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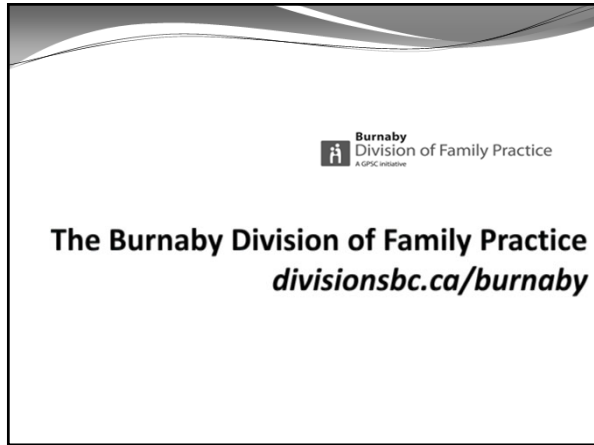
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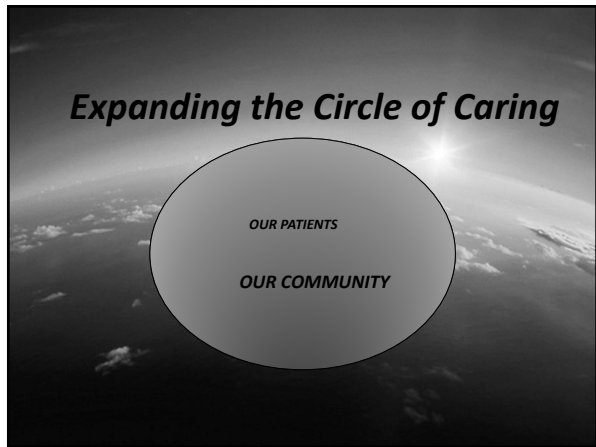
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***We care about our patients***



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***We care about our community***



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***What you should know  
about DIABETES***

- 1. A new way to think about health*
- 2. Myths (and facts) about diabetes*
- 3. Are you at risk? Should you be tested?*
- 4. What people with diabetes should monitor*
- 5. The basics of healthy eating for diabetes*
- 6. The value of exercise*
- 7. Achieving your goals and your positive potential in life*

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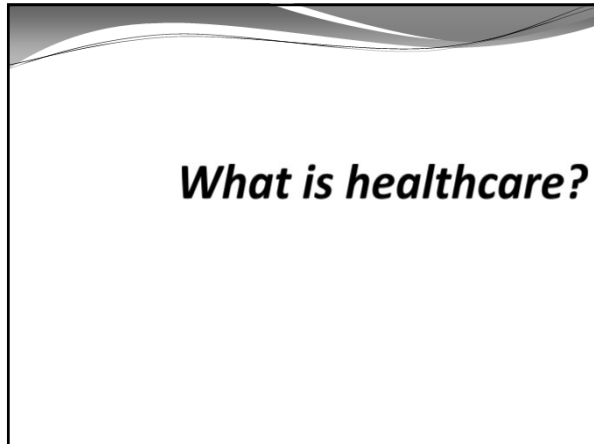
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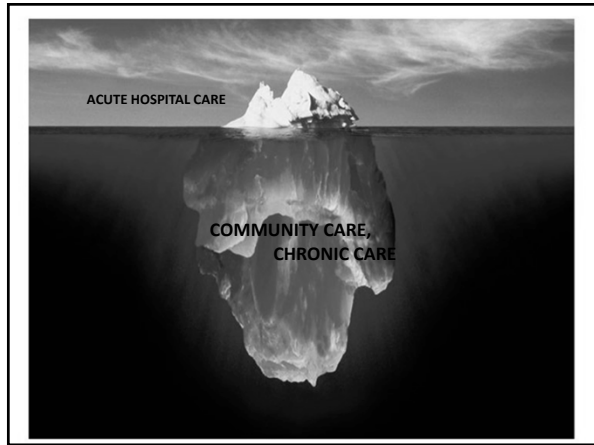
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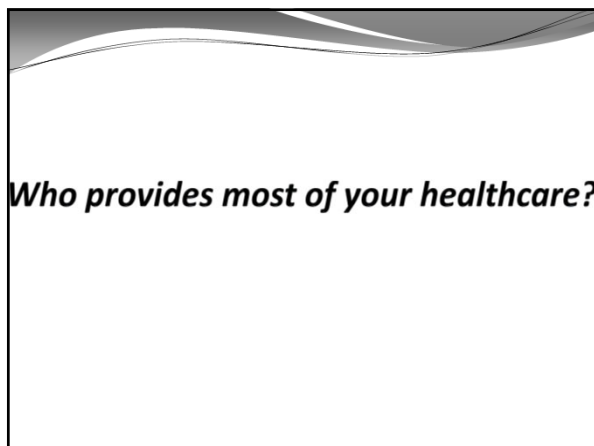
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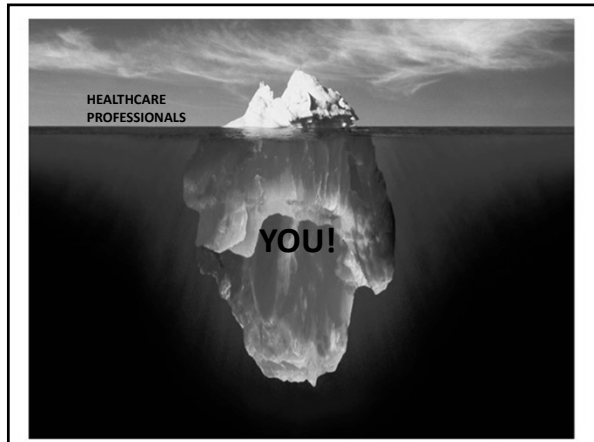
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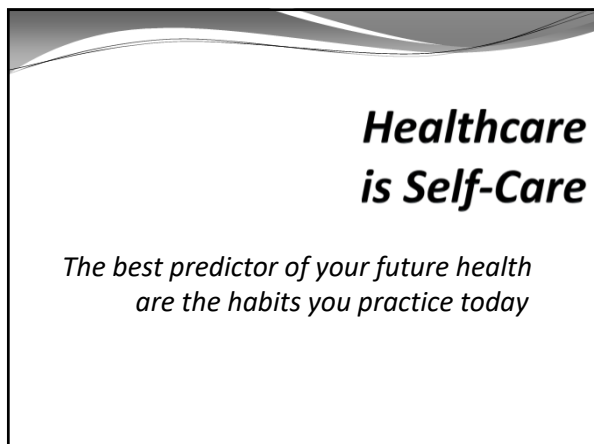
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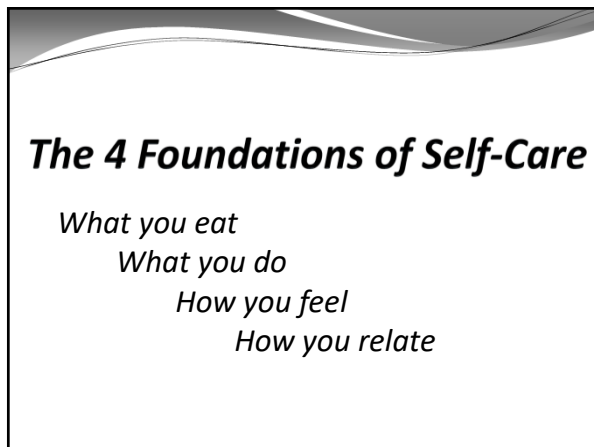
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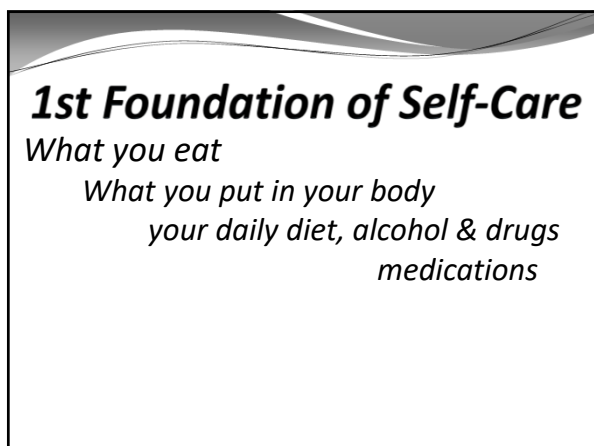
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**2nd Foundation of Self-Care**  
*What you do*  
*Physical Activity & Rest*

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**3rd Foundation of Self-Care**  
*How you feel*  
*Emotional Wellbeing*  
*Managing stress*  
*Recognizing your emotions*  
*Managing them*  
*Finding meaning*

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**4th Foundation of Self-Care**  
*How you relate*  
*Healthy Relationships*  
*commitment*  
*good communication*  
*time*  
*nurturing unconditional love*

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***The Empowered Patient***  
*What do you need for good self-care?*

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***What do you need for good self-care?***

- 1. Knowledge*
- 2. Professional & Peer Support*
- 3. Planned care*

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***What is health?***

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**What is health?**  
*The absence of disease?*

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**What is health?**  
*Health is not the absence of illness,  
and healthcare is not merely the  
treatment of disease.*

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**Your Positive Potential**  
*I believe that we each have a unique  
potential in life, and it is our duty to  
realize that potential and help others  
achieve theirs.*

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**Your Positive Potential**  
*does not mean perfection.*

*It is guided by your personal values.*

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**What do you need for good self-care?**

1. Knowledge
2. Professional & Peer Support
3. Planned care

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**What do you need for good self-care?**

1. Knowledge
2. Professional & Peer Support
3. Planned self-care
  - Healthy eating
  - Physical activity
  - Medications
  - Monitoring

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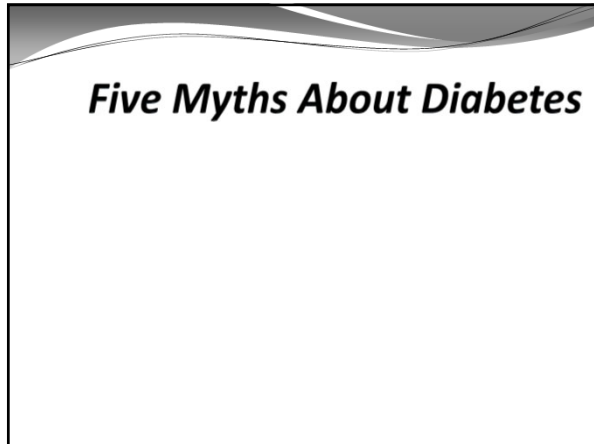
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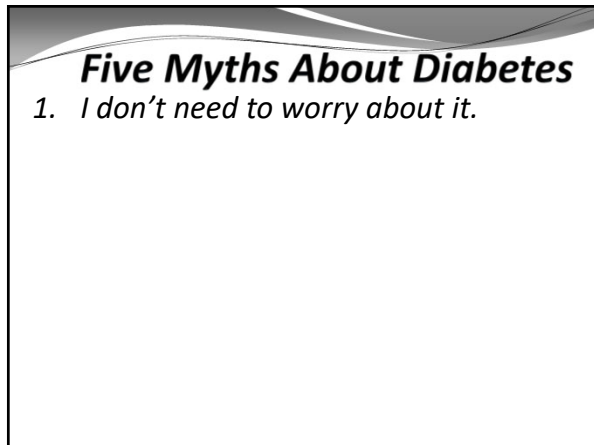
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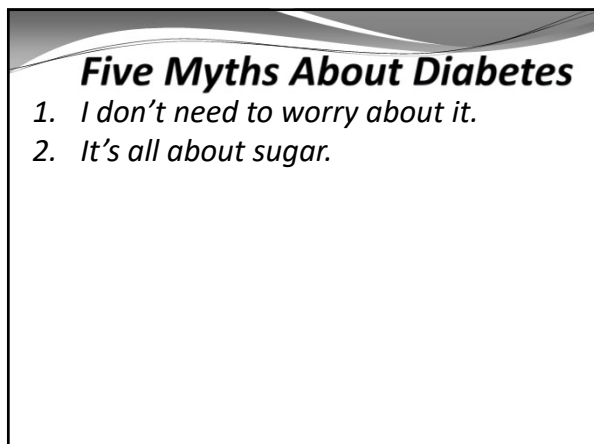
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**Five Myths About Diabetes**

1. *I don't need to worry about it.*
2. *It's all about sugar.*
3. *It comes from being overweight and eating too much sugar.*

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**Five Myths About Diabetes**

1. *I don't need to worry about it.*
2. *It's all about sugar.*
3. *It comes from being overweight and eating too much sugar.*
4. *All people with diabetes need to take insulin and check their blood sugars throughout the day.*

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**Five Myths About Diabetes**

1. *I don't need to worry about it.*
2. *It's all about sugar.*
3. *It comes from being overweight and eating too much sugar.*
4. *All people with diabetes need insulin and check their blood sugars throughout the day.*
5. *Everyone with diabetes gets complications.*

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**Myth #1**  
*I don't need to worry about it.*

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**Myth #1**  
*I don't need to worry about it.*  
*Diabetes is common:*  
*1 in 11 adults over 20.*  
  
*The incidence will increase as we age,*  
*become less active and gain weight.*

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**Myth #2**  
*It's all about sugar.*

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*Diabetes is a problem of metabolism – how the body converts food into energy.*

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*Glucose is a source of energy for every cell.*

*Diabetes can affect every organ system, including the circulatory and nervous systems.*

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*Poorly controlled diabetes can cause heart attacks, strokes, kidney failure, amputations and blindness.*

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**Myth #3**  
*It comes from being overweight and eating too much sugar.*

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*There are 2 types of diabetes:*

*Type I: insulin-dependent*  
*The pancreas no longer produces insulin. Insulin injections or infusions are needed.*

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*Type II diabetes: insulin-resistant*

- *90% of diabetes*
- *hereditary*
- *cells become resistant to the effects of the body's own insulin*
- *become glucose intolerant*
- *carbohydrates (sugars, starches) cause a greater rise in blood sugars*

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**Myth #4**  
*All people with diabetes need to take insulin and check their blood sugars throughout the day.*

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*With type I diabetes, there is insufficient natural insulin – extra insulin is required and blood sugars have to be carefully monitored to avoid high and low blood sugars.*

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*With type II diabetes, most do not need insulin with the onset of the condition so they usually do not need frequent glucose testing throughout the day.*

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*Regular exercise (e.g. 30 minutes each day) and more frequent regular meals with low glycemic index foods are essential.*

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*There are a variety of oral medications that improve glucose intolerance and lower blood sugars with type II diabetes.*

*If sugars continue to rise, insulin may be needed.*

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**Myth #5**  
*Everyone with diabetes gets complications.*

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*With the careful self-management of diabetes, most of the complications of diabetes can be avoided.*

*Professional support and education can enable individuals to be effective managers of their own health.*

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***The Classical Symptoms of Diabetes***

*1. Unexplained weight changes*

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***The Classical Symptoms of Diabetes***

*1. Unexplained weight changes*

*2. Polyphagia: excessive hunger*

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***The Classical Symptoms  
of Diabetes***

- 1. Unexplained weight changes*
- 2. Polyphagia: excessive hunger*
- 3. Polydipsia: excessive thirst*

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**The Classical Symptoms  
of Diabetes**

1. *Unexplained weight changes*
2. *Polyphagia: excessive hunger*
3. *Polydipsia: excessive thirst*
4. *Polyuria: excessive urination*

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**The Classical Symptoms  
of Diabetes**

1. *Unexplained weight changes*
2. *Polyphagia: excessive hunger*
3. *Polydipsia: excessive thirst*
4. *Polyuria: excessive urination*

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**The Classical Symptoms of Diabetes**

*Most new cases of diabetes are diagnosed before these dramatic symptoms appear.*

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**Are you at risk for diabetes?**

- *Family history of diabetes*

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**Are you at risk for diabetes?**

- *Family history of diabetes*
- *History of diabetes in pregnancy, polycystic ovary syndrome, metabolic syndrome (high sugars, BP, abnormal cholesterol, triglycerides, abdominal fat)*

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**Are you at risk for diabetes?**

- Family history of diabetes
- History of diabetes in pregnancy, polycystic ovary syndrome
- Aboriginal, Hispanic, South Asian, Asian or African descent

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**Are you at risk for diabetes?**

- Family history of diabetes
- History of diabetes in pregnancy, polycystic ovary syndrome
- Aboriginal, Hispanic, South Asian, Asian or African descent
- Overweight
- Sedentary

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**Are you at risk for diabetes?**

- Family history of diabetes
- History of diabetes in pregnancy, polycystic ovary syndrome
- Aboriginal, Hispanic, South Asian, Asian or African descent
- Overweight
- Sedentary
- High BP, high cholesterol
- Over 40 years old

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**If you think you might be at risk,  
ask your doctor**

*or take the Canadian Diabetes Risk  
Questionnaire (CANRISK)  
[www.diabetes.ca/take-the-test](http://www.diabetes.ca/take-the-test)*

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**When to test for diabetes**

*The CDA Clinical Practice Guidelines  
recommends screening every 3 years  
in individuals over 40 years old or at  
high risk using a risk calculator (i.e.  
CANRISK)*

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**How do you test for diabetes?**

- 1. Hemoglobin a1c*
- 2. Fasting glucose*
- 3. Glucose Tolerance Test*

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**Confirming diabetes**

1. Hemoglobin a1c over 6.5%
2. Fasting glucose over 7.0 mmol/L
3. 75 gm Glucose Tolerance Test  
fasting glucose over 7.0 mmol/L OR  
glucose over 11.1 mmol/L 2 hrs later

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**Confirming diabetes**

1. Hemoglobin a1c over 6.5%
2. Fasting glucose over 7.0 mmol/L
3. 75 gm Glucose Tolerance Test  
fasting glucose over 7.0 mmol/L OR  
glucose over 11.1 mmol/L 2 hrs later

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**Prevention**

1. Maintain a healthy weight
2. Reduce abdominal fat
3. Eat well: smaller more frequent meals, attending to both glycemic index and appropriate portions
4. Exercise

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**Know Your Numbers**  
*What everyone with diabetes needs to know about their lab tests.*

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**Know Your Numbers**

1. Hemoglobin a1c
2. LDL cholesterol
3. HDL cholesterol
4. Total cholesterol/HDL ratio
5. Microalbumin
6. Blood Pressure
7. Estimated GFR

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**Hemoglobin a1c**

- Reflects the "average glucose level" over the past 2 to 3 months
- Does not require fasting
- Goal: less than 7.0%

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**Hemoglobin a1c**  
*Note: the a1c is not equivalent to glucose levels in mmol/L*

*Hb a1c of 6.5% = mean glucose of 7.2 mmol/L*  
*Hb a1c 7.0% = mean glucose of 8.1 mmol/L*  
*Hb a1c of 7.5% = mean glucose of 9.1 mmol/L*  
*Hb a1c of 8.0% = mean glucose of 10.0 mmol/L*  
*Hb a1c of 10.0% = mean glucose of 13.6 mmol/L*

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**Hemoglobin a1c**  
*An optimal Hb a1c of under 7.0% usually corresponds to fasting/before meal glucose levels under 7.0 mmol/L and 2 hour after meal glucose levels under 10.0 mmol/L.*



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**Optimal blood sugars**  
*Under 7.0 mmol/L before meals (i.e. breakfast, lunch and dinner)*

*Under 10.0 mmol/L 2 hours after meals*

*\*only if this can be safely achieved without significant risk of hypoglycemia*

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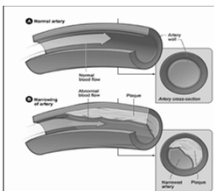
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### **LDL cholesterol**

- *The “bad” cholesterol*
- *Correlated with plaque clogging the arteries supplying the heart, brain, kidneys and extremities*
- *Goal: under 2.0 mmol/L*



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### **HDL cholesterol**

- *The “good” cholesterol*
- *Reduces plaque in your arteries*
- *Raises by fish, exercise, (alcohol)*
- *Goal: over 0.9 mmol/L in men  
over 1.1 mmol/l in women*



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### **Total cholesterol/HDL Ratio**

- *Goal: less than 4.0*
- *A measure of cardiovascular risk*

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**Microalbumin (ACR)**

- *A test for small amounts of protein in the urine*
- *Associated with potential early kidney (or microvascular) disease*



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**Blood Pressure**

- *A separate risk factor for vascular disease*
- *Goal: less than 130/80*



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**Estimated GFR**

- *A blood test ordered as "creatinine"*
- *A measure of kidney function*
- *Normal: over 60*

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**What other checks are important for diabetes?**

1. Complete physical exam (at least every 2 years) to detect early complications
2. Foot exam by a physician every year  
Check your own feet every day!
3. Eye examination (every 1 to 2 years) to assess the retinal blood vessels

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**What and how to eat for diabetes**

1. Don't skip breakfast or eat one big meal at night!
  - Frequent, smaller meals keep glucose levels more even
2. Healthy portion sizes
3. Attend to the Glycemic Index (G.I.)

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**Healthy Portions**

1. Half the plate: vegetables
2. One quarter: starches (rice, potatoes, pasta) note the glycemic index
3. One quarter: protein (lean meat, beans) mind your cholesterol
4. One portion of fruit one apple, ½ cup berries
5. Avoid sugar-containing drinks

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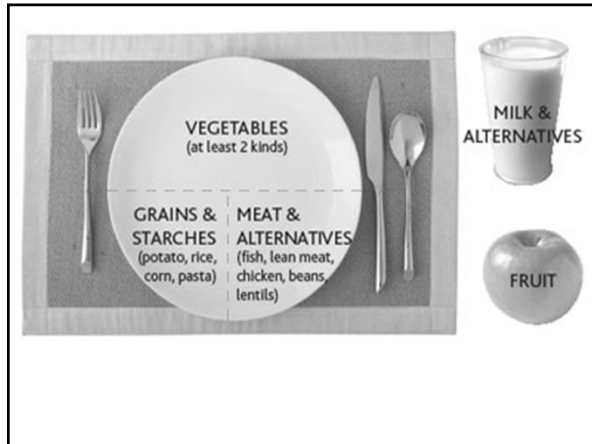
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**Glycemic Index**

*The ability of a food to raise your blood sugar. We should consume low GI foods in preference to high GI foods.*

<http://www.diabetes.ca/diabetes-and-you/healthy-living-resources/diet-nutrition/the-glycemic-index>

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**Glycemic Index**

**THE**  
**g.i.**  
**Glycemic Index**  
**DIET**

Updated and Revised

"Fresh, the glycemic index is being recognized as a key component for permanent weight loss and the treatment of chronic disease. Rick Gallop's book is an excellent introduction to this major area of nutrition."  
— DR. BARRY SEARS, author of *The Zone*

**If You Understand A Traffic Light, You'll Understand This Diet**

**RICK GALLOP**  
DEPT. PRESIDENT OF THE HEART AND STROKE FOUNDATION OF CANADA

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Choose low glycemic index carbohydrates		
LOW GI (55 OR LESS) ** Choose most often ✓✓✓	MEDIUM GI (56-69) ** Choose more often ✓✓	HIGH GI (70 OR MORE) ** Choose less often ✓
<b>BREADS:</b> 100% stone ground whole wheat Heavy mixed grain Pumpernickel	<b>BREADS:</b> Whole wheat Rye Pita	<b>BREADS:</b> White bread Kaiser roll Bagel, white
<b>CEREAL:</b> All Bran™ Bran Buds with Psyllium™ Oat Bran™	<b>CEREAL:</b> Grapenuts™ Puffed wheat Oatmeal Quick oats	<b>CEREAL:</b> Bran flakes Corn flakes Rice Krispies™
<b>GRAINS:</b> Barley Bulgur Pasta/noodles Parboiled or converted rice	<b>GRAINS:</b> Basmati rice Brown rice Couscous	<b>GRAINS:</b> Short-grain rice
<b>OTHER:</b> Sweet potato Yam Legumes Lentils Chickpeas Kidney beans Split peas Soy beans Baked beans	<b>OTHER:</b> Potato, new/white Sweet corn Popcorn Stoned Wheat Thins™ Ryvita™ (rye crisps) Black bean soup Green pea soup	<b>OTHER:</b> Potato, baking (Russet) French fries Pretzels Rice cakes Soda crackers

www.guidelines.diabetes.ca

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**The Importance of Physical Activity**  
*Some physical activity after each meal  
will reduce after meal blood sugars*

**Guideline recommendation:**  
*150 minutes exercise/week  
or 30 minutes/day*

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**Keys to achieving your goals**  
**1. Choose wisely**  
*A goal that matters to you*



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**2. Visualize yourself having achieved your goal**

*The Power of Attraction  
Reprogramming your subconscious  
Priming the pump for success*



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**3. Break it down**

*From supersized into manageable morsels*

*You'll gain confidence with early successes.*



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**4. Write down the details**



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**SMARTEST goals**

**Specific**-What will you do? Where?  
**Measurable**-How much? How long?  
**Achievable**-realistic and do-able  
**Relevant**-important to you and your health  
**Time Frame**-When will you start?  
When will you finish?  
**Evaluate**-How did you do? What did you learn?  
**Stepping Forward**-What will you do next?  
What will you do differently?  
**Together**-Who will work with you? Who will you share with?

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5. Anticipate and prepare  
for roadblocks



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6. Enlist support  
Choose a coach  
or a teammate  
Your partner, a friend  
or a neighbour  
Consult your family doctor



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**Your Positive Potential**

*I believe that we each have a unique potential in life, and it is our duty to realize that potential and help others achieve theirs.*

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**Our Positive Potential**

*With knowledge, engagement and support, we can manage chronic health conditions and live well.*

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**The Most Common Chronic Condition**

*Everyone in this room has the same chronic condition.*

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**The Most Common  
Chronic Condition**

*It is incurable,*

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**The Most Common  
Chronic Condition**

*It is incurable,  
it is sexually transmitted,*

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**The Most Common  
Chronic Condition**

*It is incurable,  
it is sexually transmitted,  
and it has a 100% mortality*

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**The Most Common  
Chronic Condition**  
*That chronic condition is LIFE.*  
  
...

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**The Most Common  
Chronic Condition**  
*That chronic condition is LIFE.*  
*Let's make the most of it!*

107

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**SHARE**  
*Let's create a healthier community*



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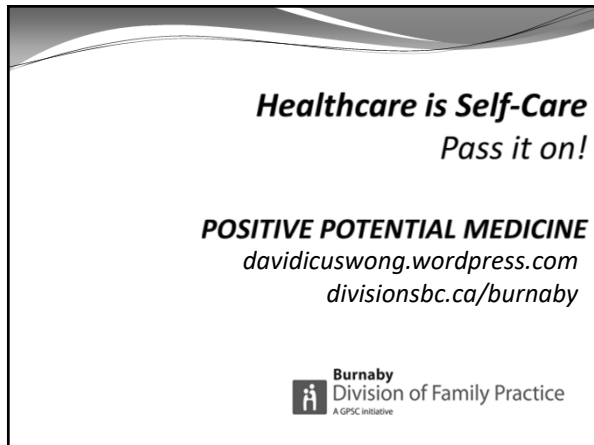
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110

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