

Explore your  
treatment  
options

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5 surprising  
ways to get  
your blood  
sugar in line

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# Health Monitor<sup>®</sup>

Living



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“I’m doing  
diabetes  
my way!”

## Diabetes

Despite medication and lifestyle changes, Chandra Kim couldn't get a handle on her blood sugar. But with the help of a GLP-1, she got to goal and has reclaimed her energy!

CONTENT REVIEWED BY





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

## 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.



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 \$100 for a 1-month, \$200 for a 2-month, or \$300 for a 3-month supply. For full program details and eligibility requirements, visit [OzempicSavings.com](https://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 scheduled to have surgery or other procedures that use anesthesia or deep sleepiness (deep sedation)
- 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.<sup>a</sup>

In 2 different studies, a majority of adults reached an A1C of less than 7% and maintained it.<sup>b</sup>

<sup>a</sup>In 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.

<sup>b</sup>In 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.<sup>c</sup>

Ozempic® is not a weight loss drug.

<sup>c</sup>In 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 professional about Ozempic®

Look up your cost and a savings offer at [myOzempicCost.com](https://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
- **food or liquid getting into the lungs during surgery or other procedures that use anesthesia or deep sleepiness (deep sedation).** Ozempic® may increase the chance of food getting into your lungs during surgery or other procedures. Tell all your healthcare providers that you are taking Ozempic® before you are scheduled to have surgery or other procedures

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**<sup>®</sup>  
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](http://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
  - severe rash or itching
  - fainting or feeling dizzy
  - 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 scheduled to have surgery or other procedures that use anesthesia or deep sleepiness (deep sedation).
- 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
  - blurred vision
  - anxiety, irritability, or mood changes
  - sweating
  - slurred speech
  - hunger
  - confusion or drowsiness
  - shakiness
  - weakness
  - headache
  - fast heartbeat
  - 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
  - severe rash or itching
  - fainting or feeling dizzy
  - 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)
  - yellowing of skin or eyes (jaundice)
  - fever
  - clay-colored stools
- **food or liquid getting into the lungs during surgery or other procedures that use anesthesia or deep sleepiness (deep sedation).** OZEMPIC® may increase the chance of food getting into your lungs during surgery or other procedures. Tell all your healthcare providers that you are taking OZEMPIC® before you are scheduled to have surgery or other procedures.

**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.

Manufactured by: Novo Nordisk A/S, DK-2880 Bagsvaerd, Denmark

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Cover photo by waaltzhawaii

# Springboard to your *healthiest* self yet!



You have what it takes to rein in your diabetes and achieve your goal numbers. Start by partnering with your care team to create the treatment plan that yields results!

**R**eceiving a diagnosis of type 2 diabetes can feel overwhelming, but it can also be the beginning of a journey toward better health. By making small, positive changes every day, you have the power to take control of your future.

What's more, today we understand diabetes—and how to manage it—better than ever.

Just ask Chandra Kim (see her story on p. 12). A family history of diabetes armed her with knowledge about what to expect when first diagnosed, but even a healthy lifestyle combined with medication couldn't control her blood sugar. Now, with the help of a GLP-1 medication, Chandra is thrilled that her A1C has dropped back to the prediabetes range.

---

### Take a stand today!

No matter where *you* are in your diabetes journey, it's not too late to get inspired by Chandra as well as Lorraine and Jaquean, who share their own blood sugar-lowering tips on p. 18. And in this guide, you'll find even more tools and tips that can help you along the way. But first, let's take a closer look at diabetes, what it is and how it affects your body.

---

### What is diabetes?

Diabetes is a metabolic disorder that disrupts your body's ability to produce or use insulin, which causes blood sugar levels to rise. Normally, beta cells, found in the pancreas,



make insulin—the hormone that helps blood sugar enter cells to be used for energy. (Hormones are a natural chemical found in the body.)

In type 1 diabetes, beta cells are destroyed by the immune system, 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.

Early symptoms of diabetes can include:

- frequent urination
- slow-healing wounds
- blurry vision
- fatigue
- increased thirst and hunger
- weight loss
- tingling in hands and/or feet
- very dry skin
- increased infections

**Medicine can help**

If you have type 1 diabetes, you will need to use insulin to treat the condition. If you have type 2 diabetes, oral medications, non-insulin injectables and/or insulin can help you manage your blood sugar levels. (See p. 17 for information on medication options for people with type 2 diabetes.)

**A special concern for people of color**

37 million Americans have diabetes—and that number is on the rise, especially in Black, Hispanic, Native American and Asian communities.

The rate of diabetes in Black people is 60% higher compared with White people, more than 50% higher in Hispanics and Native Americans and more than 40% higher in Asian Americans.

What does that mean for you? If you are a person of color and have experienced any symptoms, be sure to tell your healthcare provider and ask that your blood sugar levels be tested.

Luckily, getting prompt and effective treatment can help stave off complications for all people with diabetes.

**What that means**

Work with your diabetes care team to identify your blood sugar and A1C (an average measure of blood sugar levels from the past three months) goals, and create an action plan to achieve them. Lifestyle changes are also important, so be sure to discuss those topics with your provider, as well. ●

YOU & YOUR CARE TEAM

**Your diabetes care team**

**Primary care provider (PCP):** Your PCP may be your family doctor, an internist, a DO, NP or a PA (see second column). Your PCP may diagnose you, coordinate your healthcare team and recommend diabetes specialists.

**Endocrinologist:** This physician 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 counsels and educates people with diabetes, helps set achievable goals and addresses concerns.

**Nurse practitioner (NP)/Physician associate (PA):** Advanced practice clinicians who help manage diabetes care and may offer additional education.

**Podiatrist:** This physician treats your feet and 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 help adjust eating patterns to improve your overall health. ●



# “I’m doing diabetes *my* way!”

Despite medication and lifestyle changes, Chandra Kim couldn't get a handle on her blood sugar. But with the help of a GLP-1, she got to goal and has reclaimed her energy! —BY AMY CAPETTA

**T**hese days, nothing is holding Chandra Kim back. The 54-year-old wife and mother from Kailua, HI, spends her time hanging out with her husband, children, friends and extended relatives; sweating it out in kickboxing class; doting on her two service dogs; or caring for the horses in her family’s stables.

With the little free time she has, Chandra also works as an advocate for the Diabetes Patient Advocacy Coalition (DPAC; *diabetespac.org*), a nonprofit organization that tries to influence policy at the state and federal levels to improve the lives of people impacted by diabetes. “It focuses more on patients and giving them a voice compared to oth-

er groups that are mostly about raising money,” she explains. “I’ve been highly active since joining a few years ago.”

It’s a cause near and dear to Chandra’s heart. Although she’s been living with type 2 since age 22, her diabetes journey began decades before, when several of her relatives were diagnosed with the disease. “Due to my family history, my doctor has always said, ‘It’s not a matter of *if* you get type 2 diabetes, it’s a matter of *when*.’ So it’s never been far from my mind.”

The condition took even more of a personal turn in 2008, when Chandra’s then-7-year-old daughter was diagnosed with type 1 diabetes. Two years later, Chandra

was told that her bloodwork had officially entered the prediabetes range.

—  
**“I needed to get things under control”**

Chandra tried her best to keep her blood sugar levels from rising—researching the condition after her daughter’s diagnosis had taught her the importance of eating healthy and staying active. “Have a black belt in Taekwondo, so I certainly was not sedentary,” she adds. And luckily, following a healthy lifestyle did keep her blood sugar levels out of the type 2 range for the next 12 years. But in October 2022, the results from her A1C test—which measures a patient’s average blood sugar levels over the previous



Photo by waaltzhawaii

three months—had reached 6.9% (a normal A1C level is below 5.7%, a level of 5.7% to 6.4% indicates prediabetes and 6.5% or higher indicates diabetes.) Chandra was officially diagnosed with type 2 diabetes.

Chandra was aware of the risks of being in denial about the disease. Beyond seeing what type 2 diabetes had done to her relatives, becoming a patient advocate for her daughter had taught her that uncontrolled type 2 diabetes could lead to potentially life-threatening complications.

“I said to my doctor, ‘It’s time for medication—let’s get this under control!’”

—  
**“The energy level has been amazing!”**

For the first eight months, Chandra’s doctor prescribed two oral medications to help lower her blood sugar levels, but eight months later, her A1C hadn’t budged and she was still struggling with symptoms like fatigue.

So, in the summer of 2023, her physician swapped out one med and added a glucagon-like peptide-1 receptor agonist (GLP-1). Knowing

that finding the right medications to treat her diabetes would take some trial and error, Chandra was fine with the switch.

“I dealt with some nausea and discomfort initially, but those are well-known early side effects of that medication, and thankfully I no longer have those issues.”

At the same time, Chandra also became more mindful of her food choices—for example, eating smaller portions of rice, one of her diet staples. “Hawaiians are huge on rice!” she laughs. “I still eat it, just less of it.” ▶



## CHANDRA'S TOP BLOOD SUGAR TAMING TIPS!

Here, she offers more of the strategies that have been giving her the upper hand on type 2:

**Become your best advocate.** Taking an active role in your healthcare is vital, says Chandra. Along with doing your own research, she suggests jotting down questions and bringing articles to discuss with your physician during follow-up appointments.

**Join the community.** Not only can it feel reassuring to meet others who are living with type 2, but you'll also gain valuable insights from others living with the disease. "I've been involved in the diabetes community since 2008, and I'm still learning all the time. We can't talk to our doctors on a daily basis, so it's helpful to hear how real people are taking care of their health."

**Set smart boundaries.** Even though her daughter uses a continuous glucose monitor (CGM) to track her blood sugar levels throughout the day, Chandra is not interested in using the device. "It's a great tool for her, but I think if I were receiving my numbers all day, I would turn it into a quest, like a game I needed to win." Over the years, Chandra has also limited the number of health sites she visits per day. "There was a time when I was spending hours online. Now I allow myself to read up to four articles a day. It's good to have knowledge, but I will not allow diabetes to consume my life."

Photo by waaitzhawaii

Within months of being on the new regimen, Chandra noticed her stamina increased, which enhanced her workouts. She and her husband even started taking nightly walks with their dogs. "The energy level alone has been amazing, and I feel really good mentally, too."

Best of all, Chandra is thrilled to report her A1C has dropped back to the prediabetes range.

These days, she's continuing her advocacy work in the diabetes community, including attending virtual meetings and conversations with DPAC, and has traveled to Washington, DC, to speak with members of Congress on behalf of patients.

She also hopes others living with type 2 find inspiration from her story. "I want others to know: Being diagnosed with type 2 diabetes is not the end of the road because you can still have a full life. Type 2 diabetes is a part of my life, but it's not my identity!" ●

# 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	<input type="text"/>
Medicine (dosage)	<input type="text"/>
What did you eat? Did you exercise? How do you feel?	<input type="text"/>
☀ AFTERNOON/TWO HOURS AFTER EATING	
Time/test results	<input type="text"/>
Medicine (dosage)	<input type="text"/>
What did you eat? Did you exercise? How do you feel?	<input type="text"/>
🌙 EVENING/TWO HOURS AFTER EATING	
Time/test results	<input type="text"/>
Medicine (dosage)	<input type="text"/>
What did you eat? Did you exercise? How do you feel?	<input type="text"/>





## 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:

- |   |  |
|---|--|
| <input type="checkbox"/> When I first wake up | <input type="checkbox"/> Two hours after meals |
| <input type="checkbox"/> Before meals         | <input type="checkbox"/> Bedtime               |
|   | <input type="checkbox"/> 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 do more 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.

## 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 glucagon-like peptide (GLP-1) receptor agonists** increase insulin secretion, slow stomach emptying, and lead 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 receptor agonist combinations** GIP is a hormone that stimulates insulin secretion in response to food; it works in tandem with the GLP-1 to help your body better manage your blood sugar levels.



### 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 healthcare appointments and tests. Even better, synchronize your calendar with your loved ones to keep you both up-to-date.**

# “We’re showing diabetes *who’s boss!*”

From switching up medications to working on their self-image, Lorraine and Jacquean share the strategies that have been helping them improve their blood sugar levels—and their overall well-being. —BY AMY CAPETTA



**“Find joy in activity”**

**LORRAINE O’QUINN**  
TRENTON, ONTARIO

***Focus on overall wellness.***

When Lorraine began her career as a realtor in 2000, she routinely worked 16 hours a day during peak real estate season. But while her business, O’Quinn Team Real Estate, was a success, her health was suffering. A

diet heavy in carbohydrates and processed foods led to numerous conditions, such as fatty liver disease, high blood pressure and heart disease (including two blocked arteries). “Normalizing my health issues and weight gain became a part of my self-identity,” she explains. It wasn’t until she was diagnosed with type 2 diabetes in August 2023 (with an A1C of 8.8%), that she turned things around. She embarked on a wellness journey with Lifestyle RX—a program that offers group sessions with doctors and dietitians, peer support and teachings about sleep and stress management. “By taking small steps, I created joyful experiences and developed the habits I needed to thrive.” ▶

Photo by Samantha Deck Photography

PAID ADVERTISEMENT



## Take the Journey to Better Thyroid Health

The path to a healthier you takes you on a journey of personal care. And for people who have (or suspect) a thyroid condition, 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 Thyroid Disease**. Presented in easy-to-understand terms, the AACE Journey for Patients with Thyroid Disease is derived from clinical guidelines of the American Association of Clinical Endocrinology (AACE), reviewed by AACE experts, and helps you to navigate your path through understanding your condition, treatment options, and wellness goals.

Features include:

- Common signs and symptoms of thyroid conditions
- Thyroid screening options
- Tests used to determine different thyroid conditions
- Planning and treatment options
- Care and continuity
- Support groups and more

Visit [AACE.com/patient-journey/thyroid](https://www.aace.com/patient-journey/thyroid) and start your journey to better thyroid health.



**SCAN ME!**

**See yourself in a new light.** “I viewed my diagnosis as a catalyst for positive change,” says Lorraine. “I advise others to read chapter 2 of the book *Atomic Habits* by James Clear, which focuses on identity,” she explains. Through introspection, she transformed her identity as an overworked, sickly individual into a healthy, athletic person who contributes to her community.

**Engage in pleasurable activities.** These days, Lorraine (who can be found on Instagram @lorraine\_oquinnteam) spends a lot of free time hiking, walking and playing Pickleball. As a result of her revamped lifestyle, Lorraine’s A1C has dropped to 5.3%, and she’s lost 70 pounds! “Find joy in activities that resonate with you,” she says. “These pursuits not only enhance your physical health, but they can also enrich your life.”

## “Tap every resource you can”

JACQUEAN L. KOSH  
LARGO, MD

**Be open to different meds.** Three days after her 26th birthday, Jacquean’s doctor called to tell her she had type 2 diabetes. “My father and grandmother had diabetes, so it was almost as if I expected to get it at some point—but not at such a young age,” she says. After taking oral medication for four years, she switched to insulin. The reason? Jacquean wanted to have a baby, but her blood sugar levels were too high to sustain a healthy pregnancy. Happily, baby number one came...and so did baby number two (“our pandemic baby!” she laughs), at which point her physician added a glucagon-like

peptide 1 (GLP-1) receptor agonist and a sodium-glucose cotransporter-2 (SGLT2) inhibitor to her treatment plan. “My two highest A1C levels [A1C is a measure of your average blood sugar levels from the past three months] were 14.4% and 13.8%, but currently my A1C is 5.7% [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]—and you can imagine how much better I feel!”

**Deepen your knowledge.** It wasn’t until last year that Jacquean took the time to research all things related to type 2 diabetes. “I learned that type 1 patients are much more educated about this disease than the average person with type 2.” Along the way, she has acquired knowledge from reputable organizations (such as Taking Control of Your Diabetes®, which can be found online at [tcloyd.org](http://tcloyd.org)) and nutritionists (including Mila Clarke, who can be found on Instagram



Photo by [www.doherthphoto.com](http://www.doherthphoto.com)

@[thehangrywomen](https://www.instagram.com/thehangrywomen)). “Doctors only have a few minutes with you, but it’s not their fault. Also, physicians have studied diabetes, yet they are likely not living with it and may not understand how a patient feels—it’s just not their reality. It’s up to you to take control of your health.”

**Prioritize self-care.** As a licensed psychotherapist, Jacquean (who can be found on Instagram @[sugarandspicet2d](https://www.instagram.com/sugarandspicet2d) and @[safespacewithjk](https://www.instagram.com/safespacewithjk)) understands the importance of caring for your mental

health since it can have a direct effect on your physical well-being. “I tell my clients about focusing on the controllable factors,” she explains. “When it comes to diabetes, I have no control over my genetics. However, I can control how often I move my body,” says Jacquean who likes going swimming with her family. She also mentions that reducing stress and improving sleep can help lower blood sugar levels. “No one can do it all, so look for a support system,” she emphasizes. “My best friend has watched my two kids in my home to give

me the opportunity to nap. Take the time you need to avoid burnout.” ●

## Health Monitor

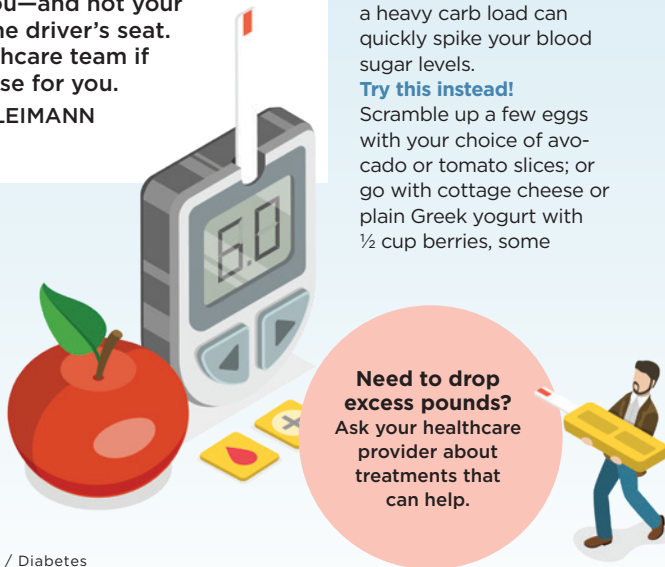
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# 5 surprising ways to get your *blood sugar* in line

When it comes to keeping blood sugar levels steady, you can ensure your diabetes management plan stays on track by making small changes in your lifestyle, says Susan Dopart, MS, RD, CDE, author of *101 Ways to Control your Diabetes*. She shares her top ‘aha’ ways to put you—and not your diabetes—in the driver’s seat. Ask your healthcare team if they make sense for you.

—BY KAREN KLEIMANN



## 1 Skip the cereal at breakfast.

“Eating cereal is like having a candy bar for breakfast,” Dopart says. The reason? Cereal contains anywhere from 30-80 grams of carbs per serving, or two to five slices worth of bread. Such a heavy carb load can quickly spike your blood sugar levels.

### Try this instead!

Scramble up a few eggs with your choice of avocado or tomato slices; or go with cottage cheese or plain Greek yogurt with ½ cup berries, some

**Need to drop excess pounds? Ask your healthcare provider about treatments that can help.**

nuts or ground flaxseed topped with cinnamon for a well-balanced, high-protein breakfast.

## 2 Drink tea with your meals.

Tea lovers rejoice! The brew is packed with significant benefits: “The polyphenols or antioxidants in tea (green, black or oolong) can lower post-meal blood glucose and fend off hyperglycemia,” Dopart explains. Research shows these antioxidants help cells become more insulin sensitive so sugar can be better processed.

### Which tea is best?

Green tea has the highest levels of polyphenols and a bonus antioxidant called EGCG, which has been linked with a lower risk of heart disease and cancer. Whichever your brew of choice, skip milk and sweeteners (real and artificial) to get the maximum benefit.

## 3 Resist weekend carb splurges.

Dopart says weekend relaxation and enjoyment can be many people’s weak time for overdoing the carbs—she notes,

for example, that a breakfast of sweetened coffee and a bagel can contain as many as 150 grams of carbs—and overburdening the pancreas. But there’s no need to feel deprived! Instead, eat carbs in very small amounts throughout the day. “It’s a win-win! Limiting your carbs helps the liver and pancreas in regulating glucose and insulin levels, and thus controls both blood sugar and weight!” she says.

### Sugar craving?

Instead of reaching for a high-carb snack, spread natural peanut butter on one to two squares of 75% dark chocolate for a homemade—and healthier—peanut butter cup.

## 4 Take a happiness break each day.

“Happiness produces endorphins, which can lower stress levels, leading to lower blood sugar,” says Dopart. So read a book or take a walk.

### Stressed out?

Dopart says even in anxiety-prone situations, you can lift your spirits by forcing a smile. Studies show even faking a grin can produce stress-lowering hormones. Or try mindfulness

meditation, a practice that clears the mind and helps you stay in the moment (see [mindful.org](http://mindful.org)). In fact, a recent study in the *Journal of Diabetes Research* found that adults with type 2 diabetes who did a mindfulness meditation course reported improved emotional well-being, less anxiety and reduced their A1C levels.

## 5 Reset your metabolism.

Dopart recommends going 12 hours without food by nixing the late dinners and snacks, which are associated with poor blood sugar control in type 2 diabetes. “The fast can make your cells more sensitive to insulin and metabolize glucose more effectively, which allows your system to reset for another day,” she says. Get your healthcare provider’s okay before starting.

### Late-night kitchen dweller?

Try scheduling dinner earlier in the evening and eating diabetes-friendly snacks throughout the day. And because research shows that tiredness from lack of sleep can be confused for hunger, aim for seven to nine hours of sleep each night. ●

# Health Monitor Living

## Questions to ask your care team today



Scan this QR code for a free digital copy or home delivery

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

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

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

---



Would losing weight help my blood sugar?

---



Am I a candidate for a continuous glucose monitor?

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### On treatment and need help covering the cost?

Ask your healthcare provider or pharmacist 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.