



Diabetes

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“You Can’t Eat Sugar” and Other Diabetes Myths

A diabetes diagnosis means you have a lot to learn about the disease – including sifting fact from fiction. Find the truths behind some common diabetes myths here.

If you assume a diabetes diagnosis means you’re fated to a life full of bland foods, think again. The truth is that plenty of tasty foods have a place in your diet.

Diabetes is a complicated, often misunderstood disease. If you have it or know someone who does, there’s a lot for you to learn – including sifting fact from fiction. Below are the truths behind some common diabetes myths.

Myth: People with diabetes can’t eat sugar and require special “diabetic” foods.

Fact: If your blood glucose levels are under control, some sugar can be part of your diet. In fact, a diabetes diet is no different than a healthy diet. Just like people without diabetes, you should limit foods high in saturated fat, trans fat, sodium and added sugar. Your diet should be rich in whole grains, fruits, vegetables, low-fat and nonfat dairy and lean proteins.

And you probably don’t need to buy special “diabetic” foods. Consider the cost and convenience of these products when making your decision.

Work with a certified diabetes educator or a registered dietitian to create a nutrition plan that fits your needs.



Video Spotlight:

[Managing Diabetes](#)

[Understanding the Link Between Hypertension and Diabetes](#)

Myth: Eating too much sugar causes diabetes.

Fact: Diabetes is not caused by eating sugar. Refined sugar that's found in foods is completely different from "blood sugar."

- ▶ Type 1 diabetes occurs when people have little or no insulin in their body.
- ▶ Type 2 diabetes occurs when your body cannot properly use the insulin it makes. In time, it is no longer able to make enough insulin to keep up.

Insulin is responsible for moving glucose from the bloodstream to the cells. If you don't have insulin, the glucose stays in the bloodstream. This is why people with diabetes have "high blood sugar."

Myth: I have diabetes, but I don't have the serious kind.

Fact: All types of diabetes – type 1, type 2 and gestational (diabetes that occurs during pregnancy) – are serious. Even if you don't have to take insulin or medication, your blood sugar levels still need to be managed. Poorly-controlled diabetes can lead to serious health problems, such as heart disease, nerve damage, kidney failure and blindness.

Myth: I can't exercise because I have diabetes.

Fact: Most people with diabetes should exercise. It is often part of a diabetes treatment program. Regular exercise helps your body use insulin better. Talk to your doctor first before you start or increase your activity.

Myth: I don't have a family history of diabetes, so I won't get it.

Fact: Plenty of people who are diagnosed with diabetes don't have a family history of the disease. And, many people with a family history of diabetes will never get it.

Having a family history of diabetes does raise your risk, though. There is nothing you can do to prevent type 1 diabetes. But, you can take steps to cut your risk of type 2 diabetes by making some changes to your lifestyle. Research shows that reducing your body weight by 5 to 10 percent – 10 to 20 pounds for someone who weighs 200 pounds – can cut your diabetes risk in half.

Myth: My diabetes has been "cured."

Fact: The only known "cure" for type 1 diabetes is a risky pancreas transplant surgery. There is no known cure for type 2 diabetes yet. Once you have diabetes, you have it forever.

Even if you don't need insulin or medication and your blood sugar levels are under control, you still have diabetes. If you stop following your diabetes treatment plan, your blood sugar levels will rise.

If you have more questions about diabetes, talk to your doctor. He or she will be able to separate fact from fiction.



How to Prevent Diabetes When You're at High Risk

If you're at high risk for type 2 diabetes, taking action now can prevent or delay the onset of the disease in the long run.

Diabetes is the fifth leading cause of death in the U.S., and there is no cure. Having diabetes raises your chances of other health problems too, like heart disease, blindness and kidney failure.

Being overweight, having high blood pressure, high cholesterol, a family history of diabetes or other factors up your risk for diabetes. If you're at high risk,

studies show that diabetes can often be prevented with some lifestyle changes and possibly medication prescribed by your doctor.

The Diabetes Prevention Program study

The Diabetes Prevention Program (DPP) is a large study of thousands of people who are at high risk for

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type 2 diabetes. Researchers are trying to learn how diabetes can be prevented by looking at these people's behaviors and health over the course of years.

Each person in this study falls into one of three groups:

- ▶ **Lifestyle group.** This group gets nutrition and exercise counseling to learn how to lose weight. (For overweight persons, losing weight is the key to preventing type 2 diabetes.)
- ▶ **Medication group.** The people in this group take an anti-diabetes drug called metformin each day to reduce their risk of diabetes.
- ▶ **Control group.** These people do not take any action (no lifestyle changes or medicine) to try to prevent diabetes.

Every few years, scientists look at how many people in each group get diabetes. Using the control group for comparison, researchers found that:

- ▶ After 3 years, people in the *Lifestyle group* cut their risk of diabetes by over half. Those in the *Medication group* reduced their risk by almost one-third.
- ▶ After 10 years, people in the *Lifestyle group* reduced their risk by about one-third. Those in the *Medication group* lowered their risk by almost one-fifth.

The take-home message

The DPP study is ongoing. But the message is clear: if you're at risk for type 2 diabetes, taking action now can often help prevent or delay the onset of the disease in the long run.

Lifestyle changes or medication?

In the DPP study, the *Lifestyle group* was almost two times more successful in preventing diabetes than the medication group.

But what's the best therapy for you? Only your doctor can answer that question. Your doctor may prescribe medicine only if lifestyle tweaks don't help. Or he may suggest drugs plus behavior changes.

How to keep diabetes at bay

The key to preventing type 2 diabetes is reaching and keeping a healthy weight. People in both the lifestyle

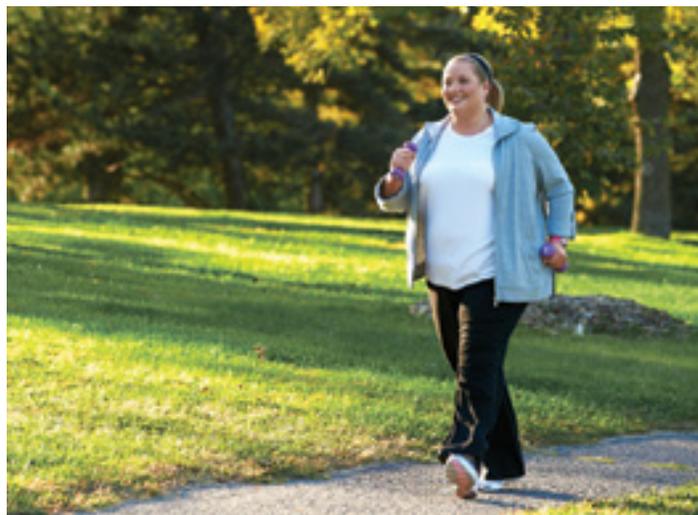
and medication groups in the DPP study lost weight.

Note that the weight loss does not have to be drastic to cut diabetes risk. In fact, lowering your body weight by 5 to 10 percent (just 10 to 20 pounds if you weigh 200 pounds) can cut your diabetes risk. Losing weight can also help delay the onset of diabetes.

The best approach to a healthy weight is to combine healthy eating with regular physical activity:

- ▶ **Eat right.** You don't have to follow a rigid diet to lose weight. Start with eating smaller portions of the foods you normally eat. Try to limit foods high in saturated and trans fats, sodium and added sugars. Build your diet around fruits, vegetables, whole grains, lean sources of protein, low-fat and nonfat dairy products.
- ▶ **Exercise.** First ask your doctor if it's OK for you to be active. Then start slowly and work up to 30 minutes of exercise, five days each week. If you don't have a 30-minute block of time, try spreading activity throughout the day into three 10-minute sessions or two 15-minute workouts. If you need to lose weight, your doctor may suggest 60 to 90 minutes of physical activity a day.

Even if you're not at a high risk for diabetes, know that having good habits and maintaining a healthy weight can help prevent a slew of other health conditions. So get started today!



Could Your Child Have Diabetes?

If your child has some of these symptoms, they could be signs of diabetes. Also learn what raises your child's risk of the disease.



About 13,000 children in the U.S. are diagnosed with type 1 or “juvenile” diabetes each year. That’s 35 kids every day.

Type 2 diabetes used to be found only in adults. But with today’s obesity epidemic, more children are getting type 2 diabetes. What’s more, about two million teens – or one in six overweight teenagers – have blood sugar levels that are elevated but not yet in the diabetic range. This puts them at high risk of getting diabetes in the future.

With statistics like that, parents may worry that their child has diabetes. Here are the symptoms and risk factors to look out for.

Type 1 Diabetes

Type 1 diabetes is often diagnosed during childhood. People with type 1 diabetes have high blood sugar levels because their body does not make any or enough insulin. Insulin is important because it turns sugar into energy the body needs.

Signs of type 1 diabetes

Symptoms of type 1 diabetes may come on suddenly, sometimes appearing over a few days. Seek emergency medical help if your child has any of these signs:

- ▶ Extreme thirst and/or hunger
- ▶ Frequent urination
- ▶ Blurry vision or changes in vision
- ▶ Fruity, sweet-smelling breath
- ▶ Sudden, unexplained weight loss
- ▶ Extreme weakness and tiredness
- ▶ Heavy, troubled breathing
- ▶ Loss of consciousness or seeming “out of it”

Type 2 diabetes

People with type 2 diabetes have high glucose levels because either their bodies do not make enough insulin or their cells cannot use the insulin properly. It is often caused by a combination of both of these factors. Ninety percent to 95 percent of people with diabetes in the U.S. have type 2.

Symptoms of type 2 diabetes

Signs of type 2 diabetes may develop more slowly or there may be no symptoms at all. Call your doctor right away if your child has one or more of these symptoms:

- ▶ Any signs of type 1 diabetes
- ▶ Frequent infections, especially skin, gum or bladder infections (meningitis) and the blood (sepsis).
- ▶ Slow healing of wounds or sores
- ▶ Numbness or tingling in the hands or feet

Only one way to find out

These symptoms don’t always mean diabetes. They can be signs of other illnesses like the flu. Only your doctor can tell if your child has diabetes.

Your doctor will ask about your child’s and family’s medical history and do a physical exam. If diabetes is suspected, your child will have a blood test to check for diabetes.

If your child does have diabetes, don’t panic. It is a serious condition, but it can be managed.

Your child's risk

If your child does not have diabetes, there are ways to cut his or her risk of type 2 diabetes. There is nothing you can do to prevent type 1 diabetes. These factors increase your child's risk for type 2 diabetes:

- ▶ Overweight
- ▶ High cholesterol, especially high triglyceride levels
- ▶ Low HDL or "good" cholesterol
- ▶ High blood pressure
- ▶ Family members with type 2 diabetes
- ▶ African, Hispanic, Asian or American-Indian heritage

Prevention

These actions can help your child lower his or her risk for type 2 diabetes:

- ▶ **Losing weight**, if he or she is overweight. Meet with your child's doctor or a registered dietitian. Do not put your child on a weight loss diet on your own. Kids need nutrients and calories to grow. A

doctor or dietitian can give suggestions. Often, an increase in activity is enough.

- ▶ **Being active.** Kids should be active for at least 60 minutes most days of the week. Limit your child's "screen" time (the time he or she spends watching TV, playing video games or socializing on the computer) and encourage active play. Get the whole family moving by bike riding or going on a weekend hike.
- ▶ **Making healthy food choices.** A nutritious diet is rich in fruits, vegetables, whole grains, lean protein and nonfat and low-fat dairy. Saturated and trans fats, sodium and added sugars should be limited. Offer your child wholesome foods in appropriate portion sizes. Stock healthy snacks like fruit, vegetables, low-fat cheese and rice cakes.

Remember that you are your child's biggest influence. Eat healthily and make exercise a priority, and your child will likely follow suit.



Should You Be Tested for Diabetes?

Nearly three out of 10 people who have diabetes don't even know they have the disease. Find out if you should get tested.

Diabetes is the sixth leading cause of death in the U.S. It is also the leading cause of blindness, kidney failure and lower limb amputations in adults. Having diabetes raises your risk for heart disease, stroke, nerve damage and gum disease.

About 24 million people in the U.S. have diabetes. One-fourth of them don't know they have the disease. And 57 million more people have pre-diabetes.

Studies show that many people with pre-diabetes will develop type 2 diabetes within the next 10 years.

The message is clear: diabetes is a dangerous disease that affects a lot of people. And, you can have diabetes or pre-diabetes and not know it.

Risk factors for diabetes

You are at an increased risk for type 2 diabetes if you:

- ▶ Are overweight
- ▶ Are not physically active

- ▶ Have a family history of diabetes
- ▶ Are African-American, Hispanic, American-Indian or Pacific Islander
- ▶ Are older than 45
- ▶ Have high blood pressure or high cholesterol
- ▶ Have a history of heart disease or stroke
- ▶ Had abnormal results on a previous diabetes test
- ▶ Had gestational diabetes (diabetes during pregnancy)
- ▶ Gave birth to a baby who weighed 9 pounds or more
- ▶ Have another condition that affects how your body uses insulin, such as polycystic ovarian syndrome (PCOS)

Who should get tested

- ▶ If you are 45 years of age or older.

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- ▶ If you are younger than 45, overweight and have one of the above risk factors – such as a family history of the disease – get tested now.
- ▶ If results come back normal, you should get tested for diabetes again once every three years. Your doctor may suggest more frequent screening if you have certain risk factors.
- ▶ Children who are overweight and have other risk factors for diabetes are at high risk for diabetes. They should be tested every two years starting at age 10 or at the onset of puberty, whichever comes first.

The test

If your doctor suspects you have diabetes, he or she will send you for a fasting plasma glucose test (FPG), an oral glucose tolerance test (OGTT) or a Hemoglobin A1C Test (HbA1C.) A high blood sugar reading on any of these tests may mean you have diabetes. Your doctor will likely repeat the test on another day to be sure.

FPG test results:

For the FPG, you will fast overnight and then have your blood drawn at a lab or doctor's office. A blood sugar reading of:

- ▶ 126 mg/dL or more likely means you have diabetes.
- ▶ 100 mg/dL to 125 mg/dL may mean you have pre-diabetes.
- ▶ 99 mg/dL or less means your blood sugar is normal.

OGTT results:

You will fast for at least eight hours and then have your blood drawn at a lab. Next, you will drink a sugary beverage and have blood drawn again two hours later. After two hours, a blood glucose reading of:

- ▶ 200 mg/dL or more may mean you have diabetes.
- ▶ 140 mg/dL to 199 mg/dL likely means you have pre-diabetes.
- ▶ 139 mg/dL and below means your blood sugar is normal.

HbA1C test results:

The A1C test is a simple blood test that is usually performed in a lab. You don't need to change your diet or medications before the A1C test. A small sample of blood will be drawn from a vein in your arm.

- ▶ 6.5 percent or higher may mean you have diabetes.
- ▶ 5.7 to 6.4 percent means you have prediabetes.

If you have diabetes

If your test results come back positive for diabetes, you will work on a treatment plan with your doctor. Your doctor may suggest that other specialists be part of your care team - such as a registered dietitian, certified diabetes educator, podiatrist (foot care doctor) and ophthalmologist (eye doctor). Sometimes a diabetes specialist called an endocrinologist may be recommended.

The goal of managing your diabetes is to keep your blood sugar levels in check. It is important that you follow your treatment plan closely. Doing so will reduce your risk of complications.

If you don't have diabetes

If your tests' results show you are negative for diabetes or if you have pre-diabetes, you can take steps to reduce your risk of the disease:

- ▶ **Lose weight.** Research shows that reducing your body weight by 5 percent to 10 percent – 10 to 20 pounds for someone who weighs 200 pounds – can cut your diabetes risk in half.
- ▶ **Eat right.** Your diet should be rich in vegetables, fruits, whole grains, low-fat dairy and lean protein sources. Limit foods high in saturated and trans fats, cholesterol, sodium and added sugars.
- ▶ **Exercise regularly.** Work up to at least 30 minutes of exercise most days of the week. Always check with your doctor before you increase your activity level.

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