remember that the power is in your hands to determine how diabetes affects your life.

Managing diabetes requires knowledge, dedication, and a certain doggedness of character. Most importantly, it requires a commitment to being a leader, not a follower, in your own health care. Surrounding yourself with good people — endocrinologists and diabetologists, certified diabetes educators, registered dietitians, and more — is an excellent start. But it takes more than a crack medical team to control diabetes. Playing an active role in your own health care — as coach of your health care team — is essential for staying both healthy and happy. So is surrounding yourself with people who care about you and are willing to support you in your pursuit of wellness.

High blood glucose levels can affect every system of the body over time if not managed properly. Heart disease, stroke, vision loss, kidney disease, and nerve damage are just a few of the complications that uncontrolled diabetes leaves in its wake. This is why educating yourself about good diabetes management — through diet, exercise, medication, lifestyle, and more — is so very essential.

Medical breakthroughs like continuous glucose monitoring technologies, new oral and injectable medications and insulin formulations, insulin pumps, and others have drastically improved the quality of life for all people with diabetes, but there is still no cure for the disease. Until there is, staying current on developments in diabetes management, communicating with your health care team, and staying on top of self-care through healthy lifestyle choices are absolutely essential to wellness.

If you'd like to learn more about diabetes, check out *The Everything® Health Guide to Diabetes, 2nd Edition*, available in print (978-1-59869-785-8) and eBook (978-1-60550-788-0) formats.

Living Life with Diabetes

In theory, there's nothing you can't do now that you couldn't do before you had diabetes. But in practice, you will have to make some lifestyle adjustments to manage your disease well. It's kind of like that tired old joke about the violin — “Doctor, will I ever be able to play the violin again? Yes? But I couldn't play it before... .” You may actually be able to do things bigger and better than you could before your diagnosis.

Diabetes at Home

Even though you're the one with the diabetes diagnosis, your whole family needs to make some adjustments to living with the disease. A healthful lifestyle promoting good blood glucose control is the best defense against diabetic complications. And the good news is that it's a great prescription for everyone around you as well.

Don't try to go it alone. The changes that diabetes brings to the dinner table can be positive ones for the entire family, particularly if your diet before now has been less than stellar. Exercise is also a healthy choice for the whole family, both physically and on a psychological level — the family that plays together stays together.

You may hear the “why should we all have to suffer?” defense as you encourage your family to join you on your new and more healthful lifestyle. Step back and assess what might be causing that reaction. Fear of giving up the familiar is one possibility. You might also be asking them to do too much too fast, particularly if you were stuck in a fast-food routine.

Start Out Slowly

Try limiting restaurant food to once a week and encouraging healthier menu choices. Instead of mandating “no junk food” off the bat, allow one selection of their choosing to be kept in a cabinet you don't frequent.

Above all, work to provide many healthful, fresh, and good-tasting alternatives so the change is perceived as a positive one.

If your family members have a favorite food that's a no-no for you, only keep it on hand if you're sure it won't be calling you from the cupboard. Remember, you are not an ogre for requesting that potato chips, Moon Pies, and Lucky Charms be kept out of the pantry. No matter what degree of pouting and resistance you face from your spouse or children, stand firm. Bypassing these treats won't harm their health, but having them could very well hurt yours.

Alert

While kids should be able to enjoy the occasional treat that isn't regularly on your meal plan, stocking up on junk food isn't healthy for you or them. You don't need the temptation, and they will be better off with more balanced fare.

Make Your Needs Known

It's easy to get discouraged and depressed when others don't seem to be meeting your needs or even seem to be aware that you have them. Stop those feelings before they start by laying out exactly what you need from the people around you.

If you find you don't have enough time to exercise as you should because of child care responsibilities, tell your spouse it's essential to your health to get some assistance. If your significant other keeps making you all the things you shouldn't be eating, give her some guidance, go with her on the next grocery shopping expedition, or, better yet, take her with on your next appointment with the CDE or dietitian. Don't expect your family and friends to be mind readers. Assume they know next to nothing about your new lifestyle needs, and educate them accordingly.

Making Your Home Diabetes-Friendly

There's more to treatment success than whipping the pantry into shape. The first is keeping a frequent watch on where your glucose levels are. One way to encourage yourself is to have several meters available where you'll use them — in the kitchen, by your bed, in your gym bag. If you're often testing at night, there's at least one model on the market with a glow-in-the-dark faceplate for easier testing. You can use your kitchen timer or alarm clock to remind you to take any postprandial (after-meal) blood sugar checks. Keep several blood sugar logs with your meters so you remember to record your results, or carry a pocket-sized “master log” with you to keep everything in one place.

Essential

Stress is a well-known offender in causing blood glucose levels to rise, particularly in patients with type 2 diabetes. Yoga, progressive relaxation, massage therapy, exercise, and meditation are just a few ways to de-stress. Talk therapy, either one-on-one with a counselor or in a support group, can also be extremely helpful.

Home safety is also an issue. If you don't have one already, get a sharps disposal bin. Even if you don't use insulin, you should still have one for your lancets. If you have a small child with type 1 diabetes, you will have to be twice as vigilant about toddler-proofing your home, particularly the kitchen. Keep the cupboards and pantry closed and locked (or fastened with child-safety latches) to avoid any surreptitious snacking.

Diabetes at Work

If you are employed outside the home, you may need to make some adjustments in your daily work routine to accommodate good treatment habits. There's probably no job out there that is perfectly suited for diabetes, but there are some employment situations that are more difficult than others. Working a job where you're on your feet all day, where it's difficult to take a break to test your blood sugar, where your shifts are

unpredictable, or where you are exposed to extreme heat or cold can make control hard.

You may be faced with some tough choices as you try to make your job compatible with your new life. The legal protections offered by the Americans with Disabilities Act will help to a degree, but even with that, you may find yourself in a position where your job is working against your diabetes management. If this is the case, you do have options:

- Talk to your doctor about adjustments to your treatment. Could a new medication or insulin regimen help?
- Talk to your boss or manager about adjustments to your work schedule or other accommodations. Is a transfer possible or preferred? Could a shift change be in order?
- Explore your options both inside and outside of your company. If you've been contemplating a career change or return to school, maybe now is the time to get moving.

Third-shift work and swing-shift work (where your work shifts are switched on a regular basis) are particularly hard on diabetes management, which requires balance. If you must work these types of hours, you need to stay in close contact with your diabetes care team to keep on top of problems as they arise and make any necessary medication and insulin adjustments.

Discrimination: What the Law Says

The Americans with Disabilities Act, passed in 1992, prevents your employer from discriminating against you solely based on your diabetes, and it requires that employers make “reasonable accommodations” to allow you to check your blood glucose and treat yourself as needed. Under the act, a disability is a record of “physical or mental impairment that substantially limits one or more of the major life activities” of an

individual. The ADA applies to all employers with fifteen or more employees.

Question

I don't consider myself disabled just because I have diabetes. Am I sending the wrong message if I claim protection under the ADA?

The ADA was designed to cover a broad range of Americans who may experience discrimination in the workplace due to health issues, and is your best protection for fair treatment on the job. When you invoke your rights under the ADA, you ensure you are judged on your abilities rather than your disease.

Providing a small refrigerator for your supplies, giving you short breaks to check glucose, and adjusting your work shift if it causes control problems would all fall under the scope of reasonable accommodation in most cases. If the accommodation is said to provide “undue hardship” on the employer (usually in terms of financial resources), it may not be required. Generally speaking, the majority of accommodations that would be required for diabetes would not be considered an undue hardship under the ADA for most organizations. However, you should consult a lawyer specializing in disability law if you have specific questions about your situation and employer.

Your employer cannot deny you health benefits; under the ADA, you are entitled to the same health insurance, disability, and other benefits as other employees in your workplace. And if your spouse or child develops diabetes and you carry insurance for your family through your employer, you are covered by these same provisions.

Job Hunting

Looking for a job? The ADA protects you against discrimination here as well. Know that questions about your health in an interview are illegal, and so is withdrawing a job offer based on your diabetes alone. If your

diabetes is disclosed during a pre-employment physical, your prospective employer cannot use it as a reason to deny you employment as long as reasonable accommodations can be made for you. Of course, going for the head wine-taster job at the local vineyard isn't a good idea; there may be certain positions that require activities you just can't perform or that can't be "reasonably accommodated."

Alert

If, based on the employer's words or actions, you have any reason to believe you were discriminated against because of your disease, contact the Equal Employment Opportunity Commission ADA hot line at 1-800-669-3302.

In addition, you may be legally unable to obtain licensure for certain positions like commercial truck driving, depending on the state you live in. However, if you already work one of these positions and develop diabetes, your employer must offer you another suitable vacant position within the company (as long as you are qualified to perform the new job). The ADA also prevents your employer from denying you a promotion based on your diabetes.

Workplace Accommodations

There are many benefits to providing a working environment that accommodates people with diabetes and other chronic illnesses. Employee satisfaction, better retention rate, fewer sick days, and lower disability payout are just a few good motivations. It also takes money and resources to train employees, and if you are a good worker, it makes sense for your employer to do what it can to retain you.

If the people in your workplace don't seem to know a lot about diabetes, take the opportunity to teach them. Let your human resources director know about the Diabetes at Work program

(www.diabetesatwork.org), which educates employers about diabetes and offers advice on instituting screening and wellness programs designed to reduce diabetic complications. The American Diabetes Association is also an excellent source of information for your employer.

Fact

Under the ADA, your employer must maintain your confidentiality about your health condition, disclosing it to others only on a “need to know” basis (for example, if you work in a manufacturing environment where a company nurse is on staff, she would be informed of your condition so she could treat you appropriately).

To Tell or Not to Tell

Telling others can be hard. You may be afraid of job discrimination. And sometimes it can be difficult admitting you need help. However, you can’t claim protection under the ADA if you don’t let your employer know about your condition and ask for accommodation assistance. If you’re inexplicably missing work or taking longer or more frequent breaks without permission, you may very well lose your job.

There are several good reasons to let your coworkers in on your diabetes. First, people around you need to know what to do in case of a blood sugar emergency. Second, it’s an excellent opportunity to spread awareness of the disease and perhaps educate coworkers in the process. And finally, if your employer has allowed you extra breaks and other accommodations to check your glucose levels and treat yourself, letting coworkers in on the reason can prevent feelings of ill will.

Eat, Drink, and Be Wary

Birthday parties, family reunions, wedding receptions, holiday office gatherings — any event where food and drink play a starring role is a potential danger zone without the right preparation. If you know the fare will be high in fat or sugar-rich, bring along a healthy dish (your hostess

will probably appreciate the contribution). Having a small snack at home before the event can help to blunt your appetite against too many temptations.

Don't forget that dancing is exercise. Check your glucose levels if you've been out on the dance floor for a while to ensure they aren't dropping too low. If food won't be available at all times during the party, bring a snack with you to fuel up. A nondiet soda or juice from the bar can help to treat a low if you're caught without glucose tablets.

If you decide to enjoy beer, wine, or a mixed drink, use caution and make sure you have a friend with you who can recognize the signs of a low and treat them accordingly.

Behind the Wheel

Always test before you drive, and if you're low, don't drive. Blood glucose levels below 70 mg/dl should be treated appropriately, and a safe blood sugar level should be attained before getting back behind the wheel. If you start to experience symptoms of hypoglycemia while you are driving, pull over immediately to test and treat. A low impairs your judgment and can cause you to lose consciousness. Like alcohol and falling asleep at the wheel, low blood sugars can easily result in a traffic fatality.

Licensing Issues

For people with well-controlled diabetes and a good driving record, maintaining a noncommercial driver's license shouldn't be an issue. State law governs regulations for driver's licenses, and in some cases your license may have medical restrictions (particularly if you are on insulin). In addition, if you have type 1 diabetes or take insulin for your type 2 diabetes, you may have your license suspended if you have a history of severe hypoglycemic episodes. In many states, your doctor is required to report you to the department of motor vehicles if he feels it is unsafe for

you to drive due to your diabetes. If your diabetes is not well controlled, if you experience hypoglycemic unawareness, if you have frequent lows, or if you have diabetic complications that affect your vision or reaction time, it may not be safe for you to drive a motor vehicle.

Fact

In the mid-1990s, the Federal Aviation Administration overturned a blanket ban on small-aircraft private pilot licenses for people who take insulin for their diabetes. These license applications are now handled on a case-by-case basis, evaluating each individual's specific medical situation rather than discriminating against everyone.

Commercial licenses (CDLs) generally have much stricter regulations, again governed by state. In many states, taking insulin is grounds to have your commercial license revoked or not issued. The ADA has been active in advocating the creation of a system that evaluates CDL applications on a case-by-case basis instead of with a blanket ban, and in 2005 legislation that allows for exemption of insulin-taking CDLs who meet specific criteria was passed. Your state motor vehicle bureau can answer specific questions about the licensing laws in your area and how they apply to intrastate commercial driving as well.

On a Road Trip

The minivan, the open road, passing cornfields, roadside diners, and the hourly “are we there yet?” question. Ahhh — the pleasures of the family road trip. Taking a trip by car brings its own unique set of challenges to people living with diabetes. Prolonged sitting, road fatigue, truck stop dining, and should-have-turned-left-at-the-last-exit-but-won't-ask-for-directions syndrome are just a few of the roadblocks you may have to overcome.

Stop and stretch often to get your circulation going and cut fatigue. It's a good idea to check your glucose levels at each rest stop as well.

Again, pack snacks just in case you get waylaid, and don't count on the next restaurant being quite so far. A cooler is an excellent idea if you'll be traveling long stretches of remote highways. A cell phone is also essential for rural travel in case a breakdown leaves you stranded or you have a medical emergency.

Make sure all insulin, testing kits, and medication are stored in a place that won't get excessively hot or cold. Trunks, glove compartments, and dashboards are all bad spots to keep your supplies. If you're traveling in hot weather and you stop for a food or road break, do not leave your supplies and/or medication in the car unless you have a cooler to store them in. On a 73-degree day, in just ten minutes temperatures can reach 100° and higher in a car with the windows rolled up, which is bound to make your insulin go bad and possibly damage your meter and other equipment.

Be Prepared

Whether you're going by plane, train, or automobile, there are some basics you should carry along with your toothbrush and clean underwear. These include the following:

- A first-aid kit, including antibiotic ointment and bandages
- Extra medication and insulin
- Blood glucose meter with an ample supply of test strips, alcohol swabs, and lancets
- Extra batteries for your meter
- Emergency supply of fast-acting glucose
- Extra pump supplies (if applicable)
- Plenty of snacks, including fast-acting carbs

Always travel with twice the amount of medication and/or insulin you would normally require for the time you'll be gone. The same goes for blood glucose testing supplies. If you are delayed for weather or any other

unexpected reason, your foresight will save you a lot of scrambling about trying to get a prescription filled in an unfamiliar place.

A sturdy, watertight supply case is a must for anyone who travels frequently. For those who take insulin, a case that is well padded and insulated to keep vials or pens at their proper temperature is also important. Finally, remember that your supplies should always be transported as carryon bags versus checked luggage to avoid any problems with lost bags and missing meters and medications.

Travel Tips for the Wise

Vacations and business travel can present some unique control challenges and safety issues. Don't travel completely alone unless you have to. In case of an emergency, a trusted friend, spouse, or companion will be invaluable, particularly if you're in a foreign country. If you're a free spirit and like to fly solo, make sure you always carry your basic medical information (i.e., name, diagnosis, medication, physician contact) on your person, and wear your medical ID.

Air Travel and Medical Devices

In the past few years, air travel security measures have changed significantly in the United States and abroad. Because having diabetes necessitates traveling with medical sharps, there are some extra steps you may need to take to ensure you have easy access to your insulin and testing supplies while flying.

- **Insulin.** Keep all original packaging and paperwork that come with your insulin so you can present the original printed pharmaceutical label for the medication at the airport security checkpoint. The same applies for glucagon kits. Syringes will be allowed past security only if the accompanying medication is properly labeled.
- **Meters.** The FAA will allow glucose meters and lancets in suitcases or carry-on baggage as long as meters are clearly marked with the

manufacturer and/or brand name. Lancets should be capped and properly stored with the meter.

- **Pumps and CGMS.** If you wear an insulin pump or continuous monitor, inform airport security personnel and request that they visually inspect it rather than removing it. Again, have insulin documentation with you. If screeners insist you remove your insulin pump, ask to speak with a security checkpoint supervisor.

Allow plenty of extra time for getting through airport security. You may want to plan on an extra thirty to sixty minutes in addition to whatever your airline is advising for advance arrival time. This will give you breathing room if airport personnel need to check out your medical supplies. And always call the airline you'll be traveling with first to find out its specific security policies for the flight.

Essential

A number of diabetes drugs may cause photosensitivity (skin's oversensitivity to the sun). To minimize your risk, wear a brimmed hat and sunscreen with an SPF of 35 or higher for all exposed skin. Long sleeves and pants legs also increase protection.

If you have problems with improper treatment or discrimination when traveling by air, call the Transportation Security Administration (TSA) hot line at 877-336-4872. Complaints may be filed in writing with the Transportation Security Administration, Office of Civil Rights and Liberties (TSA-6), External Compliance Division, 601 S. 12th Street, Arlington, VA 22202.

Adjusting Insulin and Time Zones

International travel requires some extra planning, particularly if you take insulin. In addition to the usual jet lag, you have to keep on schedule with your medication. In general, the easiest and most practical approach

is to take insulin on track with meals in the “new” time zone you’re traveling in (or are en route to). However, you should always consult your doctor or diabetes educator about appropriate adjustments to insulin and medication before you travel, as her advice may vary based on the type of insulin you take, the distance you are traveling, and other factors specific to your situation.

Staying Well Abroad

To safeguard your health and safety while traveling in a foreign country, you should make sure you can communicate your needs adequately and are well supplied for the journey. Some tips:

- **Get your shots.** Before you go, make sure any required immunizations are up-to-date.
- **Learn the language.** If you don’t speak the native tongue, make sure you have a guidebook to help you with basic medical phrases like “I need a doctor” and “I have diabetes.”
- **Have your papers in order.** Keep your doctor’s name and phone number along with your written insulin schedule on you at all times, and, as always, wear your medical identification.
- **Drink water.** If the water is questionable, drink bottled (and hold the ice in any canned and bottled beverages you order) to avoid diarrhea or more serious illnesses.
- **Keep a food supply.** Make sure you have a stash of nonperishable snacks like peanut butter and crackers, canned fruit juice, raisins, dried apricots, nutrition bars, and other foods that keep well and will serve as a minimeal should your plans be interrupted.

Diabetes, Emotions, and Relationships

In addition to blood sugar highs and lows, diabetes triggers emotional ups and downs that can be just as unpredictable and severe. And because the disease is life altering, it has a significant emotional impact on not just the patient, but on everyone who lives with and cares for her or him. If you are prepared for the emotional issues that diabetes will bring, you will come out a winner.

Dealing with Diagnosis

Dealing with a diabetes diagnosis has been compared to coping with the grief of death. Diagnosis marks the loss of life as you knew it. It's normal to grieve your old "healthy" life, even if you weren't feeling well before getting the diabetes label. Denial, anger, bargaining, depression, and acceptance are all parts of the process.

The Dangers of Denial

The first of these can be the hardest and most damaging in diabetes. Many people choose simply to ignore that they have the disease, continuing on as if it didn't exist. The problem with this (non)coping approach is the long-term consequences of uncontrolled blood glucose. By the time they do come to terms with denial and are ready to treat their diabetes, serious complications may be on their way.

Some newly diagnosed patients will acknowledge their feelings of denial. Recognition is a good sign that in the back of your mind you know you must move forward. As long as you're willing to follow your doctor's orders for the time being, even if you haven't fully accepted the disease, denial is a normal part of the process.

Alert

For patients who reject both the diagnosis and the treatment, the situation can become a dangerous one. Sometimes it takes a blood sugar emergency that lands them in the hospital or the development of diabetic complications for them to realize that they do, indeed, have diabetes.

Reaching acceptance can be a difficult, rocky road. Many people need the help of a therapist or counselor to get there. A health psychologist who has specialized training in the intricate psychological, biological, and social relationships between physical illness and mental health can be helpful in sorting through coping issues.

The Emotional Roller Coaster

Although acceptance is an important step in getting on track to diabetes control, it isn't a guarantee of ongoing inner peace. Periods of difficult control and high blood sugars can also bring devastating emotional lows, which can in turn make blood glucose levels rise even farther and start a self-perpetuating cycle of physical and psychological deterioration. Learn to recognize the signs of emotional pitfalls like depression, anger, guilt, and stress so you can take the appropriate steps to stop this downward spiral before it starts.

Depression

Up to 30 percent of people with diabetes also suffer from symptoms of depression, and people with diabetes are twice as likely to become clinically depressed than are those without diabetes. Occasional sadness, fear, and uncertainty are normal in diabetes, but when they start affecting your everyday enjoyment of life and interfering with proper self-care, they may be something more than just a passing emotional downturn.

Fact

Signs of a depressive disorder include weight loss, insomnia or hypersomnia (too little or too much sleep), irritability or agitation, fatigue, feelings of guilt or worthlessness, inability to concentrate, and recurrent thoughts of death or suicide.

Depression can be treated with therapy and/or antidepressant medication, so there's no reason to suffer needlessly. Here are a few other points that may help you deal with depression:

- **Knowledge is power.** Fear of the unknown can feed your depression. If you haven't already done so, start educating yourself about your disease.
- **Seek support.** Draw on the experience and emotional comfort of your family, friends, spiritual community, health care team, and others with diabetes.
- **Keep perfection in perspective.** Reward your successes, big or small, and try to see your stumbles as learning experiences rather than failures.
- **Keep moving.** Try to push yourself to take a brisk walk daily. Exercise raises your level of endorphins, a natural mood booster.

Anger Management

You have diabetes and you're foot-stamping, wall-slammng, screaming, steaming mad about it. Now the question is, what do you do with all that pent-up hostility? Do you focus it on beating the snot out of that damned disease through aggressive diabetes control, or do you turn it outward at the world and push away your family and care providers in the process?

Alert

Anger is a common symptom of a blood sugar low. If you feel yourself getting angry for no good reason, it may be a sign you need to test your

blood sugar. And if you live with someone with diabetes, try not to take anger personally when it occurs in connection with a low.

Anger is an understandable reaction to diabetes, and it can be a good motivational tool if used appropriately. However, if it's becoming a barrier to your care and your relationships with others, it's a problem.

Feeling Guilty

It may not be rational, but it's perfectly normal to feel guilty about having diabetes. But now that you know it's normal, it's time to move on. You are not to blame for having diabetes, nor should you feel ashamed of your diagnosis. You've done nothing to deserve your disease; your genetic makeup and/or environmental factors have made you susceptible to it through no fault of your own.

Managing Stress and Burnout

When you face a physically or psychologically stressful situation, your body starts a complex process of hormone release and reaction. The adrenal glands start to pump out cortisol, the hormone primarily responsible for our physiological "fight or flight" reaction to situations we perceive as dangerous. Cortisol signals the liver to start up glucose production to give the brain and central nervous system added energy, while signaling the fat and muscle tissues to slow their uptake. It also causes the release of fatty acids from fat tissues, which are needed for muscle fuel, and sends your blood pressure up.

Stress also prompts the adrenal glands to release epinephrine, the hormone that provides the adrenaline rush of the "fight or flight" reaction. High levels of circulating cortisol and epinephrine promote insulin resistance in addition to ratcheting up blood glucose levels.

Since it increases blood pressure and glucose levels, stress is obviously not the best medicine for diabetes control. And it's dangerous

because it may distract you from controlling your diabetes as you become preoccupied with other issues.

Essential

No one, and that means no one, has perfect diabetes management skills all the time. If you have an unforeseen high or low, don't take it as a sign of personal failure. Measure your success by your commitment to care. When a high or low happens, learn from the experience to prevent it the next time.

The Physical Toll

When you're ill or suffer an injury, your body is stressed and you need to test more frequently. The same goes for times when you are mentally and emotionally under duress. Audited by the IRS? On double shifts at work? Taking final exams? Make sure you test glucose levels more often than usual.

There is some evidence that extreme, chronic stress may actually cause or predispose an individual to type 2 diabetes. However, stress has also been associated with abdominal or visceral adiposity (that "apple" shape), so it's unclear whether stress causes a spare tire and the spare tire causes type 2, or if the link is a more direct one.

Make a Change

Studies have shown that stress management programs can be extremely effective in improving psychological well-being and diabetes control. One Duke University study published in *Diabetes Care* found that just five sessions of stress management training lowered A1C levels an average of half a percentage point.

The Duke study involved a stress-training regimen of audiotape-led progressive muscle relaxation, cognitive and behavioral therapy (including guided imagery and deep-breathing exercises), and education on the mechanisms and health consequences of stress.

Other good stress management techniques include yoga, music or art therapy, and journaling. Anything that calms you and allows you to relax and release is a good stress management strategy.

Fact

Physical stress like injury, illness, or trauma causes blood glucose levels to rise in type 1 and type 2 diabetes. Psychological, or mental, stress causes hyperglycemia in type 2 diabetes, and in most people with type 1 diabetes. However, some type 1 patients will actually experience a drop in blood sugars in reaction to psychological stress.

Turning to a Support Group

For the same reason that diabetes camps are a huge boon to kids with type 1 diabetes, support groups are an absolutely invaluable resource for adults with diabetes. A support group offers patients a chance to compare treatment notes, to talk about emotional issues in living with the disease — even to air their gripes about the health care system. In addition to expanding your knowledge and fostering a sense of camaraderie, a support group is a good stress-release valve.

Your doctor's office and/or local hospital are good places to check on existing support groups. If you find that your community doesn't have one, ask your physician or diabetes educator about the possible interest level in a group among other patients. You may be able to set up one of your own.

Around the World

Online communities for people with diabetes are plentiful and can be almost as — if not more — supportive and informative than real-time groups. There's input from Pennsylvania to Paris, with participants from all walks of life and a broad range of experience with diabetes and diabetic complications. On the other hand, you may get inaccurate medical information from people who either don't know better or are trying to sell some miracle cure.

The “miracle” workers can be taken care of with the firm hand of a good community moderator. And as long as you take what you read with a grain of salt, you certainly stand more to gain than you can lose. And the beauty of an online support group is that it is there all day and all night for your questions, vents, and gripes.

The Dating Game

Single with diabetes? You may feel like every encounter is a blind date as you consider whether to “tell” about your diabetes. Or you may screen your potential partners by specifically mentioning the D word. There’s no reason to treat your diabetes as a skeleton in the closet or a state secret, but some people feel more comfortable sharing their disease after they’ve laid the foundation for a relationship. The bottom line is, you should do what feels right to you.

Intimacy Issues

When things get intimate, they can also get a little weird. What if you go low and pass out in the heat of passion? Or what if your partner gets tangled up in your infusion set? Having a sexual encounter of the strange kind is the worst nightmare of many single people living with diabetes.

Making love with a partner you trust can alleviate much of the tension you might feel about your first time together. And what seems mortifying now is usually good for a laugh together later. The worst-case scenario rarely happens. Don’t obsess over the “coulds” to the point where they become a major preoccupation.

For Spouses and Significant Others

When your partner is handed a diabetes diagnosis, so are you. Get on board with diabetes care right off the bat. You can and should attend diabetes education classes to learn more about the disease and how to treat it. If you do the grocery shopping and/or cooking in your household, you should absolutely attend the meeting your partner has with a registered

dietitian. And if your partner feels comfortable with it, go along on doctor's visits as well. Two sets of ears are always better than one.

Alert

Support your spouse or partner, but keep in mind that she, and not you, is in charge of taking care of her diabetes. This means being there for her if she asks for help, offering to go to the doctor's appointments with her, but not pushing the issue, and not eating things that she can't have right in front of her.

Try (and it can be hard) not to become the diabetes police. Think of what it would be like to go through life listening to the following:

- “Are you sure you can eat that?”
- “Do you *really* think you should have that?”
- “Don't you think you should do something about that blood glucose reading?”

Communicate openly and honestly with your partner about how you can help when things aren't going right, before they go astray. That way you know in advance the most effective way to assist.

Helping Those Who Don't Help Themselves

Perhaps you're reading this book because you're more interested in diabetes control than your significant other — the one with the disease — is. Maybe your partner hasn't come to terms with his diagnosis yet, or maybe he's depressed or disheartened and has stopped trying. You can read and learn until you're blue in the face, and you may even be able to nag your partner into a few extra glucose checks or a more appropriate meal. But you can't control his diabetes for him. Remember this if you remember nothing else. Your mental health and emotional well-being are just as important as your partner's, and you can save yourself countless

hours of head-banging frustration if you detach enough to realize that he is the pilot of the diabetes ship.

Question

My husband has had problems in the bedroom ever since he was diagnosed with type 2 diabetes. Is this part of the disease?

If your husband is newly diagnosed, he may be struggling to come to terms with diabetes. Depression, anxiety, and anger are all common emotions following diagnosis of a chronic illness, and could temporarily affect his libido. However, diabetes-associated impotence is quite common.

At the same time, you don't want to go too far in the other direction and make it easier for your partner to get away with screwing up his control by going along with his program. Accepting his excuses about why that extra piece of pie just had to be eaten or nodding your head when he says he's going to cut back his insulin to drop a few pounds is not being supportive. It's called "enabling," and spouses and family members of alcoholics do it all the time. Don't let yourself become part of the problem or validate bad behaviors.

Caring for Kids with Diabetes

Diabetes affects the entire family — beyond the lifestyle adjustments, a family must come to terms with fear, guilt, jealousy, anger, and other emotions. Both the parent/child and the sibling relationship can face difficult challenges that require empathy, discipline, and flexibility to work through and beyond.

Whether a parent or a child has diabetes, the whole family can benefit from diabetes education classes. Even small children can learn more about the disease through age-appropriate books. It's easy to feel isolated when you have diabetes, and involvement of the family goes a long way toward creating a caring and supportive environment that makes control easier.

To Love and Not Overprotect

When your child has diabetes, she has more boundaries than others, and it can be easy to fall into the trap of making them tighter than necessary. Letting your fears overtake your child's normal social development is not healthy for either of you. Kids need to be kids — to participate in sports, to go to birthday parties, to spend the day at the beach with friends, and to go to school dances and football games.

Follow the “first do no harm” motto of the medical profession and take the least-invasive route when making decisions on what your child can and cannot do, based on your child's age, responsibility, and level of competence with her own diabetes care. And if you must say no, let your child know the reasoning behind the decision. “Because I said so” is not a good explanation, and will not help to make boundaries clearer to your son or daughter.

As your child grows and takes a greater deal of control over her own care, you may find yourself feeling strangely unneeded. Remember that your adolescent is forming her own identity and needs the autonomy to make some of her own treatment decisions and take over more of her day-to-day management. You do need to remain a partner in her care, however. Asking if she's changed her infusion set or helping her check her glucose if she doesn't look well is still your responsibility as parent and care partner.

Sibling Issues

One child has diabetes and the other doesn't. How do you balance one child's restrictions with the other's relative lack of them? And how do you balance out all the necessary time and attention given to caring for your child with diabetes in the eyes of the child who doesn't require constant oversight? Parenting can be even more of a challenge when you're caring for a child with diabetes and a child without it. You feel as if you're constantly saying no to both of them.

Essential

Caregivers need care, too. While it gets easier with practice and age, it's emotionally exhausting to stand guard over your child day in and day out. Arrange for backup care for your child at least once a month, and get out and enjoy yourself.

Try to make life as normal as possible for both of them. Healthy eating habits and activity should be a family goal. The sibling without diabetes should be educated about the other's special needs, something that will probably come naturally in the course of everyday home life. However, you need to make it clear that only parents or another responsible adult are to treat the disease, as some children may try to "help" with a younger sibling and unknowingly place him in danger. Your child with diabetes needs to feel safe about his care, and also guilt-free about having special requirements associated with the disease.

At the same time, don't let your child get manipulative with his disease. Using it as an excuse to get out of chores or tasks or playing the "poor me" card to get you to agree to special privileges should not be allowed, particularly when it's at the expense of your other child. Being a parent of a dual-diagnosis (one with, one without) household can be a challenge, but you're up to the task.

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