

Learn the
latest
treatment
options

P. 11

Make your
next potluck
diabetes-
friendly

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Health Monitor[®]

Living

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“Type 2
can’t
keep me
down!”

Diabetes

Cora Quarles has regained her energy, motivation and optimism—thanks to a treatment switch and the determination to be there for the things that matter most.

CONTENT REVIEWED BY



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NAJ24

Cover photo by Brian O’Doherty



Your future is in your hands!

Getting your blood sugar levels under control has never been easier.



early 38 million people in the U.S. are living with diabetes—and of those, over 5 million are from the Black community—so if you’ve recently been diagnosed, you are far from alone. Still, the news can hit anyone hard, and it’s not unusual to experience a range of emotions, including fear, frustration, con-

fusion and even self-doubt.

The good news is, today we understand diabetes better than ever—including increased awareness of how the condition impacts the Black community, and the many ways to fight back. Just ask Cora Quarles, who has finally reined in her blood sugar with the help of a medication change (read her story on p. 12).

Continued on p. 7 ▶

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For adults with type 2 diabetes Discover the Ozempic® Tri-Zone

Non-insulin • Once-weekly



Pen shown delivers doses of
0.25 mg and 0.5 mg.

Sarah has type 2 diabetes
and known heart disease.
Actor portrayal.

With the Ozempic® Savings Card, commercially insured patients may pay as little as \$25 for up to a 1-, 2-, or 3-month supply.

Applies to eligible, **commercially insured patients with coverage for Ozempic®**. Month is defined as 28 days. Maximum savings of \$150 for a 1-month, \$300 for a 2-month, or \$450 for a 3-month supply. For full program details and eligibility requirements, visit OzempicSavings.com.



What is Ozempic®?

Ozempic® (semaglutide) injection 0.5 mg, 1 mg, or 2 mg is an injectable prescription medicine used:

- along with diet and exercise to improve blood sugar (glucose) in adults with type 2 diabetes.
- to reduce the risk of major cardiovascular events such as heart attack, stroke, or death in adults with type 2 diabetes with known heart disease.

It is not known if Ozempic® can be used in people who have had pancreatitis.

Ozempic® is not for use in people with type 1 diabetes. It is not known if Ozempic® is safe and effective for use in children under 18 years of age.

Important Safety Information

Do not share your Ozempic® pen with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.

What is the most important information I should know about Ozempic®?

Ozempic® may cause serious side effects, including:

- **Possible thyroid tumors, including cancer.** Tell your health care 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 rodents, Ozempic® and medicines that work like Ozempic® caused thyroid tumors, including thyroid cancer. It is not known if Ozempic® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.

Important Safety Information

What is the most important information I should know about Ozempic®? (cont'd)

- Do not use Ozempic® if you or any of your family have ever had MTC, or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

Do not use Ozempic® if:

- you or any of your family have ever had MTC or if you have MEN 2.
- you are allergic to semaglutide or any of the ingredients in Ozempic®. See symptoms of serious allergic reaction in "What are the possible side effects of Ozempic®?"

Before using Ozempic®, tell your health care provider if you have any other medical conditions, including if you:

- have or have had problems with your pancreas or kidneys.
- have a history of diabetic retinopathy.
- are pregnant or breastfeeding or plan to become pregnant or breastfeed. It is not known if Ozempic® will harm your unborn baby or passes into your breast milk. You should stop using Ozempic® 2 months before you plan to become pregnant.

Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, herbal supplements, and other medicines to treat diabetes, including insulin or sulfonylureas.



Ozempic® provides powerful A1C reduction.^a

In 2 different studies, a majority of adults reached an **A1C of less than 7%** and maintained it.^b

^aIn 2 different studies, adults lowered A1C, on average, by:

- Ozempic®: 1.4% (0.5 mg) and 1.6% (1 mg) vs placebo: 0.1%
- Ozempic®: 1.9% (1 mg) and 2.1% (2 mg), taking 1 or 2 diabetes pills

from a starting average A1C of 8.0% and 8.9%, respectively.

^bIn the same 2 studies, the majority of people reached an A1C under 7%:

- Ozempic®: 73% (0.5 mg) and 70% (1 mg) vs placebo: 28%
- Ozempic®: 56% (1 mg) and 64% (2 mg)



Ozempic® lowers the risk of major cardiovascular events such as stroke, heart attack, or death

in adults also with known heart disease.



Ozempic® may help you lose some weight. Adults with type 2 diabetes lost up to 14 pounds.^c

Ozempic® is not a weight loss drug.

^cIn the same 2 studies looking at A1C, adults lost on average:

- Ozempic®: 8 lb (0.5 mg) and 10 lb (1 mg) vs placebo: 3 lb
- Ozempic®: 12 lb (1 mg) and 14 lb (2 mg)

from an average starting weight of 202 lb and 219 lb, respectively.

Ask your health care provider about Ozempic®

Look up your cost and a savings offer at myOzempicCost.com

Important Safety Information

What are the possible side effects of Ozempic®?

Ozempic® may cause serious side effects, including:

- **inflammation of your pancreas (pancreatitis).** Stop using Ozempic® and call your health care 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.
- **changes in vision.** Tell your health care provider if you have changes in vision during treatment with Ozempic®.
- **low blood sugar (hypoglycemia).** Your risk for getting low blood sugar may be higher if you use Ozempic® with another medicine that can cause low blood sugar, such as a 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, and feeling jittery.
- **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. It is important for you to drink fluids to help reduce your chance of dehydration.

Important Safety Information

What are the possible side effects of Ozempic®? (cont'd)

- **serious allergic reactions.** Stop using Ozempic® 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; or very rapid heartbeat.
- **gallbladder problems.** Gallbladder problems have happened in some people who take Ozempic®. Tell your health care provider right away if you get symptoms which may include: pain in your upper stomach (abdomen), fever, yellowing of the skin or eyes (jaundice), or clay-colored stools.

The most common side effects of Ozempic® may include nausea, vomiting, diarrhea, stomach (abdominal) pain, and constipation.

Please see Brief Summary of Important Patient Information on the adjacent pages.



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ONCE-WEEKLY
OZEMPIC®
semaglutide injection 0.5mg, 1mg, 2mg



Brief Summary of information about OZEMPIC® (semaglutide) injection

OZEMPIC®
semaglutide injection 0.5mg, 1mg, 2mg

Rx Only
This information is not comprehensive.

- Talk to your healthcare provider or pharmacist
- Visit www.novo-pi.com/ozempic.pdf to obtain the FDA-approved product labeling
- Call 1-888-693-6742

Do not share your OZEMPIC® pen with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.

What is the most important information I should know about OZEMPIC®? OZEMPIC® 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 rodents, OZEMPIC® and medicines that work like OZEMPIC® caused thyroid tumors, including thyroid cancer. It is not known if OZEMPIC® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.
- Do not use OZEMPIC® 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).

What is OZEMPIC®?

OZEMPIC® is an injectable prescription medicine used:

- along with diet and exercise to improve blood sugar (glucose) in adults with type 2 diabetes mellitus.
- to reduce the risk of major cardiovascular events such as heart attack, stroke or death in adults with type 2 diabetes mellitus with known heart disease.

It is not known if OZEMPIC® can be used in people who have had pancreatitis. OZEMPIC® is not for use in people with type 1 diabetes. It is not known if OZEMPIC® is safe and effective for use in children under 18 years of age.

Do not use OZEMPIC® 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 have had a serious allergic reaction to semaglutide or any of the ingredients in OZEMPIC®. Symptoms of a serious allergic reaction include:
 - swelling of your face, lips, tongue or throat
 - problems breathing or swallowing
 - fainting or feeling dizzy
 - severe rash or itching
 - very rapid heartbeat

Before using OZEMPIC®, tell your healthcare provider if you have any other medical conditions, including if you:

- have or have had problems with your pancreas or kidneys.
- have a history of diabetic retinopathy.
- are pregnant or plan to become pregnant. It is not known if OZEMPIC® will harm your unborn baby. You should stop using OZEMPIC® 2 months before you plan to become pregnant. Talk to your healthcare provider about the best way to control your blood sugar if you plan to become pregnant or while you are pregnant.
- are breastfeeding or plan to breastfeed. It is not known if OZEMPIC® passes into your breast milk. You should talk with your healthcare provider about the best way to feed your baby while using OZEMPIC®.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. OZEMPIC® may affect the way some medicines work and some medicines may affect the way OZEMPIC® works.

Before using OZEMPIC®, talk to your healthcare provider about low blood sugar and how to manage it. Tell your healthcare provider if you are taking other medicines to treat diabetes, including insulin or sulfonylureas.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I use OZEMPIC®?

- OZEMPIC® is injected under the skin (subcutaneously) of your stomach (abdomen), thigh, or upper arm. **Do not** inject OZEMPIC® into a muscle (intramuscularly) or vein (intravenously).
- **Do not** mix insulin and OZEMPIC® together in the same injection.
- Change (rotate) your injection site with each injection. **Do not** use the same site for each injection.
- Talk to your healthcare provider about how to prevent, recognize and manage low blood sugar (hypoglycemia), high blood sugar (hyperglycemia), and problems you have because of your diabetes.
- **Do not share your OZEMPIC® pen with other people, even if the needle has been changed.** You may give other people a serious infection, or get a serious infection from them.
- If you take too much OZEMPIC®, call your healthcare provider or go to the nearest hospital emergency room right away.

What are the possible side effects of OZEMPIC®? OZEMPIC® may cause serious side effects, including:

- **See “What is the most important information I should know about OZEMPIC®?”**
- **inflammation of your pancreas (pancreatitis).** Stop using OZEMPIC® 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.
- **changes in vision.** Tell your healthcare provider if you have changes in vision during treatment with OZEMPIC®.
- **low blood sugar (hypoglycemia).** Your risk for getting low blood sugar may be higher if you use OZEMPIC® with another medicine that can cause low blood sugar, such as a sulfonylurea or insulin. **Signs and symptoms of low blood sugar may include:**
 - dizziness or light-headedness
 - sweating
 - confusion or drowsiness
 - headache
 - blurred vision
 - slurred speech
 - shakiness
 - fast heartbeat
 - anxiety, irritability, or mood changes
 - hunger
 - weakness
 - feeling jittery
- **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. It is important for you to drink fluids to help reduce your chance of dehydration.
- **serious allergic reactions.** Stop using OZEMPIC® 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
 - fainting or feeling dizzy
 - severe rash or itching
 - very rapid heartbeat
- **gallbladder problems.** Gallbladder problems have happened in some people who take OZEMPIC®. Tell your healthcare provider right away if you get symptoms of gallbladder problems which may include:
 - pain in your upper stomach (abdomen)
 - fever
 - yellowing of skin or eyes (jaundice)
 - clay-colored stools

The most common side effects of OZEMPIC® may include nausea, vomiting, diarrhea, stomach (abdominal) pain, and constipation.

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 OZEMPIC®.

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

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So where should *you* begin? Keep flipping through the pages of this guide. Get inspired by Keith and Simone, who share their blood sugar-lowering tips on p. 18. And use the tools on pp. 16, 17 and 24 to help you work more closely with your healthcare team as you zero in on the treatment plan that’s best for you.

But first, here’s a bit more about what diabetes is and its effect on the body.

What is diabetes?

Diabetes is a metabolic disorder that disrupts your body’s ability to produce or use insulin, the hormone that helps blood sugar enter cells to be used for energy. (Hormones are a natural chemical found in the body.)

Normally, beta cells, found in the pancreas, make insulin. But in type 1 diabetes, the immune system destroys beta cells, so the body does not make enough insulin. In type 2 diabetes, beta cells either don’t produce enough insulin and/or the body’s cells do not respond correctly to insulin (known as insulin resistance).

When blood sugar is unable to enter the body’s cells, it builds up in the bloodstream.



Over time, excess blood sugar can lead to body-wide damage, including vision loss, heart disease, kidney disease and nerve damage.

A special concern for people of color

Unfortunately, the number of people being diagnosed is on the rise, especially in Black, Hispanic, Native American and Asian communities. Compared to White people, the rate of diabetes in Black people is 60% higher, it’s more than 50% higher in Hispanics and Native Americans and more than 40% higher in Asian Americans. Black, Hispanic, Native American and Asian American persons are also all more likely to be hospitalized for diabetes-related complications than White people.

Research into why it is affecting some communities more than others is still ongoing. It may partly be an issue of genetics, but other factors also likely play a role, including limited access to healthcare resources and education, nutritional differences—both cultural and in access to fresh food—as well as lesser access to safe places to be active and time to do so. ▶

DIABETES IN THE BLACK COMMUNITY



The rate of diabetes in Black persons is 60% higher than that of White persons

THERE ARE 5 MILLION BLACK ADULTS WITH DIABETES—AND MANY DON’T KNOW IT!

3x

Black persons are 3 times more likely to be hospitalized for diabetes-related complications than White persons.

SOURCE:
American Diabetes Association (ADA)



The key? If you're a person of color and have any of the symptoms listed below, don't wait—make an appointment with your health-care provider and get tested. The sooner you begin treating diabetes, the better able you'll be to fend off complications down the road. You can also find resources designed especially to help people in the Black community by visiting [AfricanAmericanDiabetes.org/resources](https://www.AfricanAmericanDiabetes.org/resources)

Other risk factors

In addition to being a person of color, the Centers for Disease Control says your risk is higher if you:

- Were told your blood sugar levels indicate prediabetes.
- Are overweight.
- Are age 45 years or older (for type 2; type 1 is typically diagnosed in childhood).
- Have an immediate blood relative with diabetes.
- Are physically active less than three times a week.
- Have ever had gestational diabetes (diabetes during pregnancy) or have given birth to a baby who weighed more than nine pounds.

What are the symptoms?

Most people have some symptoms of diabetes before they are diagnosed, although many don't realize what those signs mean—which is why some people aren't diagnosed until their blood sugar levels reach dangerously high levels. If you have any of the risk factors above and notice any of the symptoms below, schedule a visit with your health-care provider.

- Increased need to pee (especially at night)
- Thirst that doesn't seem to go away no matter how much you drink
- Chronic fatigue
- Unexplained weight loss

- Cuts or wounds that heal slower than usual
- Blurry vision

How is it diagnosed?

Blood sugar levels can be measured with a simple blood test. Most of the time you will be asked to "fast" before the test, which means you won't eat or drink for a certain amount of hours before the test. Here's how the numbers break down:

Fasting blood sugar number	What it means
70 to 100 mg/dL	Normal
100 to 125 mg/dL	Prediabetes
126 mg/dl and higher	Diabetes

Your blood test results will also likely include an "A1C" result—this is a measure of your average blood sugar levels over the past three months. Here is what those results mean:

A1C	What it means
Below 5.7%	Normal
5.7% to 6.4%	Prediabetes
Above 6.4%	Diabetes

Medicine can help

If you have type 1 diabetes, your treatment will be insulin. If you have type 2 diabetes, oral medicines, non-insulin injectables and/or insulin can help you manage the condition. Immunotherapies are also available that can reduce the natural history of type 1 diabetes allowing you to remain off of insulin longer. (See p. 11 for more information on the different medication options for people with type 2 diabetes).

What it all means

If you recently found out you have diabetes or have been dealing with it for a while, take a deep breath and know that you *can* take charge. Work with your diabetes care team on a plan that works for you, including making small changes to what you eat and how much you move, taking medication, monitoring your blood sugar and keeping up with checkups. Pretty soon, you'll be feeling better and confident that you're doing all you can to show diabetes who's boss. ●



Your diabetes care team

Primary care provider (PCP):

Your PCP may be your family doctor, an internist, an NP or a PA (see third column). Your PCP may diagnose you, coordinate your healthcare team and recommend diabetes specialists.

Endocrinologist:

This doctor specializes in treating diseases of the endocrine system, such as diabetes and metabolic problems.

Optometrist/ ophthalmologist:

Specialists who monitor your eye health to look for any diabetes-related vision changes.

Certified diabetes care and education specialist (CDCES):

A specially trained healthcare professional, such as a nurse, dietitian or pharmacist, who can counsel and educate people with diabetes, help set achievable goals and address concerns.

Nurse practitioner (NP)/Physician associate (PA):

Advanced practice clinicians who can help manage diabetes care and may offer additional education.

Podiatrist:

This doctor can check your feet and treat diabetes-related foot problems.

Pharmacist:

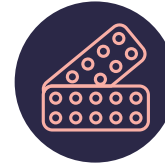
A healthcare professional who can answer questions about your medicine, help you find affordable medicine options and send you refill reminders.

Registered dietitian:

Professionals specially trained in diet and nutrition who can help adjust eating patterns to improve your overall health. ●

How medicines can help

The good news for people with type 2 diabetes? Today's treatments can help you thrive! Ask your diabetes care team if these options are right for you.



DIABETES PILLS

Metformin decreases blood sugar made by the liver.

Oral semaglutide is a glucagon-like peptide (GLP-1) receptor agonist, which increases insulin secretion, slows stomach emptying, and leads to reduced food intake and feeling full, with low risk of hypoglycemia (low blood sugar).

Sodium-glucose co-transporter 2 (SGLT2) inhibitors promote the release of excess blood sugar through urine.

Dipeptidyl peptidase-4 (DPP-4) inhibitors prevent breakdown of a blood-sugar lowering compound.

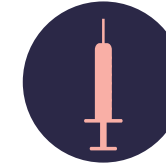
Thiazolidinediones (TZDs) increase how your body responds to insulin.



NON-INSULIN INJECTABLE MEDICINES

Glucagon-like peptide (GLP-1) receptor agonists increase insulin secretion, slow stomach emptying time, and lead to reduced food intake and feeling full, with low risk of hypoglycemia. An oral form is also available.

Glucose-dependent insulinotropic polypeptide (GIP)/GLP-1 agonist combinations work in tandem to help your body release more insulin.



INSULIN INJECTIONS

Insulin helps your body take up blood sugar into cells and helps the liver to store sugar.

Basal, or long-acting, insulin is typically taken once a day and acts slowly over 24 hours.

Bolus, or rapid-acting, insulin is taken before meals to prevent blood sugar increases after eating. ●



COMBINATION INJECTABLE MEDICINES

Insulin and GLP-1 agonists can be combined in a fixed-dose pen. The insulin helps keep blood sugar levels within target range, while the GLP-1 agonist helps the pancreas release insulin after eating. ●



Use the calendar on your phone or tablet to keep track of checkups and tests. Even better, synchronize your calendar with your loved ones to keep you both up-to-date.



“TYPE 2
ISN'T
KEEPING
ME DOWN!”

Cora Quarles has regained her energy, motivation and optimism—thanks to a treatment switch and the determination to be there for the things that matter most.

—BY TONYA RUSSELL

CONTINUED ON NEXT PAGE

At 59 years young, Cora Quarles, a Maryland-based neonatal nurse practitioner, mother of three and grandmother of four, is always on the go—and loving every minute. When she’s not spending time with babies and small children (whether on the job or with the grandkids), you’ll likely find the self-taught baker decorating her magnificent cakes.

But a diagnosis eight years ago almost put a stop to her active lifestyle: Although she felt fine, her labs told a different story. “Over the years, my bloodwork showed me heading in the direction of diabetes. It then became obvious in 2015 that something needed to change.”

The first change? Switching up her food choices. As a nurse, Cora knew a more wholesome eating program would not only benefit her blood sugar but also help her lose

the extra pounds she was carrying. She went from eating poultry, bacon and the occasional fast food to a plant-based diet, which features dishes like barbecued tofu and homemade curries. “I instantly felt great,” says Cora. “I did lose a little weight, but also I was excited to take a step toward maintaining my health.”

Amping up her physical activity proved to be more challenging: Between her 12-hour shifts and commuting to work and her kids’ homes in various parts of the state, it was tough to squeeze in any type of movement. Although she enjoyed walks and bike rides, she had trouble sticking to a regular fitness routine.

When it became clear that lifestyle changes alone weren’t going to cut it, her doctor added metformin to the mix. Although metformin is no longer the recommended first

line therapy, it is an option that can be exercised. “It took me a couple of months to get used to the side effects like constipation, but then I was able to tolerate it,” Cora states. It helped for a while, but when her A1C started to creep up, she grew concerned.

“I needed a new path”

When Cora heard about a type of drug that works by slowing digestion, she brought it up to her doctor. She learned that these medications work by improving beta cell efficiency and stimulating insulin production, which makes having a low blood sugar reaction less likely to occur. “I was interested in the drug for my diabetes, but I’d also heard it helped many people lose weight. That intrigued me as well,” says Cora, adding that she and her doctor had previously talked about weight-loss options such as bariatric surgery.

After he agreed it was worth a try, Cora made the switch. Although the medication also caused constipation, she managed it by drinking lots of water. Not a big deal, she thought, since she felt the payoff—getting her blood sugar levels into range and possibly shedding some weight—was worth it.

“My blood sugar is in a better place”

Since starting the medication, Cora’s A1C has gone from 7.4% to 5.5% (a normal A1C level is below 5.7%, a level of 5.7% to 6.4% indicates prediabetes, and a level of 6.5% or more indicates diabetes). Although she knows her diabetes isn’t cured, she’s thrilled not only to have lost 35 pounds but also to be rid of the knee pain that had been plaguing her for years. With her renewed vivacity, she’s taken up healthier habits to counteract the stress of her 12-hour shifts at the hospital.

Besides running around with her grandchildren, she and her husband, James, sneak in movement when they can. “My husband and I ride our bikes, and when the warm spring weather comes back, I definitely want to start that up again,” she says. ●



CORA’S TIPS FOR GETTING TO GOAL!

FIGURE OUT YOUR WHY!

“I wanted to be able to keep up with my grandkids and stay working,” says Cora about what motivated her to manage her blood sugar. “I also wanted to make sure my knees stay in fairly decent health.”

EDUCATE YOURSELF.

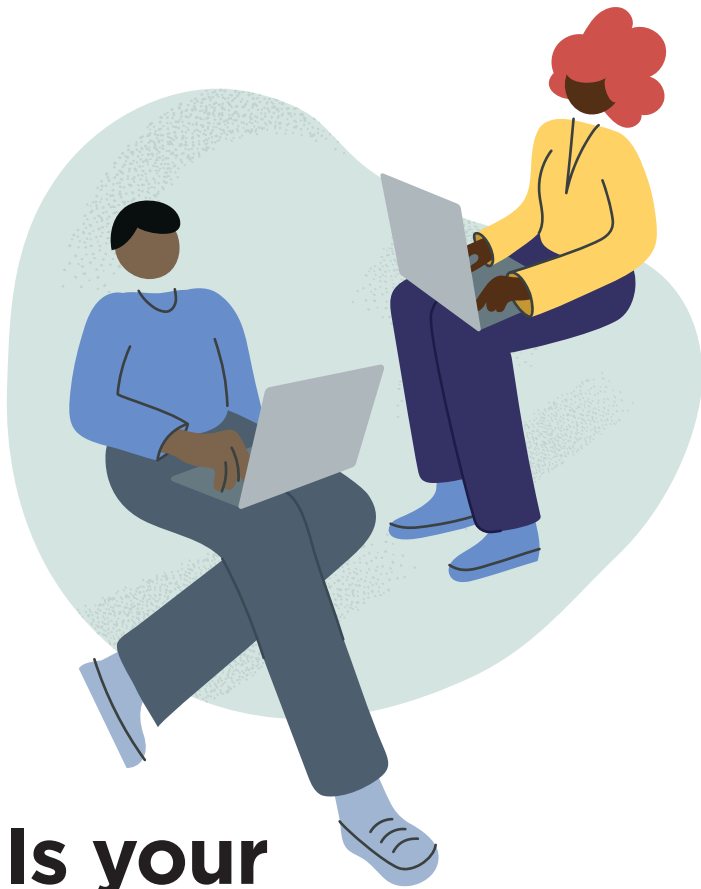
“Learn everything you can about diabetes, and consider joining an online support group for tips. Become a sponge and soak up all of the available information. Everyone has a different journey and there is someone who has a similar one to you.”

FOCUS ON THE UPSIDE OF HEALTHY EATING.

“I changed my diet before I started medication for my diabetes, since I was intrigued by the potential benefits, like better blood sugar readings. In doing so, I’ve also lowered my cholesterol. Trying new recipes, like soups, has been both fun and a way to be creative.”

“For me this diagnosis was the motivation I needed to reboot and get healthier—in every way,” says Cora, who enjoys walks with her daughter, Renee.

Photos by Brian O’Doherty



Is your treatment all it could be?

Diabetes can change over time, even when you're eating carefully, staying physically active and taking your diabetes medicine. Fill out the tool below and review it with your care team to see if your treatment plan is on track or if you need some adjustments.

1. My pre-breakfast blood sugar target range is:

_____ mg/dL to _____ mg/dL

2. My most recent A1C is:

3. My goal A1C is:

4. I should check my blood sugar at these times:

- When I first wake up
- Before meals
- Two hours after meals
- Bedtime
- Other: _____

5. My most recent week of pre-breakfast blood sugar numbers:

- Day 1: _____
- Day 2: _____
- Day 3: _____
- Day 4: _____
- Day 5: _____
- Day 6: _____
- Day 7: _____

6. My blood sugar increases when I:

- eat: _____
- feel: _____
- do: _____

7. My blood sugar drops when I:

- eat: _____
- feel: _____
- do: _____

8. Check the box next to the statements that you agree with:

- I'm worried my blood sugar levels are too high/too low.
- I want to know what I can do to improve my blood sugar levels (e.g., change my diet, exercise or blood sugar checks).
- I'm confused about which treatment options are best for me.
- I'm having problems taking/using/affording my medicine.
- I'm concerned my medicine is impacting my weight.
- I'm confused about when to take my medications.
- I'm confused if there are times I should hold my medications.

Track your blood sugar

Learn how your body reacts to foods and activities so you and your care team can assess your diabetes management plan. Record your blood sugar levels each day in the chart below and share it at your next visit to help your care team personalize your blood sugar goals.

MORNING/FASTING

TIME/TEST RESULTS

MEDICINE (DOSAGE)

**WHAT DID YOU EAT?
DID YOU EXERCISE?
HOW DO YOU FEEL?**

AFTERNOON/TWO HOURS AFTER EATING

TIME/TEST RESULTS

MEDICINE (DOSAGE)

**WHAT DID YOU EAT?
DID YOU EXERCISE?
HOW DO YOU FEEL?**

EVENING/TWO HOURS AFTER EATING

TIME/TEST RESULTS

MEDICINE (DOSAGE)

**WHAT DID YOU EAT?
DID YOU EXERCISE?
HOW DO YOU FEEL?**

“We’re healthier than we’ve *ever* been!”

Getting diagnosed with type 2 diabetes was all the motivation Keith and Simone needed to revamp their everyday choices—and their efforts are paying off!



“Learning I had diabetes was the best thing that ever happened”

KEITH CREAR
HOUSTON, TX

Keith, a professional sports photographer who covers the Houston Texans and the Houston Dynamo (soccer club), learned he had diabetes in July 2017 after he collapsed and was rushed to the ER. “I was dehydrated, and my blood sugar was high,” he says. In fact, his A1C was 11.7% (a normal A1C level is below 5.7%, a level of 5.7% to 6.4% indicates prediabetes, and a level of 6.5% or more indicates diabetes). These days, thanks to diabetes medicine and lifestyle changes, it’s down to 7.5% and near his diabetes goal.

Give foot pain the boot.

Keith suffers from diabetes-related neuropathy in his feet and sees a podiatrist for his foot care. However, he’s also found one way to fend off discomfort himself: “I use a massage boot if I know I’m going to be on my feet all day,” says Keith, 42, who would spend the better part of every Friday and Saturday working the sidelines. “I got the tip from an NFL player. The boot massages the muscles and loosens them up, so they’re not tense and tight when you’re on your feet. I always do this on days I’m shooting—before and after a game.” (Keith found his boots on Amazon.)

Talk to a dietitian.

Not long after his diagnosis, Keith fretted about the upcoming holidays. “I panicked! I asked my dietitian, ‘What can I eat? On Thanksgiving, there’s lots of carbs—mashed potatoes, stuffing, mac ‘n cheese. I’m going to starve!’ She told me I didn’t have to give them all up, but to go for green beans and turkey and eat smaller portions of the starches.” Her advice helped Keith enjoy the day with his family—and many other days, too. “Prior to my diagnosis, I wasn’t even thinking about my food. Now I know what foods make my blood sugar dip or go high.”

Find the silver lining to your diagnosis.

“Developing diabetes was one of the best things that ever happened,” says Keith. “When I was diagnosed, I weighed 425. Now I’m 298.” The diagnosis first depressed him, but as he learned about the potential complications of diabetes, he grew motivated to make changes. “It was a matter of accepting the diagnosis and exercising and eating healthier. I’ve gotten to see a smaller version of myself!”

Take a walk!

“As far as exercise goes, a 30- to 45-minute walk does wonders. You don’t have to get into the gym or do CrossFit. I walk twice a day—right before lunch and then before dinner. It’s paid off!”

Keep track of your diabetes.

“I have a journal I’ve kept since my diagnosis where I record what works and what doesn’t [with keeping my blood sugar stable].” In it, Keith tracks his meals, snacks and blood sugar readings so he can repeat “wins” and avoid future “fails” (foods that trigger spikes). “I’ll write recipes I want to try and figure out new ways to combine ingredients. It helps keep me on track!”

Put premium fuel in your tank!

“Eating poorly is like putting 89 octane in an Escalade—it’s going to stall and stop. You have to look at food the same way. If you eat a lot of low-quality food, you’ll feel sluggish and develop health problems. Once you start putting premium food in your body, it will run more efficiently.”



“I live my life freely!”

SIMONE MOORE
BSN, RN, CPN
HOUSTON, TX

Simone, a registered nurse, was first diagnosed with diabetes back in 1996. “At that time, the Internet and social media weren’t what they are today,” says Simone, “so it felt much more isolating.”

Today, Simone uses her medical field expertise to devote herself to helping others with diabetes (see more of her content @diabetesbae on Instagram). “You might be going to the doc-

tor every three months, but who do you talk to in the meantime? Those friends and loved ones who don’t have diabetes probably don’t know what it’s like when you’re having low blood sugar and want to eat everything in the kitchen!”

Along with various online communities, Simone also participates in a Texas-based Facebook group that has in-person meetups. “If someone is having a rough week or day, we might talk about diabetes. But if everything is great...well, we figure, *let’s have fun and enjoy being around each other for the time being.* Later I know I have this person I can reach out to if I need it.” Here, Simone shares some of the other tips that have helped her take control of her blood sugar goals.

Continued on next page ▶



“I meet people who tell me, ‘You can’t do that because of your diabetes.’ But the more you’re prepared, the easier it is to live your life without limits.”

Keep track of what’s working.

Simone uses a vision board to set her goals, and journals every evening to keep track of them. What works for her? “Eating my vegetables first in a meal, which fill me up so I’m less likely to overeat carbs. And I schedule my workouts for the morning so I don’t get too tired from the rest of my day and skip them. That has actually made the biggest difference in my blood sugars throughout the day.”

Live your life freely!

“I was just in Aruba for a few months, just me by myself. I’ve also taken an eight-day solo trip to New Zealand

where I did a zipline tour and climbed the Auckland bridge.” Key to enjoying these adventures? Preparation—such as packing extra diabetes medication for her Aruba vacay. “I meet people who tell me, ‘You can’t have that or can’t do that because of your diabetes.’ But the more you prepare, the easier it is to live your life without limits.”

Have the right mindset.

“I feel like a lot of people with diabetes have a negative mind-set toward their diabetes. You have to clear that up. Yes, you have to take it into account, but it doesn’t define you. It doesn’t have to limit you.” To stay positive, she

practices morning affirmations, such as: *I can do anything I put my mind to. Diabetes is not the boss of me. I refuse to live a life of regret. Diabetes can’t stop me from doing anything!* ●

Health **m Monitor®**

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Photos by Laurie Perez



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Take the Journey to Better Health

The path to a healthier you takes you on a journey of personal care. And for people who may be concerned about their weight, that journey can be complex, emotional, and often confusing. If you’ve been searching for answers, your next step should be on the AACE Journey for Patients With Obesity. Presented in easy-to-understand terms, and derived from clinical guidelines of the American Association of Clinical Endocrinology (AACE), this resource gives you a roadmap for receiving the obesity care and support you need — and deserve.

Created by the obesity medical experts at AACE, it covers everything you need to know about obesity, including:

- The complex causes of obesity
- How it can impact your overall health
- How it is diagnosed
- Treatment options
- Tips for talking with your health care professional about it

Visit **AACE.com** and start your journey to better health.





MAKE YOUR NEXT POTLUCK DIABETES- FRIENDLY!

Potlucks—whether for a church picnic, work party or holiday celebration—can be a fun way to gather with family and friends, but the heavy casseroles, mac ‘n cheese and desserts people typically bring can also spell trouble for your blood sugar levels. Luckily, sticking to your diabetes management plan doesn’t mean you have to miss out on the fun. By bringing your own healthy (but tasty!) dish, you can rest assured you’ll have at least one option to tuck into, and you can use these tips to navigate the rest of the buffet table, too.

—BY CONSTANCE
BROWN-RIGGS, MSED,
RDN, CDCES, CDN

Avoid impulse selections. If you often find yourself heading to a potluck with the best of intentions only to have your resolve crumble once you’re facing the casseroles, chances are you’re arriving too hungry. Try having a protein-packed pre-event snack next time, such as a handful of trail mix, a hard-boiled egg or some hummus and veggies, which will help you feel full and less inclined to indulge.

Remember, nothing is off the table... even if you’re living with diabetes. That means if you really want a taste of your Aunt Susan’s chocolate pudding pie—have some! The trick is, only take three bites worth, and chew as slowly as you can. That will act as a reminder to truly savor the food, and it will also help you tune into feelings of fullness. More often than not, you’ll find you’re satisfied after

the three bites, so you won’t even feel tempted to go for seconds.

Do a walk-through. Before putting any food on your plate, walk around and just look at all the selections. That way, you can budget room for the foods you *really* want to try rather than taking heaping spoonfuls of everything you see.

Add activity. Rather than planting yourself at a seat for the duration of the party, make a point to get up, walk around and mingle at least once an hour. Studies show that regular, small bouts of activity throughout the day are actually better at helping your body maintain steady blood sugar levels than just doing a single longer workout session once a day. Plus if you’re busy chatting, you’ll be less tempted to revisit the dessert table! ●



An easy
low-carb
crowd-pleaser!

Bring this! Chicken Creole Sheet Pan Dinner

(Makes 8 servings)

When it comes to any food-centric gathering, one surefire method to make sure you leave satisfied and guilt-free is by bringing a dish you know you can fill your plate with—and that’s also tasty enough to win oohs and aahs from the other partygoers. That’s what Constance Brown-Riggs, MSED, RDN, CDCES, CDN, had in mind with this crowd-pleasing recipe that just so happens to be low in calories, fat and carbs—but not in flavor!

INGREDIENTS

3 lb skinless, boneless chicken thighs, cut into 2" pieces
4 Tbsp Creole seasoning
4 zucchini
2 red bell pepper
2 red onion
2 lb green beans, trimmed
4 Tbsp olive oil

DIRECTIONS

1. Preheat oven to 375°F. Rub chicken pieces with 2 Tbsp Creole seasoning and let stand while you prep other ingredients.
2. Chop zucchini, pepper, onion, and green beans into 2" pieces and add to chicken. Toss with olive oil and remaining seasoning and spread evenly on a lined sheet pan.
3. Bake for about 20 minutes or until chicken is cooked through with internal temperature of 165°F.

Nutrition facts (per serving) Calories 346; fat 14.8 g (sat. fat 3 g); cholesterol 136 mg; sodium 162 mg; carbohydrates 16 g; fiber 5 g; sugars 9 g; protein 38 g.

Health Monitor Living



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Questions to ask your care team today

What should my target A1C level be? What are my target blood sugar levels?



Are there any changes I should be making to my eating plan or activity levels to better manage my blood sugar?



Am I a candidate for a continuous glucose monitoring sensor?



Can I do anything to help my medicine be more effective? Am I taking my medicine correctly?



Do we need to change any of my medications or add a new one?



Would losing weight help my blood sugar?



Are there any side effects I should be aware of with my medications?



Do you know of any local support groups I can join?



On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.