November is American Diabetes Month. There are several ways to diagnose diabetes. Each way usually needs to be repeated on a second day to diagnose diabetes. Testing should be carried out in a health care setting (such as your doctor's office or a lab). If your doctor determines that your blood sugar level is very high, or if you have classic symptoms of high blood sugar in addition to one positive test, your doctor may not require a second test to diagnose diabetes.

The A1C test measures your average blood sugar for the past two to three months. The advantages of being diagnosed this way are that you don't have to fast or drink anything. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Fasting Plasma Glucose (FPG) is a test which checks your fasting blood sugar levels. Fasting means after not having anything to eat or drink (except water) for at least 8 hours before the test. This test is usually done first thing in the morning, before breakfast. Diabetes is diagnosed at fasting blood sugar of greater than or equal to 126 mg/dl.

Oral Glucose Tolerance Test (OGTT) The OGTT is a two-hour test that checks your blood sugar levels before and two hours after you drink a special sweet drink. It tells the doctor how your body processes sugar. Diabetes is diagnosed at 2 hour blood sugar of greater than or equal to 200 mg/dl.

What is prediabetes?

Before people develop type 2 diabetes, they almost always have "prediabetes"—blood sugar levels that are higher than normal but not yet high enough to be diagnosed as diabetes. Doctors sometimes refer to prediabetes as impaired glucose tolerance (IGT) or impaired fasting glucose (IFG), depending on what test was used when it was detected. This condition puts you at a higher risk for developing type 2 diabetes and cardiovascular disease.

Symptoms

There are no clear symptoms of prediabetes, so you may have it and not know it.

Some people with prediabetes may have some of the symptoms of diabetes or even problems from diabetes already. You usually find out that you have prediabetes when being tested for

diabetes. If you have prediabetes, you should be checked for type 2 diabetes every one to two years.
Results indicating prediabetes are:

- An A1C of 5.7%–6.4%
- Fasting blood sugar of 100–125 mg/dl
- An OGTT 2 hour blood sugar of 140 mg/dl–199 mg/dl

Preventing type 2 diabetes
You will not develop type 2 diabetes automatically if you have prediabetes. For some people with prediabetes, early treatment can actually return blood sugar levels to the normal range. Research shows that you can lower your risk for type 2 diabetes by 58% by:

- Losing 7% of your body weight (or 15 pounds if you weigh 200 pounds)
- Exercising moderately (such as brisk walking) 30 minutes a day, five days a week

Don't worry if you can't get to your ideal body weight. Losing even 10 to 15 pounds can make a huge difference.

Understanding type 1 diabetes
Here's what you need to know about type 1 diabetes. Type 1 diabetes occurs at every age and in people of every race, shape, and size. There is no shame in having it, and you have a community of people ready to support you. Learning as much as you can about it and working closely with your diabetes care team can give you everything you need to thrive. In type 1 diabetes, the body does not produce insulin. The body breaks down the carbohydrates you eat into blood sugar (blood glucose) that it uses for energy—and insulin is a hormone that the body needs to get glucose from the bloodstream into the cells of the body. With the help of insulin therapy and other treatments, everyone can learn to manage their condition and live long, healthy lives.

Understanding type 2 diabetes
Type 2 diabetes is the most common form of diabetes—and it means that your body doesn't use insulin properly. And while some people can control their blood sugar levels with healthy eating and exercise, others may need medication or insulin to help manage it. A key part of managing type 2 diabetes is maintaining a healthy diet. You need to eat something sustainable that helps you feel better and still makes you feel happy and fed. Remember, it's a process. Work to find helpful tips and diet plans that best suit your lifestyle—and how you can make your nutritional intake work the hardest for you. Fitness is another key to managing type 2. And

the good news, all you have to do is get moving. The key is to find activities you love and do them as often as you can. No matter how fit you are, a little activity every day can help you put yourself in charge of your life. No matter where you are with type 2 diabetes, there are some things you should know. It's the most common form of diabetes. Type 2 means that your body doesn't use insulin properly. And while some people can control their blood sugar levels with healthy eating and exercise, others may need medication or insulin to manage it. Regardless, you have everything you need to fight it.

Diabetes technology has come a long way. From blood glucose meters and continuous glucose monitoring (CGM) to cutting-edge insulin pumps and more, devices are easier to use and less invasive. There are lots of options so that you can find what works best for you. The new generation of connected insulin delivery devices may help simplify your routine. A smart insulin pen is a reusable injector pen with an intuitive smartphone app that can help people with diabetes better manage insulin delivery. This smart system calculates and tracks doses and provides helpful reminders, alerts, and reports. They can come in the form of an add-on to your current insulin pen or a reusable form which uses prefilled cartridges instead of vials or disposable pens. Smart insulin pens are a rapidly growing market. Why? Because they are typically more affordable, easy to use, and offer many benefits and improvements for people who depend upon insulin to manage their diabetes.

Choosing the right blood glucose meter. For most people, a blood glucose meter is just a part of life. That's why getting it right matters**.** The two main types are standard blood glucose meters that use a drop of blood to check what your levels are at that moment and continuous glucose monitors (CGMs) that check your blood glucose regularly day or night—pick the one that works best for you and your lifestyle. Of these two options, there are more choices than ever, from basic designs to more advanced models that have all the bells and whistles. And fancier isn't necessarily better. Here are some things to consider:

- **Ease of use**–Some meters are made for simpler operation, whether it's larger buttons, illuminated screens or audio capabilities.
- **Cost and insurance coverage–**Meters vary in price, and some insurers limit coverage to specific models. Start by checking with your provider to find out what they'll cover.
- **Information retrieval**–Consider how the meter retrieves your information and whether you can download the data to a computer or mobile device to make it easier to share with your diabetes care team.
- **Flexibility–**If you're using a blood glucose meter and are tired of finger pricks, there's an alternative site monitor that lets you draw blood samples from your arm, thigh, or the palm of your hand.

If you have type 1 or type 2 and just want to manage your blood sugar (blood glucose) better, continuous glucose monitoring may be right for you. CGMs report your blood glucose levels in real time (for example every five minutes throughout the day), alert you when your glucose hits a high or a low limit, and provide insight into glucose trends. Learn more about continuous glucose monitoring and time in range. CGMs work through a sensor placed on your skin. It transmits readings to a small recording device. Whether you manage your diabetes with a pump, daily injections, or oral medications, a CGM can help you manage your blood glucose. Is a CGM right for you? Many people with type 1 and type 2 can benefit from using a CGM. Those that would benefit the most are people that have trouble reaching and maintaining target blood sugar. CGMs are particularly useful if you often have lows and are unaware of when they happen (hypoglycemia unawareness). Even if you have a good handle on your diabetes management, you still may want to consider using a CGM for the convenience and the elimination of finger pricks. However, you'll want to keep in mind that if you are managing your diabetes well without the use of a CGM, your insurance may not cover it—they might consider it a non-necessity.

What about insulin pumps? The important thing to know is that a pump gives you options. You can get a pump, wear it for a time, decide to stop wearing it, and restart it if you think it will fit better with your treatment—work with your insurance to match whatever works for you. Pumps are an extra piece of hardware attached to your body. They're programmed to deliver insulin continuously (basal), or as a surge (bolus) dose close to mealtime to control the rise in blood sugar after a meal. They work by closely mimicking your body's normal release of insulin. **Is a pump right for you?** If your doctor determines that a pump is a good option for you, it's important to check with your insurance provider before you buy anything. Most insurance providers cover pumps, but sometimes they may not be covered and pumps can be expensive. In addition to cost, some considerations to consider when it comes to getting a pump are lifestyle, commitment, and safety. Remember, using a pump doesn't mean you no longer have to check your blood sugar. And it can take some getting used to, from setting it up and putting it in to managing it day-to-day. Make sure you've spoken with your diabetes care team about how to use your insulin pump correctly and how to check if it's working properly.

For more information about diabetes, go to: www.diabetes.org. To take a brief Type 2 Diabetes Risk Test, go to: www.diabetes.org/risk-test.

To contact Diane or Glenn, parish nurses, you can leave a message for them at 540-662-3824.