YOUR COMPREHENSIVE INSULIN PEN GUIDE
Upgrade Your OneTouch Ultra® Meter Now At No Charge

Choose the OneTouch Verio Flex® meter.
- ColorSure™ technology shows if results are in or out of range
- Connects wirelessly with the OneTouch Reveal® mobile app to help manage blood sugar on the go
- OneTouch Verio® test strips are available at the lowest co-pay on the most health plans*

Bring this voucher and valid prescription to your pharmacist to get a OneTouch Verio Flex® meter.

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- RxPCN CN
- Group ID# LVGENVER
- ID# NOCHARGEMTR

There is no limit to the number of times you can use this code.

Submit this claim to Patient Choice for reimbursement plus a dispensing fee.
Requires a valid prescription. Offer valid for one meter per patient every 12 months.
Offer good while supplies last. Void where prohibited by law.
This offer from LifeScan, Inc. can only be redeemed where OneTouch® products are sold and prescriptions can be processed.
By participating in this program or by otherwise processing a program voucher, you warrant that you will not submit a claim for reimbursement of any meter covered by this agreement with any commercial payer or state or federal government funded program (including but not limited to Medicare, Medicare Advantage, Medicaid, Medigap, VA, DOD, or Tricare®). Offer expires 12/31/17.

*Some health plans may have more than one test strip covered at the lowest co-pay.
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Your Comprehensive Insulin Pen Guide: What You Need to Know

- Much has changed in the 95 years since the first insulin injection was given to a 14-year-old boy with type 1 diabetes named Leonard Thompson in Toronto, Ontario, back in January 1922.

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Insulin Pen Needles Chart

- Advances in thin-wall technology have allowed manufacturers to introduce pen needles whose shortness and thinness would have astounded insulin users just five years ago.

LIVING WELL WITH TYPE 1 & TYPE 2

Living With Type 1: Dear Diabetes- You Can’t Have Him

Living With Type 2: Lost Interest in Sex

DiabetesSisters Gets Members Involved in Research Initiative

- DiabetesSisters was formed in 2008 as a way to help women share information about diabetes and learn from each other’s experiences.

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Letter From the Publisher

- On Needles and Pens

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- 10 Risk Biomarkers Can Help Predict Cardiovascular Risks in Type 2 Diabetes

- Cooking Method Could Impact Diabetes Risk

FOOD FOR THOUGHT

Orange-Ginger Glazed Salmon

DIABETES CROSSWORD PUZZLE

- Test your knowledge to see how well you understand diabetic problems.

WORD SCRAMBLE PUZZLE SOLUTION

A1 Chuckles
Almost every person who has diabetes will tell you what a burden it is to have to inject insulin several times in a day: measuring the dose; finding a virgin patch of skin for an injection site; and finally the sting from plunging a needle at the selected site.

But until there’s a cure for diabetes, insulin injections are what stand between a relatively normal life and the ability to manage diabetes’s worst symptoms, and a disease that can swiftly pose mortal danger.

That’s why the invention of insulin pens is one of the greatest advancements in making diabetes management much more tolerable. The pens are far more hassle-free than syringes, and the technology behind them has steadily improved over the years.

The features that make pens so attractive include:

• Pre-set doses that accurately deliver the right amount of insulin
• Short, thin needles that cause much less pain than the needles in many syringes
• Plungers that do not require more and more pressure as the pen reservoir empties out
• Greater portability than syringe sets
• More easily used in public because pen needles are not visible

We take a close look at insulin pens in our cover story, “Your Comprehensive Insulin Pen Guide: What You Need to Know,” on page 8. Our annual Insulin Pen Needles Chart on page 13 lets you make some comparisons among various pen needle manufacturers.

What happens when your non-diabetic spouse begins exhibiting diabetes-type blood sugar numbers? Our type 1 columnist Meagan Esler writes a heartfelt account of her reactions to news her husband may soon acquire the disease in “Dear Diabetes, You Can’t Have Him” on page 6. In Living With Type 2 on page 15, two counselors who specialize in dealing with sexual problems answer an Australian woman’s query about her waning libido in “Lost Interest in Sex” on page 15.

In 2008, DiabetesSisters was created to pull together women with type 1 and type 2 diabetes, spanning the gulf that sometimes separates women from other with a different form of diabetes. Now the organization has become involved in helping with research in “DiabetesSisters Gets Members Involved in Research Initiative” on page 26.

Should you fly after having an eye operation? I answer that question in “Ask Nadia: Scared to Fly After My Glaucoma Surgery” on page 20, I offer advice on how to counter fears of flying soon after eye surgery. We offer four Research Reports, on pages 23 and 24, which will update you on various diabetes research projects and studies.

Spring is here. Time to get out and smell the roses!

— Nadia Al-Samarrie Founder, Publisher, and Editor-in-Chief
I’m scared. More than I can remember being scared about health stuff, and that’s saying a lot. My adorable, funny, kind, and patient husband was told by an Endocrinologist that he is on the border of being diagnosed with type 2 diabetes if he didn’t lose some weight and watch his diet. I’m crushed, worried, and sad. I feel like this is not an option. I cannot imagine him having to deal with all of this. Aren’t I enough for you diabetes? Isn’t it enough that you’ve had me in your grasp for the past 20 years?

I know, I know, I’ve said it before a million times – diabetes doesn’t play fair. I honestly think he is dealing better with the news than I am. Sure, he is worried, but he doesn’t know the dreadful feeling of a bottomed out blood sugar, or a sky high blood sugar. He knows how hard diabetes is from watching me deal with my type 1 diabetes. He has been unbelievably supportive throughout the 17 years we’ve been together.

I was shocked about the doctor’s warning. My husband works out almost every single day! He limits carbohydrates, and though we have had our moments of stupidity when it comes to diet, he is generally pretty dam well behaved.

He took this information in stride. This doctor visit was a few months ago. He continues to work out and he is down 22 pounds. I’m actually down 14 pounds myself having joined him on the daily exercise and lower-carb diet. We both limit our carbohydrates more than ever before. We’ve learned how to make some delicious low-carb foods. We eat low-carb chicken parmesan, eggplant parmesan, zucchini pasta (it’s not really pasta, just noodles made out of zucchini with a special tool you can buy called a spiralizer), cauliflower soup that you’d swear tastes just like loaded baked potato soup, and we even made a pizza crust out eggs and cheese once! We eat a ton of vegetables, so we actually purchased our refrigerator based on the size of the crisper drawers. It’s funny that I wasn’t on the low-carb bandwagon as much before because it really does help me control my blood sugars. Just last week, I actually received the lowest A1c test result I’ve gotten in the past 20 years! I want him to be healthy. I’m willing to do just about anything to keep him healthy.

We have a good marriage. We support each other no matter what is going on in life. He stood by me with my type 1 diabetes and thyroid problems. I would stand by him no matter what. As much as I protest, if he ends up with type 2, we’ll deal with it. On the bright side, at least he won’t be in the dark when it comes to learning about carb counts, insulin, blood sugar testing, etc. As much as I hate the thought of him having to deal with diabetes any more than he already has to with me, I know we’d take excellent care of it. If you’re reading this, baby, we’re in this together. No matter what happens, I got your back. Thanks for always having mine.
Have diabetes and inject with a pen?

BD Ultra-Fine Nano™ 4mm Pen Needles

- Covered by most managed healthcare plans, including Medicare Part D.
- Fits all leading insulin pens in the US.

Accept no substitutes

* In the U.S. as of September 2015, ISO-compliant. † Compared to their current needle on leading pen brands.
* Co-pays and coverage amounts vary by plan.
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Much has changed in the 95 years since the first insulin injection was given to a 14-year-old boy with type 1 diabetes named Leonard Thompson in Toronto, Ontario, back in January 1922.

For decades afterward, people with type 1 diabetes had no alternative but to use large glass syringes. Needles not only needed to be boiled after each use for sterilization purposes, but also had to be periodically sharpened with a pumice stone.

The first insulin pump was introduced in the 1970s, and in 1985 Novo Nordisk introduced the first insulin pen. Since then, insulin pens have been more more widely used in Europe than America, in part due to cost and insurance issues. But insulin pen use is on the rise in the United States as more and more providers offer coverage of a device that has been shown to improve both convenience and compliance.

People with vision problems typically find that the larger numbers on an insulin pen are easier to read than the numbers on a syringe, making it more likely that the proper dosage will be used.

If you are thinking of making the switch, here is what you need to know:

**WHY DO PEOPLE CHOOSE INSULIN PENS?**

The primary advantages of using an insulin pen instead of a vial-and-syringe method include ease of use, greater accuracy in insulin delivery and an overall improvement in patients' adherence to diabetes management, according to findings confirmed by several studies.

Because an insulin pen is easier to carry, with less stigma attached than a syringe, patients are less likely to resist using them when away from home. Many users also report that the smaller, thinner needles typically used with insulin pens make the injection process less painful.

People with vision problems typically find that the larger numbers on an insulin pen are easier to read than the numbers on a syringe, making it more likely that the proper dosage will be used. Insulin pens are also easier to handle for those with dexterity problems.

There are, however, a few drawbacks to be aware of. Patients cannot mix their own insulin, for instance. Syringes can deliver larger doses than pens. Also, though pens are easier to use, they are mechanically more complex than a syringe, meaning that malfunctions do occur on occasion. For this
reason, it is a good idea to have a backup pen available just in case.

**WHAT ARE THE COST FACTORS?**

Insulin pens cost more than insulin in a vial. NovoLog fast-acting insulin, for instance, costs about $65 per 5 milliliters when purchased by the vial, according to drugs.com, while it costs about $106 for the same amount when purchased as a pack of prefilled NovoLog FlexPens.

However, the higher costs of insulin pens are often balanced out by other factors related to pen users’ improved adherence. While pen users’ pharmacy costs are higher, for instance, studies show they tend to spend less on hospital bills. Overall, healthcare costs between the two groups are similar.

Another cost-related issue sometimes overlooked is that pen users are more likely to use up the 3 mL of insulin in a pen before the expiration date, while the 10 mL of insulin in a vial (which works out to 100 units per mL) may be wasted if it isn’t used within 28 days.

**DISPOSABLE VS. REUSABLE PENS**

Disposable pens come preloaded with 3 mL of insulin and are ready to use once you’ve attached the needle. These tend to be lighter and smaller than reusable pens. When you’ve used up the insulin in the pen, you simply discard it and grab a new one.

A reusable pen is designed to be refilled with specially marked, pre-measured insulin cartridges. As smart pens become more widely available, these are obviously geared toward reusable models.

Both types of pens, along with any cartridges, should be refrigerated before the first use. Once opened, however, they can be stored at room temperature for up to 30 days.

**TYPES OF PENS AVAILABLE**

Some pens come preloaded with fast-acting (bolus) insulin designed to be injected with meals, such as the Apidra SoloSTAR, the NovoLog FlexPen and the Humalog KwikPen. Others, such as the Levimir FlexTouch and the Lantus SoloStar, come prefilled with long-acting (basal) insulin. Still others, such as the Humalog 50/50 KwikPen, deliver a mixture of both that are considered intermediate in scope. Using the wrong insulin can be dangerous, which is why disposable pens have color-coded labels and cartridge holders.

Both types of pens, along with any cartridges, should be refrigerated before the first use. Once opened, however, they can be stored at room temperature for up to 30 days.
Many pens offer special features. Some can offer precise, half-unit doses. Others come with spring-loaded mechanisms designed to use less force to deliver a shot. Some pens come with textured “skins” in various colors. The NovoPen Echo comes with a memory function that shows when the last dose was administered and how much insulin it contained. Companion Medical’s InPen, which received FDA clearance last year for use with either Lilly Humalog or Novo Nordisk Novolog rapid-acting insulin, is a bluetooth-equipped device that monitors insulin temperature, calculates dosage and can track and report data to a patient’s healthcare provider.

HOW TO INJECT INSULIN WITH A PEN

First, remove the pen cap. Next, wipe the tip of the pen where the needle will attach with an alcohol swab. Remove the protective pull tab from the needle and screw it or “click” it onto the the pen, depending on the type you are using. Remove both the plastic outer cap and inner needle cap.

Next, prepare a “test shot.” This is done to make sure insulin is flowing properly through the needle. It also helps to remove any air bubbles in the insulin cartridge that could result in underdosing. To test flow, look at the dose window and turn the dosage knob to 2 units, then hold the pen, needle facing up, and press the button until a drop of insulin appears.

Now, dial the number of units you need to take and prepare the injection site. Most pen manufacturers recommend injecting at a 90-degree angle into your skin. It is important to deposit the insulin directly into the fat layer just below the skin. Many people who use shorter needles (4 or 5 millimeters) can do this without pinching their skin, but those using longer needles, or those who are exceptionally lean, may need to gather a fold of tissue between thumb and forefinger.

Either way, resist the impulse to withdraw the needle immediately after the injection, holding it in place for a count of 10 to make sure the insulin is properly delivered.

INSULIN PEN SAFETY TIPS

Check the label: Before using an insulin pen, make sure it is the type of insulin that your doctor prescribed and that it’s not past its expiration date.

Read the directions carefully: Make sure you understand what the numbers in the dose-
Unifine® Pentips® plus

easier.

Make the switch to the only pen needle with a built-in remover.

Experience why 61% of users preferred Unifine Pentips Plus to their current pen needle, citing ease of use, safety and added convenience as primary benefits:

- Universal fit with all major brand injection pens™
- Covered under most insurance plans™
- Made in England for exceptional performance

Ask your doctor or pharmacist to upgrade your pen needle to Unifine Pentips Plus.
particles may clog the needle. To do this, gently turn the pen upside down 10 times.

Monitor frequent injection sites: Though needles used in insulin pens tend to be shorter and thinner, resulting in less skin trauma, using a small area of skin repeatedly can lead to soreness and skin problems. The abdomen, buttocks and legs are the most commonly recommended injection sites. Varying your injection area, and leaving adequate space between previous injection sites gives your skin the best chance to recover.

Carry a spare: Remember, though malfunctions are rare, they can happen. Carry an extra pen just in case.

Sources:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2901027/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2901025/
http://www.upmc.com/patients-visitors/education/diabetes/Pages/insulin-pens-how-to-give-a-shot.aspx
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4264673/
## Insulin Pen Needles

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# Insulin Pen Needles

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<td><strong>Owen Mumford, Inc.</strong></td>
<td><strong>Unifine® Pentips®</strong>&lt;sup&gt;™&lt;/sup&gt;</td>
<td>Unifine Pentips Plus features a built-in pen needle remover, designed to be easier, safer and more convenient™ Features DiamondPoint™, OptiFlow™ and SafetyClick™ technologies for enhanced performance and security.</td>
<td>owenmumfordinc.com  <a href="mailto:info@owenmumfordinc.com">info@owenmumfordinc.com</a>  1-800-421-6936</td>
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|                        | Unifine® Pentips® Plus - 4mm x 32G                                         | • Available in 100ct. and 30ct. configurations  
• Universal fit with most injection pens**  
• European manufactured for exceptional quality                                      |                                                          |
|                        | Unifine® Pentips® Plus - 5mm x 31G                                         |                                                          |                                                          |
|                        | Unifine® Pentips® Plus - 6mm x 31G                                         |                                                          |                                                          |
|                        | Unifine® Pentips® Plus - 8mm x 31G                                         |                                                          |                                                          |
|                        | Unifine® Pentips® Plus - 12mm x 29G                                        |                                                          |                                                          |
|                        | **PenTips®**<sup>™</sup>                                                   | A new value line, brought to you by the pen needle experts at Owen Mumford.                                                            |                                                          |
|                        | Pentips® 4mm x 32G                                                         | • Available in 100ct. configurations  
• Universal fit with most injection pens**                                      |                                                          |
|                        | Pentips® 5mm x 31G                                                         |                                                          |                                                          |
|                        | Pentips® 6mm x 31G                                                         |                                                          |                                                          |
|                        | Pentips® 8mm x 31G                                                         |                                                          |                                                          |
|                        | Pentips® 12mm x 29G                                                        |                                                          |                                                          |
| **Perrigo**            | **Clickfine Pen Needle**<sup>™</sup>                                      | Patented click-on technology allows pen needles to “click” onto all major injection pens for quick and easy needle change. Sold in 100ct. boxes in pharmacies nationwide as well as co-branded under store brands including Kroger, Publix, Kmart, Albertsons, TopCo and Good Neighbor. | www.myclickfine.com  (800) 461-7448                        |
| **Perrigo Diabetes Care** | Clickfine Pen Needle - 12mm x 29G (1/2”)                               |                                                          |                                                          |
|                        | Clickfine Pen Needle - 8mm x 31G (5/16”)                                  |                                                          |                                                          |
|                        | Clickfine Pen Needle - 6mm x 31G (1/4”)                                   |                                                          |                                                          |
|                        | Clickfine Pen Needle - 4mm x 32G (5/32”)                                  |                                                          |                                                          |
| **ReliOn®**            | **ReliOn Pen Needle**<sup>™</sup>                                         | Patented click-on technology allows pen needles to “click” onto all major injection pens for quick and easy needle change. Sold in 50ct. boxes exclusively at Walmart. | www.relion.com  (800) 461-7448                             |
|                        | ReliOn Pen Needle - 12mm x 29G (1/2”)                                     |                                                          |                                                          |
|                        | ReliOn Pen Needle - 8mm x 31G (5/16”)                                     |                                                          |                                                          |
|                        | ReliOn Mini Pen Needle - 6mm x 31G (1/4”)                                 |                                                          |                                                          |
|                        | ReliOn Pen Needle - 4mm x 32G (5/32”)                                    |                                                          |                                                          |
| **STAT Medical Devices** | **Super-Fine-Micro**<sup>™</sup>                                        | Silicone-coated needles to reduce pain  
Individually sterile wrapped.  
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Packaged 100 per box. | www.statdevices.com  (888) 782-8911                                  |
|                        | Super-Fine-Xtra - 8mm x 31G (5/16”)                                      |                                                          |                                                          |
|                        | Super-Fine-Standard - 12mm x 29G (1/2”)                                   |                                                          |                                                          |
| **Trividia Health, Inc.** | **TRUEplus®**<sup>™</sup>                                               | 100 pen needles per box.  
Compatible with most currently available pens. | www.trividiahealth.com  (800) 803-6025                    |
|                        | 12mm x 29G (1/2”)                                                         |                                                          |                                                          |
|                        | 5mm 31G (3/16”)                                                           |                                                          |                                                          |
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|                        | 4mm 32G (5/32”)                                                            |                                                          |                                                          |

*HRW (2014) Impact of Unifine Pentips plus on pen needle changing behaviour amongst people with diabetes medicating with injectable formats.  
**Data on file.

Dear Diabetes Health,
I am a 60-year-old married woman who was diagnosed with type 2 diabetes eight years ago. In the last two years, I have lost interest in sex. I just don’t feel like it, although I still like hugs.

My husband doesn’t like this at all. He is angry with me for not meeting his needs and thinks if I took better care of myself, I could be sexual with him. I have been slipping, I guess. My last A1c was 8.8% But I don’t think that’s the problem.

I told him that if he wanted to have an affair, that would be OK with me. He says he doesn’t want to break his vows. I still love him, but this situation is very hard for both of us. Any advice you can give would be appreciated.

—Darlene from Down Under

Dear Darlene,
It’s good to hear from Australia. A marriage without sex is OK if neither partner wants sex. But when one person wants it and the other doesn’t, you have a problem. And it sounds like you have some other problems as well.

Your not wanting him might cause him a lot of frustration, as well as worry and even grief. He may believe that you no longer find him attractive, and he might suspect you are seeing someone else. It was generous of you to give him permission for sex with others, but he could easily interpret that as “She just wants me to go away.”

There are things you can do to increase your sex drive, but your relationship and your health are the most important. Let him know he is still loved.

About the cause of your low desire, your husband could be right. An A1c of 8.8% is equivalent to an average blood glucose of over 200, enough to slow anyone down. This is important for more than sex. You are increasing your risk for complications by running this high.
Introducing the CONTOUR®NEXT ONE Smart Meter and App System

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Our most accurate meter yet!*  

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smartLIGHT technology gives patients instant feedback on their BG results

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Speak to your healthcare professional today to learn more about the CONTOUR®NEXT ONE meter, or visit ContourNextOne.com

* ±8.4% applies to values ≥100mg/dL. Ad hoc analysis demonstrated 95% of results fell within ±8.4mg/dL or ±8.4% of the laboratory reference values for glucose concentrations <100mg/dL, or ≥100mg/dL, respectively, when tested via subject-obtained capillary fingertip results (patients).\(^1\)


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You said you are “slipping.” Would your husband be willing to help you manage your diabetes? Ask him whether, instead of getting angry, he could help you do better. Could you go walking together, or dancing, or some other kind of exercise? That often brings people closer, builds romance, and lowers blood sugar.

When it comes to food, are you two on the same page? Does he nag you about eating, or sabotage you, or does he give good non-directive support (meaning letting you be responsible for yourself but helping you in ways you want to be helped?)

In dealing with health problems, it’s important for couples to have regular discussions about what is working and what needs to change. Dr. Ann Steiner, a psychologist specializing in chronic illness, gives clients a list of things to talk about regularly:

- Tell your partner how you are feeling physically.
- How much energy do you have?
- What are your biggest concerns?
- Talk about how you’re feeling emotionally.
- Tell your partner what he is doing now that helps you and what doesn’t help you.
- Tell your partner what you need most from him.
- Always ask your partner, how can I support you?

Both partners should say how they are doing; not just the person with diabetes. You can even talk about your sexual issues. This practice has really helped us (David and Aisha).

Perhaps he can come with you to healthcare appointments, to support you and to learn...
what you are going through. He might even help by speaking up about things you are too shy to mention.

You do have things to ask a doctor about? Do you need to be on different diabetes medication, perhaps insulin, to bring your sugars down? Could you use some coaching on your diet? Sounds like you could be depressed, and depression often kills desire. If you’re not being treated for depression, perhaps you should be. If you are being treated for depression (or high blood pressure), those medicines could be hurting sexual desire and function.

Ask your doctor about all these possibilities. Perhaps these medicines could be changed. Perhaps your hormone levels (estrogens and testosterone) are low, which dampens desire and is associated with poorer diabetes control. You could be tested for that.

Touching your husband doesn’t have to wait for better glucose control. Couples need physical contact. There are many ways to give pleasure, such as massage, that don’t involve genitals at all but might help you stay connected. Perhaps that will lead to other things! 

David Spero, RN, is a nurse who has lived for 30 years with multiple sclerosis. A leading expert on self-care, he has written two books, Diabetes: Sugar-Coated Crisis, and The Art of Getting Well. He has learned to maintain and even improve sex and love despite disability and illness.

Aisha Kassahoun is trained in marriage and family therapy. Aisha and David present sex and intimacy programs for people with diabetes, people with multiple sclerosis, and health professionals.

Touching your husband doesn’t have to wait for better glucose control. Couples need physical contact. There are many ways to give pleasure, such as massage, that don’t involve genitals at all but might help you stay connected. Perhaps that will lead to other things!
Ask Nadia: SCARED TO FLY AIRPLANES AFTER MY GLAUCOMA SURGERY

Dear Nadia,
I am a type 2 diabetic with glaucoma from my diabetes. My Doctor tells me it is OK to fly on airplanes after my surgery. But, I am scared something might happen.
—Beth

Dear Beth,
Being diagnosed with glaucoma means that the fluids in your eyes were not draining properly which could be a result of high blood sugars. People with diabetes are at a higher risk of developing glaucoma. However, your A1C which gives you your average blood sugar readings will tell you if your glaucoma is in fact from high blood sugars.

If you travel often by plane and have advanced circulatory pressure, then you should check in with your ophthalmologist and get their opinion.

ALTITUDE CONTROLS ADJUST ASCENDING AND DESCENDING PRESSURE WHEN FLYING
The airplanes do adjust the pressure in the cabins as you ascend 30,000 to 35,000 feet. When the airplane descends this can also increase the pressure in your eye but the internal altitude controls will adjust the pressure appropriately; providing minimal pressure where the pressure in your eyes can adjust rather quickly.

If you travel often by plane and have advanced circulatory pressure, then you should check in with your ophthalmologist and get their opinion. If you are unsatisfied with your Ophthalmologist’s opinion, look for another Ophthalmologist in your healthcare network. You can also Google them to see what patients have said about them.

DID YOU KNOW THAT EATING VEGETABLES PREVENTS GLAUCOMA?
A new study completed by a team at Harvard Medical School has found that eating green leafy vegetables every day could lessen the risk of developing glaucoma. This risk could
Meet Lance.™
He was just diagnosed with diabetes...

People with diabetes are at higher risk of serious health complications.¹

Blood glucose monitoring is a critical part of every diabetes management plan.

When testing blood glucose levels, it is important to get a proper blood sample. Lance’s healthcare team gave some useful tips for reducing the discomfort of pricking his finger.

Brought to you by Trividia Health, Inc., the makers of the TRUE brand.

Visit your local Health Mart pharmacy for a wide range of products ideal for people with diabetes!
be reduced by 20%-30% when compared to people who ate a limited amount of these vegetables.

—Nadia

Source:
Glaucoma Association
Diabetes Health in The News Podcast

Disclaimer:
Nadia’s feedback on your question is in no way intended to initiate or replace your healthcare professional’s therapy or advice. Please check in with your medical team to discuss your diabetes management concerns.

AskNadia or Share Your Diabetes Story.
Email Nadia
Watch Nadia’s Videos

About Nadia:
Nadia is a diabetes advocate that was not only born into a family with diabetes but also married into one. She was propelled at a young age into “caretaker mode,” and with her knowledge of the scarcity of resources, support, and understanding for people with diabetes, co-founded Diabetes Interview, now Diabetes Health magazine.

Nadia has received 14 nominations for her work as a diabetes advocate. She has been featured on ABC, NBC, CBS, and other major cable networks. Her publications, medical supply business, and website have been cited, recognized and published in the San Francisco Chronicle, The Wall Street Journal, Ann Landers advice column, former Chrysler chairman Lee Iacocca, Entrepreneur magazine, Houston News, Phili.com, Brand Week, Drug Topics, and many other media outlets.
American Heart Association Requests Medicare Offer Telehealth Coverage

The American Heart Association (AHA) recently issued a statement advocating for Medicare to begin coverage of cardiovascular disease telehealth services. The recommendation encourages Medicare to provide coverage for services for heart and stroke care, in part because telehealth services can increase care accessibility while reducing costs. Other recommendations include incorporation of telehealth into EHR systems.

With increasing difficulties in the healthcare world, including doctor shortages, rising care costs, and increase in treatment demand, telehealth is an affordable way to produce better health outcomes. Medicare coverage would make it more widely available to elderly and disabled Americans.  

This information was released in a policy statement by the American Heart Association on December 20, 2016.

Integrated Fitness Program Offers the Best Results

A new study completed by the American Council on Exercise has examined the dreaded weight loss plateau. Researchers identified a group of “non-responders” – people whose bodies simply don’t respond to typical moderate-intensity fitness programs. Approximately 36% of the study participants were non-responders, and despite taking part in cardio and strength training exercise, they didn’t experience weight loss.

Through the course of the study, the researchers identified an answer to this problem – Integrated Fitness Training (IFT). Participants that completed this program, which included cardio training in addition to resistance and functional training, all saw weight loss achievements. This group also had significant changes in blood pressure, muscular strength, and body fat percentage.

These finding were published in Shape Magazine on December 27, 2016.

A new study completed by the American Council on Exercise has examined the dreaded weight loss plateau. Researchers identified a group of “non-responders” – people whose bodies simply don’t respond to typical moderate-intensity fitness programs.
A new study from McMaster University has identified a series of biomarkers that could identify cardiovascular risk among type 2 diabetes patients. Some of the most notable biomarkers included apolipoprotein B, which showed significant success in predicting cardiovascular events, and angiopoietin protein 2, which is involved in the growth of blood vessels in heart disease.

It is important to note that these biomarkers don’t replace clinical factors. However, they can be extremely useful along with clinical risk factors for better cardiovascular event prediction. In the future, blood tests that examine these markers could determine a patient’s risk for stroke, myocardial infarction, and other cardiovascular end points. [1]

These findings were presented at the European Association for the Study of Diabetes 2016 Annual Meeting.

According to a new study, altering the way that you cook could reduce your risk of developing type 2 diabetes.

Poaching, steaming, and boiling foods are the healthiest options. When you bake, grill, or fry food items, they produce glycation end products (AGEs), and AGEs have been linked to insulin resistance.

In addition to insulin resistance, there are other reasons AGEs are bad news for your diabetes risk. They have been linked to inflammation and stress on the cells of the body. People who altered their cooking methods and followed a low-AGE diet saw improved inflammation and cell stress levels, along with lower insulin resistance, compared to individuals that did not alter the way they cooked their food. [2]

These findings were published in Diabetologia in 2016.
When The Wall Street Journal quoted a major public figure who called Diabetes Health the best weapon against diabetes, what did he say?
Former Chrysler Motors President Lee Iacocca said: “Diabetes Health magazine provides the best, most unbiased information to the diabetes community. I highly recommend it.”

What makes Diabetes Health different from any other publication out there?
Diabetes Health magazine is a lifestyle publication for those living with diabetes or the people who care for them. Whether newly diagnosed or experienced with diabetes, readers are delighted and impressed by the articles written by people living with type 1 and type 2 diabetes.

Other contributors include family members who care for those with diabetes. In fact, our founder and publisher, Nadia Al-Samarrie, was not only born into a family with diabetes, but also married into one. Nadia’s articles are published nationally online by many news outlets. She has also been featured on ABC, CBS, NBC, and Fox television on “America’s Premiere Experts.”

Nadia was propelled at a young age into “caretaker mode,” and with her knowledge of the scarcity of resources, support, and understanding for people with diabetes, co-founded Diabetes Interview—now Diabetes Health magazine.

With Nadia’s leadership, Diabetes Health magazine was nominated for “Best in Health” by the Western Publishers Association in 2004 and 2014.

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Starting with your first issue you can expect to:
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~ Giggle reading one of our cartoons or test your knowledge on diabetes in one of our crossword puzzles.

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Please provide us with an email for your digital subscription and our e-newsletter.
DiabetesSisters was formed in 2008 as a way to help women share information about diabetes and learn from each other’s experiences.

Now the organization is taking an exciting step forward in inviting its members to work with doctors and scientists on research projects – not as human guinea pigs, but rather to help shape what topics they should be studying in the first place.

“The idea is to draw in women to actively participate in dialogue with researchers,” said DiabetesSisters CEO Anna Norton. “They will actually be helping to drive research” on issues that women with diabetes care about most.

The project, which is taking the shape of an online community at DiabetesSistersVoices.org, is funded by the Patient Centered Outcomes Research Institute and includes researchers from Johns Hopkins University and the University of North Carolina at Chapel Hill. The goal is to get 500 women age 18 and older to participate; as of late January, Norton said, they were halfway there.

Norton said the site is a safe place for women to ask questions about what bothers them most about their diabetes experience. They needn’t stick to medical concerns; social and emotional issues are also fair game.

The organization plans to generate a report on the project, not unlike a 2015 white paper called “Women & Diabetes: 10 Relevant Health Topics for Women Living with Diabetes.” That report, a collaboration with the Society for Women’s Health Research and available online at diabetesisters.org, tackles issues ranging from how estrogen influences glucose control to sex differences in the effectiveness in certain drugs.
Norton said the organization continues to work toward expanding the diversity of its membership, which is especially important given the explosive growth of type 2 diabetes in minority communities. Currently the majority of members tend to be white women with type 1 diabetes.

One project has been seminars in African-American communities in the Washington D.C. area, which have included, for example, a class on how to prepare a healthy Thanksgiving meal. This year Norton hopes to reach out to Spanish-speaking women in the South Florida region, where the organization has distributed brochures in Spanish.

“We’re trying to get the attention of women in different ways,” Norton says, citing access points such as educational webinars and support groups that meet both online and in communities across the nation.

DiabetesSisters is also reviving its national conference this year, with a Weekend for Women scheduled Oct. 13-15 in Alexandria, Va. Norton says there are four educational tracks available: one on women’s issues; one on general diabetes education; one for caregivers; and a fourth track which will be an “untethered” option called the “un-conference,” which will be peer-driven rather than led by experts. Participants themselves will choose the topics to be discussed shortly before the conference.

“It’s a really different model, and it works,” Norton said. “It’s never the same.”

Registration begins in February and continues through the end of September; the $149 fee includes meals. For more information, see diabetessisters.org.

**DiabetesSisters is also reviving its national conference this year, with a Weekend for Women scheduled Oct. 13-15 in Alexandria, Va. Norton says there are four educational tracks available: one on women’s issues, one on general diabetes education, one for caregivers and a fourth track which will be an “untethered” option called the “un-conference, which will be peer-driven rather than led by experts.**
ORANGE-GINGER GLAZED SALMON

Marlene Koch

Salmon is one of the world’s healthiest foods. Rich in omega-3 fatty acids, selenium, vitamins D and B12, and protein, it’s an absolute powerhouse of good nutrition. Better yet, it tastes great! Perfect for the hot days of summer the sweet orange-ginger glaze is tinged with just a tinge of heat. If you prefer, an indoor grill or sauté pan can be used to cook the salmon.

1/4 cup lime juice (about 2 large limes)
1/4 cup light orange juice
1/4 cup low-sugar orange marmalade
2 teaspoons freshly grated ginger (or 1 teaspoon powdered)
1/2 teaspoon dried mustard
Pinch of salt
Dash of hot pepper flakes
2 teaspoons butter
4 (five ounce) salmon fillets, rinsed and dried

Combine the lime juice, orange juice, orange marmalade, ginger, mustard, salt, and pepper flakes in a small saucepan and bring to a boil. Reduce the heat and simmer on low heat for 5 minutes, until reduced to almost one-half. Remove from heat; swirl in the butter. Set aside.

While sauce is cooking, place salmon on a hot grill and cook for 5 minutes per side, or until fish flakes easily when tested with a fork. Spoon sauce across salmon and serve.

Makes 4 servings.

Nutritional information:
Calories 310; Carbohydrate 9g; Sugars 6g; Protein 29g; Fiber 0g; Cholesterol 90mg; Sodium 155mg; Total Fat 18g; Sat Fat 4.5g Food Exchanges; 4 Lean Meat, 1/2 Carbohydrate, 1 Fat, Carbohydrate Choices1/2, Weight Watcher Point Exchange7,

Note: Recipe Courtesy of Eat What You Love: More than 300 Incredible Recipes Low in Sugar, Fat and Calories (Running Press, April 2010)
DIABETES HEALTH WORD SCRAMBLE PUZZLE

Test your knowledge to see how well you understand the articles in this magazine.
If you would like to sign up to receive a weekly puzzle, please email puzzle@diabeteshealth.com. In the subject area write "add me to your weekly word puzzle list." If you would like us to create a puzzle for you and our players, send your 8 words to puzzle@diabeteshealth.com and we will post your challenge online. In the subject area write "create my special word puzzle." We can all have fun posting and solving your word puzzles.

NESILISNUP

The primary advantage of this method is greater accuracy in insulin delivery.

SCCEAETHRISTHLLEEV

The American Heart Association (AHA) recently issued a statement advocating for Medicare to cover these services.

BESDSEISRTATIES

An online group for women living with type 1 and type 2 diabetes.

RTSASEEBESTSIID

Online support group for women living with type 1 and Type 2 diabetes.

IRNTNIIOIP2AETOGOEPN

is involved in the growth of blood vessels in heart disease. Involves in the growth of blood vessels in heart disease.

YDTAEP2ETIBES

Altering the way you cook could reduce your risk of developing this disease.

ANISOLBSPPDSEE

They come preloaded and are ready to use, once you’ve attached the needle.

RNIASNEWGIRATSTDDEFENT

A significant change in blood pressure, muscular strength, and body fat percentage was demonstrated with this type of program.

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DIABETES HEALTH WORD SCRAMBLE SOLUTION

If you would like to sign up to receive a weekly puzzle, please email puzzle@diabeteshealth.com. In the subject area write “add me to your weekly word puzzle list.” If you would like us to create a puzzle for you and our players, send your 8 words to puzzle@diabeteshealth.com and we will post your challenge online. In the subject area write “create my special word puzzle.” We can all have fun posting and solving your word puzzles.

NESILISUNP  INSULINPENS
The primary advantage of this method is greater accuracy in insulin delivery.

SCEEAETHRISTHLEEV  TELEHEALTHSERVICES
The American Heart Association (AHA) recently issued a statement advocating for Medicare to cover these services.

BESDSEISRTATIES  DIABETESSISTERS
An online group for women living with type 1 and type 2 diabetes.

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is involved in the growth of blood vessels in heart disease. Involves in the growth of blood vessels in heart disease.

YDTAEP2ETIBES  TYPEDIABETES
Altering the way you cook could reduce your risk of developing this disease.

ANISOLBSPPDSEE  DISPOSABLEPENS
They come preloaded and are ready to use, once you’ve attached the needle.

RNIASNIERGIATSTDEFEINT
GNTI  INTEGRATEDFITNESS TRAINING
A significant change in blood pressure, muscular strength, and body fat percentage was demonstrated with this type of program.
“When you learn to control your blood glucose, you won’t feel like such a beast.”

“I don’t think this is what your doctor meant by lowering your carbs, honey.”

“Because you’ve been listening to old Barry Gibb records, your BeeGee levels are normal.”

“When you get to be my age, you’ll learn to know what’s in demand.”

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