

# Diabetes

TAKE-HOME COPY

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Healthmonitor®

Get to the bottom of blood sugar highs and lows

STYLISH WAYS TO WEAR A PUMP



**"I found my type 2 secret weapon!"**

Dr. Tyree discovered that hip-hop helps him take control of his diabetes—and now he's spreading the word!



AADE FAVORABLY REVIEWED

# Diabetes Healthmonitor®

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Elena  
BUSINESS OWNER/CATERER  
WITH TYPE 2 DIABETES

Actor portrayal

Once-Weekly Trulicity® helps your body do what it's supposed to—release its own insulin.

- Trulicity is not insulin
- It comes in a truly easy-to-use\* pen
- You don't have to see or handle a needle
- You may lose a little weight†

See if you can activate your within. Ask your doctor about once-weekly Trulicity.

once weekly  
**trulicity**  
(dulaglutide) injection  
0.75 mg/0.5 mL, 1.5 mg/0.5 mL

\*In a study, 94% of people who used the Trulicity pen found it easy to use.†Trulicity is not a weight loss drug. In studies, people who lost weight lost 2-6 lbs on average.

Learn more about Trulicity and see if you can start for \$25 a month for your first 2 years‡ at [GoTrulicity.com](http://GoTrulicity.com)

‡Applies to each of your first 26 prescriptions. Lilly pays up to \$150/month. This offer is invalid for patients without commercial insurance coverage or those whose prescription claims are eligible to be reimbursed, in whole or in part, by any governmental program. Other terms and conditions apply.

**Indication and Limitations of Use:** Trulicity is a once-weekly injectable prescription medicine to improve blood sugar (glucose) in adults with type 2 diabetes mellitus. It should be used along with diet and exercise. Trulicity is not recommended as the first medication to treat diabetes. It has not been studied in people who have had inflammation of the pancreas (pancreatitis). Trulicity should not be used by people with type 1 diabetes, people with diabetic ketoacidosis, or people with a history of severe gastrointestinal (GI) disease. It is not a substitute for insulin. It has not been studied in children under 18 years of age.

**Important Safety Information: Tell your healthcare provider if you get a lump or swelling in your neck, have hoarseness, trouble swallowing, or shortness of breath while taking Trulicity. These may be symptoms of thyroid cancer. In studies with rats or mice, Trulicity and medicines that work like Trulicity caused thyroid tumors, including thyroid cancer. It is not known if Trulicity will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people. Do not take Trulicity if you or any of your family members have ever had MTC or if you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).**

Do not take Trulicity if you have had an allergic reaction to dulaglutide or any of the other ingredients in Trulicity. Trulicity should not be used in children under 18 years of age.

**Trulicity may cause serious side effects, including:**

- **Inflammation of your pancreas (pancreatitis).** If you have pain in your stomach area (abdomen) that is severe and will not go away, stop taking Trulicity and call your healthcare provider right away. The pain may happen with or without vomiting. It may be felt going from your abdomen through to your back.

- **Low blood sugar (hypoglycemia).** If you are using another medicine that can cause low blood sugar (such as insulin or a sulfonylurea) while taking Trulicity, your risk for getting low blood sugar (hypoglycemia) may be higher. Signs and symptoms of low blood sugar may include dizziness, blurred vision, anxiety, irritability, mood changes, sweating, slurred speech, hunger, confusion or drowsiness, shakiness, weakness, headache, fast heartbeat, or feeling jittery. Talk to your healthcare provider about low blood sugar and how to manage it.
- **Serious allergic reactions.** Stop taking Trulicity and get medical help right away if you have symptoms of a serious allergic reaction including: swelling of your face, lips, tongue or throat; problems breathing or swallowing; severe rash or itching; fainting or feeling dizzy; or very rapid heartbeat.

- **Kidney problems (kidney failure).** In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration). This may cause kidney problems to get worse.

- **Severe stomach problems.** Trulicity may cause stomach problems, which could be severe.

**Tell your healthcare provider if you:**

- have or have had problems with your pancreas, kidneys, or liver.
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food.
- have any other medical conditions.
- are pregnant or plan to become pregnant, or if you become pregnant while taking Trulicity. It is not known if Trulicity will harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if Trulicity passes into your

breast milk. You should not use Trulicity while breastfeeding without first talking to your healthcare provider.

- are taking other medicines including prescription and over-the-counter medicines, vitamins, and herbal supplements. Trulicity may affect the way some medicines work and some medicines may affect the way Trulicity works.

- are taking other medicines to treat diabetes, including insulin or sulfonylureas.

If you take too much Trulicity, call your healthcare provider or go to the nearest emergency room right away.

**The most common side effects with Trulicity may include:** nausea, diarrhea, vomiting, abdominal pain and decreased appetite. Talk to your healthcare provider about any side effect that bothers you or does not go away. These are not all the possible side effects of Trulicity. Call your doctor for medical advice about side effects.

You are encouraged to report side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

**Please see next page for additional information about Trulicity, including Boxed Warning regarding possible thyroid tumors including thyroid cancer.**

**Please see Instructions for Use included with the pen.**

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PP-DG-US-1303 01/2018

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### Information for Patients about Trulicity® (dulaglutide):

This is a brief summary of important information about Trulicity (TRU-li-si-tee). Please read the Medication Guide that comes with Trulicity before you start taking it and each time you get a refill because there may be new information. This information is not meant to take the place of talking with your healthcare provider or pharmacist.

### What is Trulicity?

Trulicity is a once-weekly, injectable prescription medicine that may improve blood sugar (glucose) in adults with type 2 diabetes mellitus, and should be used along with diet and exercise.

- It is not recommended as the first choice of medicine for treating diabetes.
- It is not known if it can be used in people who have had pancreatitis.
- It is not a substitute for insulin and is not for use in people with type 1 diabetes or people with diabetic ketoacidosis.
- It is not recommended for use in people with severe stomach or intestinal problems.
- It should not be used in children under 18 years of age.

### What is the most important information I should know about Trulicity?

**Trulicity may cause serious side effects including possible thyroid tumors, including cancer.** Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rats or mice, Trulicity and medicines that work like Trulicity caused thyroid tumors, including thyroid cancer. It is not known if TRULICITY will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.

### Do not use Trulicity if:

- You or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).
- You are allergic to dulaglutide or any of the ingredients in Trulicity.

### What are the possible side effects of Trulicity? Trulicity may cause serious side effects, including:

- **Possible thyroid tumors, including cancer.** See “What is the most important information I should know about Trulicity?”
- **Inflammation of the pancreas (pancreatitis).** Stop using Trulicity and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.
- **Low blood sugar (hypoglycemia).** Your risk for getting low blood sugar may be higher if you use Trulicity with another medicine that can cause low blood sugar such as sulfonylurea or insulin.

**Signs and symptoms of low blood sugar may include:** dizziness or lightheadedness; blurred vision; anxiety, irritability, or mood changes; sweating; slurred speech; hunger; confusion or drowsiness; shakiness; weakness; headache; fast heartbeat; feeling jittery.

- **Serious allergic reactions.** Stop using Trulicity and get medical help right away, if you have any symptoms of a serious allergic reaction including: swelling of your face, lips, tongue or throat; problems breathing or swallowing; severe rash or itching; fainting or feeling dizzy; very rapid heartbeat.
- **Kidney problems (kidney failure).** In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration) which may cause kidney problems to get worse.
- **Severe stomach problems.** Other medicines like Trulicity may cause severe stomach problems. It is not known if Trulicity causes or worsens stomach problems.

**The most common side effects of Trulicity may include** nausea, diarrhea, vomiting, abdominal pain, decreased appetite.

Talk to your healthcare provider about any side effect that bothers you or does not go away. These are not all the side effects of Trulicity.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

### Before using Trulicity tell your healthcare provider if you:

- Have or have had problems with your pancreas, kidneys, or liver.
- Have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems digesting food.
- Have any other medical conditions.

Trulicity® (dulaglutide)

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- Are pregnant or plan to become pregnant, or if you become pregnant while taking Trulicity. It is not known if Trulicity will harm your unborn baby.
- Are breastfeeding or plan to breastfeed. It is not known if Trulicity passes into your breast milk. You and your healthcare provider should decide if you should breastfeed while taking Trulicity.
- Are taking other medicines—including prescription and over-the-counter medicines, vitamins, and herbal supplements. Trulicity may affect the way some medicines work and some medicines may affect the way Trulicity works.
- Are taking other medicines to treat your diabetes including insulin or sulfonylureas.

**Before using Trulicity, talk to your healthcare provider about low blood sugar and how to manage it.**

### How should I use Trulicity?

- Read the **Instructions for Use** that comes with Trulicity.
- Use Trulicity exactly as your healthcare provider tells you to.
- Your healthcare provider should show you how to use Trulicity before you use it for the first time.
- Trulicity is injected under the skin (subcutaneously) of your stomach (abdomen), thigh, or upper arm. **Do not** inject Trulicity into a muscle (intramuscularly) or vein (intravenously).
- **Use Trulicity 1 time each week on the same day each week at any time of the day.**
- You may change the day of the week as long as your last dose was given 3 or more days before.
- If you miss a dose of Trulicity, take the missed dose as soon as possible, if there are at least 3 days (72 hours) until your next scheduled dose. If there are less than 3 days remaining, skip the missed dose and take your next dose on the regularly scheduled day. **Do not** take 2 doses of Trulicity within 3 days of each other.
- Trulicity may be taken with or without food.
- **Do not** mix Trulicity and insulin together in the same injection.
- You may give an injection of Trulicity and insulin in the same body area (such as your stomach), but not right next to each other.
- Change (rotate) your injection site with each weekly injection. **Do not** use the same site for each injection.

If you take too much Trulicity, call your healthcare provider or go to the nearest emergency room right away.

**Do not share your Trulicity pen, syringe, or needles with another person.** You may give another person an infection or get an infection from them.

### Your dose of Trulicity and other diabetes medicines may need to change because of:

- Change in level of physical activity or exercise, weight gain or loss, increased stress, illness, change in diet, or because of other medicines you take.

For more information go to [www.Trulicity.com](http://www.Trulicity.com) or call 1-800-LillyRx (1-800-545-5979).

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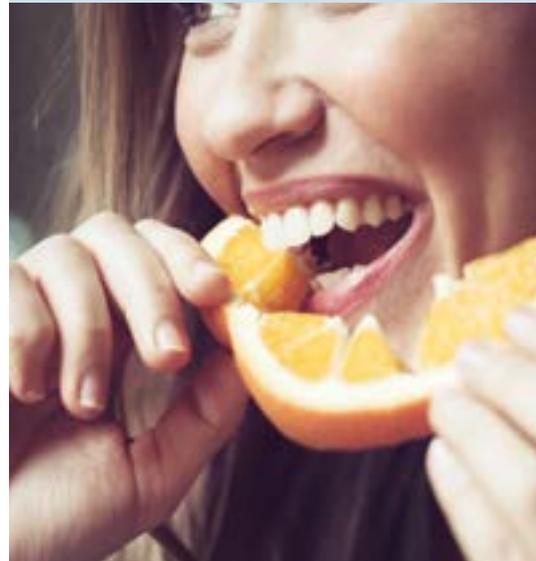
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## Here's to an *orange* a day!

And if one a day seems too much, aim for at least one a week. The payoff? Protection against macular degeneration. In a 15-year study in the *American Journal of Clinical Nutrition*, those who ate an orange a day reduced their risk of the eye disease by 60% at the end of the study, but researchers say even one a week can help. They credit flavonoids that are specific to oranges; in fact, tea, apples and red wine—all of which are also high in flavonoids—showed no significant ability to protect against the eye disease.



## Quick question: *Are you a “floodgate” eater?*

In other words, do you order the fries, swearing to stop at just a few—and find you've finished every last one before you know it? Identify your “can't have just one” foods, and avoid them altogether: For example, substitute veggies for fries or a salad. What if you're craving a floodgate food? Try tapping your forehead with your index finger for 30 seconds. Researchers at Mt. Sinai's Icahn School of Medicine say the technique distracts the brain from imagining the food—how it looks, smells and tastes—effectively killing the desire to eat it.

## Test for less \$!

Test strip costs adding up? Try this: Buy strips directly and pay cash rather than going through insurance. Some test strips actually cost less that way! Prefer to go through insurance? Check out the website of the strip's manufacturer and see if they offer a co-pay assistance program. And as always, check with your healthcare provider first, as they might have options you can pursue, as well!



## Egg-cellent news!

Scrambled, sunny side, in a salad—eggs are a low-calorie, protein-dense food that can help keep you satiated for hours. But if you've been avoiding them because you fear they may increase your risk for heart disease, consider this: A new study in the *American Journal of Clinical Nutrition* found that eating as many as 12 eggs a week had no negative effect on cholesterol, blood sugar or blood pressure. Considering that eggs can also support eye health, improve the condition of blood vessels and encourage weight loss by promoting production of hunger-killing hormones, that's very good news indeed. 



# What's behind *your* highs and lows?



**DID YOU KNOW?**  
Avoiding blood sugar lows can help you maintain a healthy weight. The reason? Eating to treat frequent lows can cause pounds to pile on.

Tired of riding the blood-sugar roller coaster? One way to avoid the ups and downs (not to mention the health consequences) is doing a little detective work. Ready? Grab your glucose meter and read on to find out exactly how certain carbs affect your blood sugar—and what to do about it.

## **SUSS OUT YOUR SPIKERS**

- 1. Check your blood sugar.** That way you'll have a baseline reading.
- 2. Eat a refined carb**—i.e., anything made with white sugar, white rice, white flour and white potatoes.

Although no foods are off limits for people with diabetes, these foods tend to be absorbed into the bloodstream rapidly, often causing blood sugar spikes.

- 3. Wait 90 minutes, then check.** Record your blood sugar reading. Has

the food (whether pizza, mashed potatoes or chocolate cake) caused your blood sugar to rise more than 100 mg/dl? If so, try to eat it sparingly and monitor portions. Better yet, find a tasty substitute, like mashed cauliflower instead of mashed potatoes.

## **PLAY WITH MEALTIME PORTIONS**

- 1. Check your blood sugar.** Record it before you eat.

- 2. Cut back on a refined carb.**

For example, serve yourself a half-portion of rice or pasta.

- 3. Add protein.** Replace your typical rice or pasta half with, say, a piece of fish or turkey breast.

- 4. Wait 90 minutes, then check.** Did reducing the carbs and pumping up the protein portion make a difference? Keep experimenting until you find carb and protein combos that help keep blood sugar levels steady.

## **INVESTIGATE "HEALTHY" CARBS, TOO**

- 1. Check your blood sugar** and record it.
- 2. Cut back on total carbs.** Even if you're having an apple, sweet potato or bowl of oatmeal, reduce the portion.

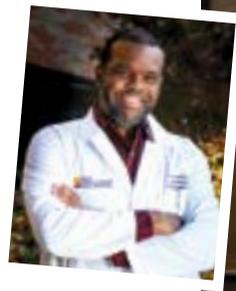
- 3. Add protein and/or fat.** Replace part of the meal with something like a handful of peanuts, a slice of cheese or a tablespoon of hummus, all of which have both protein and fat.

- 4. Wait 90 minutes, then check.** Sometimes even complex or unprocessed carbs can cause your blood sugar to rise, so replacing a portion of them with a protein can help! 🍷

# “My type 2 secret weapon? HIP-HOP!”

**Tyree Winters, DO**, knows just how challenging type 2 diabetes can be. After all, he’s had it for decades, and his blood sugar wasn’t always where it should be—until a special dance class came along!

—BY JOANA MANGUNE



**D**espite long days caring for patients and mentoring medical residents, around 10 PM you’ll find Tyree Winters, DO—aka “Dr. Tyree”—of Goryeb Children’s Hospital in Morristown, NJ, either going out for a run or turning up hip-hop music on his phone and practicing dance routines to teach his patients.

“I tell my patients how finding a physical activity they love is an important component in weight management,” he says. What makes him so sure? “I grew up overweight and struggled with type 2 diabetes until I found a regimen that worked for me!”

## “My family history was a clue”

Dr. Tyree was a freshman in college when he began to notice he was urinating a lot and losing weight without trying. But his real wakeup call

came when he experienced concerning symptoms while driving home. “I remember having to pull over on the freeway because I couldn’t stop shaking and sweating,” the 39-year-old recalls. “It took me 30 minutes before I felt even coherent enough to start driving.”

Because of his family’s history of type 2 diabetes, Dr. Tyree’s mother recognized the symptoms of uncontrolled blood sugar levels and urged him to see the doctor, who confirmed their suspicions. With his non-fasting blood sugar level in the high 200s, the physician prescribed oral medication. In addition, Dr. Tyree benefited from the support of his entire family, who committed to eating more healthfully. They started using lemon juice instead of creamy, high-carb salad dressings, limiting sugar and grilling instead of frying.



Friday afternoons find Dr. Tyree teaching a free hip-hop class to his young patients.

## “A fun class tamed my stress—and my A1C!”

Unfortunately a stressful medical residency threw Dr. Tyree off track. “It was a hard transition for me. I stopped eating right, and at 6 ft 6, I suddenly found myself weighing 340 pounds,” he recalls. “I went to my doctor and found out my A1C was 8.9 [the target A1C for most people with diabetes is 7 or lower]—the highest it had ever been! That’s when I said, *I can’t do this anymore. I want to live.*”

Motivated, Dr. Tyree partnered with his doctor on his management plan and started paying closer attention to nutrition labels. And despite his crazy schedule, he carved out time to work out. “I started out as an elliptical devotee, but that gets kind of old fast, so when I found out a hip-hop class was offered at my gym, I decided to try it out,” he says. “I loved it, it’s fun and it’s helped me sustain a healthier weight!”

## “I paid it forward”

Dr. Tyree was so grateful he discovered hip-hop that he decided to pass it on. As lead clinician for Nationwide Children’s Hospital in Columbus, OH, he noted that “a lot of my patients had limited resources and weren’t able to go to places like YMCA or Boys and Girls Club,” he explains. “So I went to my supervisor and said, ‘If I could have the waiting room on a Friday afternoon, I will teach a free hip-hop dance class.’”

“They loved it!” he says. “The fact that I live with type 2 has allowed me to relate more with my patients. I know what it’s like to make sure I’m on top of my diabetes all the time—I know how hard that is. That’s why I tell my patients, ‘Even if you’re not where you want to be, slow and steady wins the race! Try to build upon your success each day. Give yourself a little time there.’”



## Figure out what moves you!

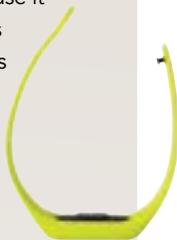
Here, Tyree Winters, DO, shares the strategies that help him manage his diabetes and weight.

**Eat what you love.** “The first thing people ask their doctor is, ‘Tell me what I should eat.’ But I tell them, ‘Well, I don’t know what you like to eat; let’s work with that first.’ Because if you told me I had to eat broccoli every day, I wouldn’t be able to sustain that diet because

I hate broccoli. But I love green peppers, onions, cucumbers, and those are good for you, too. For me, eating those are more realistic and sustainable.”

### Up your steps with a pedometer.

“I’m a ‘Fitbitaholic!’ ” says Dr. Tyree of the popular step-counting device you can wear on your wrist. “I love the Fitbit in particular because it allows you to do challenges with friends—whoever takes the most steps that week wins, so it inspires all of us to walk more. I’m very competitive, so this is a great motivator for me.”



### Track your patterns with a journal.

“If I check my blood sugar randomly and I see that it’s higher or lower than what it’s typically been, I look and see if anything has changed with my diet or activity. Then I can adjust my regimen as needed.”

### Turn to your support system.

“There have been many times that my diagnosis has gotten me down. When my blood sugar is erratic, it can affect my emotions. There are times when I feel like I’m ready to quit. But having my faith and my support system has helped me get through it all.”

“I want to know my online pharmacy.”

# Do You?



GET A PRESCRIPTION



KNOW YOUR ONLINE PHARMACY



ONLY BUY FROM A SAFE, LEGAL PHARMACY



TAKE MEDICINE AS DIRECTED

### There are thousands of fraudulent pharmacies on the Internet.

According to the National Association of Boards of Pharmacy, only 3 percent of more than 10,000 online pharmacies reviewed comply with U.S. pharmacy laws. This means that if you search for an online pharmacy, most of the results are likely to be fraudulent pharmacies. Furthermore, these websites can be so convincing that anyone can become a victim to online pharmacy scams.

### Buying from a fraudulent pharmacy can put your health at risk.

Medicines from fraudulent online pharmacies may look safe, but they could be contaminated, contain the wrong ingredients, or be missing the active ingredient. These drugs could make you sick or keep you from getting better.

### Visit [www.FDA.gov/BeSafeRx](http://www.FDA.gov/BeSafeRx) for more information.

Before buying your medicine online, check to make sure you are using a safe, legal online pharmacy. Visit [www.FDA.gov/BeSafeRx](http://www.FDA.gov/BeSafeRx) or call 1-888-463-6332 for more information.



FDA

BeSafeRx  
Know Your Online Pharmacy

# Words of wisdom from my diabetes educator

“Adopt the 5-hour rule!”



**Patient:**  
Chris Compton  
**Diagnosis:**  
Type 2  
**Residence:**  
Louisville, KY



**Certified diabetes educator:**  
Diane Kress, RD, CDE, *New York Times* best selling author of *The Diabetes Miracle* and *The Metabolism Miracle*

## HOW IT HELPS ME

“I was scared when my fasting readings were topping 300 and frustrated with being morbidly obese. I’d try skipping meals and purposely not eating after dinner, but nothing worked. I felt out of control. Diane taught me the five-hour rule: Never go longer than five hours without eating. I started eating within one hour of waking up, spacing reasonable meals and sensible snacks throughout the day and having a snack within an hour of bedtime. I now realize that if I skip meals and snacks or delay breakfast, I have higher blood glucose and minimal weight loss. I’ve lost a total of 230 pounds, have an A1C of 5.1, and have gained full control of my health!”

## WHY IT WORKS

“Many people, including Chris, think that if you wake up with high fasting blood glucose, you should wait to eat so it can decrease. Thing is, after 4.5-5 hours without carbohydrates, your liver releases glucose to keep the body and brain functioning until you get around to eating. Ironically, the liver can release much more glucose than you might eat at a meal or snack! To implement the five-hour rule, eat a minimum of one serving of carbohydrates (11-20 grams net carb) within one hour of waking up, and one hour of bedtime and at meals. If more than five hours pass between meals, remember to have one carb serving between those distant meals.”

—by Diana Whelan

## LIVING WITH DIABETES

### Diabetes Educators Can Help

When you have diabetes it’s especially important to stay healthy, although sometimes it isn’t easy. But you are not alone — more than 29 million Americans have the disease. And you don’t have to go it alone — a diabetes educator can help you find solutions to staying healthy that fit into your lifestyle.

**Diabetes education** helps people with diabetes learn how to manage their disease and be as healthy as possible. Studies show that diabetes education helps people lower their blood sugar, blood pressure and cholesterol levels.

**Diabetes educators** are experienced healthcare professionals — such as registered nurses, registered dietitians or pharmacists — who have special knowledge and skills to help you successfully manage all aspects of your diabetes. They work with you to design a specific plan that includes the tools and support you need.



American Association of Diabetes Educators

To find a diabetes educator near you, visit [www.diabeteseducator.org/find](http://www.diabeteseducator.org/find)

# Q&A



## ANSWERS TO YOUR PRESSING QUESTIONS ABOUT DIABETES

### IT'S MY FAULT!

**Q** For the last five years, my doctor has been recommending I lose weight because I was pre-diabetic. Well, I never got it together—in fact, I've gained 10 pounds—and now I have type 2. I feel guilty and unmotivated. Can you help?

**A** Start by giving yourself permission to let go of the past. Be encouraged that even though you have diabetes, you can still have a healthy life. Starting today, write a list of what brings you happiness. This “joy list” can be used to spark your motivation and encourage small changes in your activity level and eating habits. Commit to making one change that you can realistically accomplish. For example, “I will get up and move at least two minutes every hour.”

Partnering with a diabetes educator and attending a support group can also offer motivation and encouragement.

—*Beverly Thomassian, RN, MPH, CDE, BC-ADM; president of Diabetes Education Services, Chico, CA*

### INSULIN FOR TYPE 2?

**Q** I've had type 2 diabetes for three years. My A1C is 9.5, and my endocrinologist is suggesting insulin. But I'm confused. Isn't insulin for type 1?

**A** Insulin is used to treat both type 1 and type 2 diabetes. In type 1, the body makes little to no insulin; that means people with type 1 have no choice but to take insulin. In type 2, the body *does* make insulin, but either your body can't process it or there's not enough. Oral and other non-insulin medications are an option for people with type 2, but insulin is safe to use and can sometimes be a better choice for controlling blood sugar. That said, there's nothing wrong with asking your doctor if you have other options, such as SGLT2-inhibitors or GLP-1 agonists. 

—*Rachel Pessah-Pollack, MD, FACE, Assistant Clinical Professor, Division of Endocrinology, Diabetes & Bone Disease, Icahn School of Medicine; Chair, ACC, Diabetes Collaborative Registry Stakeholder Advisory Panel*

# Your good health is in your hands.

Now it's easier than ever to access valuable endocrine health and wellness information, any time, anywhere.

Simply visit our just-launched patient information mobile website at [www.empoweryourhealth.org](http://www.empoweryourhealth.org) to access physician-written information about endocrine conditions, disease prevention, signs and symptoms, and treatment options.

From diabetes to thyroid disorders and obesity to osteoporosis, the American College of Endocrinology's patient education website is your expert resource to empower your endocrine health.

## EMPOWER



Scan here with your smart phone to automatically connect with [empoweryourhealth.org](http://empoweryourhealth.org).

# Use a pump? Wear it well!



pockets and a low-cut neckline, try tucking your pump inside your stockings. No hose? Use a garter or purchase thigh-high hose: Cut off the bottom and use the band that goes around the thigh to keep your pump in place.

**4 Fast fix!** Purchase a pair of baby socks and use to stash your pump. They're the perfect size, keep the pump protected and feel good against your skin. Just pin on an undergarment or somewhere else it can't be seen.

**5 Stay toasty.** Purchase an infinity scarf with a hidden pocket (various styles available on [Amazon.com](https://www.amazon.com))—great for keeping cozy and toting your pump in style!

**6 Pocket secret.** Garment already has a pocket? Stash the pump in the pocket, then poke a hole in it to feed the tubing through to your infusion site. 📌

**1 Sew clever!** If you're handy with a sewing machine, create a pocket that attaches to the shoulder strap or side panel of your bra. Otherwise, clip in the center or your bra. And if you wear a padded bra, you can slip the pump into one of the cups. Not a seamstress? Ask your local tailor to create pockets in everything from side seams of dresses to the inside of your night gown.

**2 Use a runner's tip!** You don't have to be a runner or jogger to invest in an SPI (for "small personal items") belt. They're designed to hold a phone, keys, earbuds, etc., but these streamlined fanny packs are also ideal for your pump.

**3 Want minimal bulk?** For a dressy occasion, when you're wearing a slim-fitting dress without

# Apple-icious snacks!

Swap apple slices for bread and crackers. Smear or drizzle with a tasty topper, then sprinkle with nutrient-loaded fruits, nuts and more!

## STRAWBERRY CREAM APPLE RINGS

- Core and thinly slice half of a medium apple crosswise into rings. Stir together 1 oz. reduced-fat cream cheese, softened, and ¼ tsp. vanilla. Spread slices with cream cheese mixture and top with ¼ cup chopped fresh strawberries.
- SERVES 1. Cal 134, carb 16 g, fiber 3 g, sugars 12 g



## MIXED-FRUIT APPLE RINGS

- Core and thinly slice half of a medium apple crosswise into rings. Spread slices with 2 Tbsp. blueberry-flavor fat-free Greek yogurt and top with ¼ cup fresh raspberries, halved.
- SERVES 1. Cal 100, carb 22 g, fiber 4 g, sugars 15 g



## PEANUT BUTTER-CHOCOLATE APPLE RINGS

- Core and thinly slice half of a medium apple crosswise into rings. Drizzle slices with 2 tsp. peanut butter, melted, and top with 1 tsp. miniature semisweet chocolate pieces.
- SERVES 1. Cal 134, carb 18 g, fiber 3 g, sugars 13 g

# Questions to ask at today's exam

Whether you're a diabetes newbie or a rookie, you can always benefit from getting as much information as possible about your diabetes and how it affects you. Get the dialogue going during your visit by asking the following questions:



**1.** What should my target blood sugar numbers be? Are my current numbers in a good range? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.** If not, what can I do to get them there? What lifestyle steps can help me? \_\_\_\_\_  
\_\_\_\_\_

**3.** Do I need to start, add, adjust or switch my medications? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4.** How often should I check my blood sugar? Am I a candidate for a continuous glucose monitor? \_\_\_\_\_  
\_\_\_\_\_

**5.** If I'm on insulin, would a pump be a good idea for me? Why or why not? \_\_\_\_\_  
\_\_\_\_\_

**6.** How is diabetes affecting my overall health? Do I have any diabetes-related complications? \_\_\_\_\_  
\_\_\_\_\_

**7.** Do I need to see any specialists? \_\_\_\_\_  
\_\_\_\_\_

**8.** Could I benefit from a particular diabetes education program or support group? \_\_\_\_\_  
\_\_\_\_\_

**9.** What can I do if I'm having trouble affording my diabetes care? \_\_\_\_\_  
\_\_\_\_\_