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Diabetes 101: What's Good to Know

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The doctor says "You have diabetes."

And then what? Most people experience a range of emotions, including "Why me?" accompanied by confusion, anger, denial, and more. Perhaps a common, and totally understandable, response might be "What do you mean? I feel fine!" Until the day you don't feel so fine.

The good news is that when a person works through these natural emotions and makes a conscious decision to act, good outcomes follow. The inescapable choice is "*Do I manage the diabetes or do I let the diabetes manage me?*"

People successfully taking control and managing diabetes often find it helpful to be motivated by something personally important in their life, such as their spouse or significant other, parents, children and grandchildren, friends, their work, hobbies...or themselves! This can help a person stay focused and persistent with their control over diabetes instead of diabetes controlling them.

Avoid playing the blame game when it comes to diabetes. Science does not really know "why" diabetes develops. Family history plays a role. Excess weight increases

the risk, but over two-thirds of overweight people never get diabetes and slim people get it, too. Overeating specific foods can increase the risk, as well.

Here is the American Diabetes Association (ADA) definition: “Diabetes mellitus is a group of metabolic diseases characterized by hyperglycemia (high glucose/sugar) resulting from defects in insulin secretion, insulin action, or both. The chronic hyperglycemia of diabetes is associated with long-term damage, dysfunction, and failure of various organs, especially the eyes, kidneys, nerves, heart, and blood vessels.”

Sounds complex, right? Well, it is. Being a “group” of diseases also means diabetes is often different from one person to the next. Essential organs in our body can be harmed.

There are medications that will alter glucose (sugar) levels. The newer ones being advertised today are quite expensive. However, it is personal behavior management that will put diabetes into remission. When a person accomplishes this, they avoid the extra cost and side effects of those medications, which is another plus for personal behavior management of diabetes.

Knowledge is power when it comes to diabetes. Think about the education and training from those years in school, or what your parents, grandparents and other role models you looked up to taught you about life. How about the training for your occupation? Everything worthwhile takes time, effort, and helpful resources.

Your physician or their staff may suggest outside resources you can utilize for knowledge. There may be churches or a local ADA chapter with support and sharing groups for diabetes. Some employers and health plans offer services targeted to help people with diabetes. Find one that works for you. You’ll be glad you did.

Why, you say? For starters, it goes back to the word “complex.” Having partners on your team will help you achieve better results. You have everything going on in your life just like anyone else, plus there’s diabetes now.

Do you walk around your rig before or after trips to visually or otherwise inspect couplings, hoses, tires, and more? What about in the cab? All systems go?

How about knowing what diabetes is doing in your body? You don’t need a costly office visit to know: A simple and quick self-test using your glucose meter will give you the answer. This can be in the privacy of your home, in your vehicle, a workstation or restroom, anywhere convenient for you.

Not testing and knowing your glucose number is like not checking the brakes of your rig. Absent maintenance, the brake system will wear down and eventually not do what you

need it to do. Not testing glucose and taking action to be in control lets diabetes manage you, and that will lead to faster, much faster, wear and tear inside the body.

What if a reading is higher than you would like? Try taking a brisk 10-minute walk and then test again. You might be pleased with the result. If your reading is running low (that can happen with certain medications), you can grab that hard candy or juice to quickly elevate your glucose.

An occasional self-test about two hours after a meal can be meaningful. Make a note of what you ate and your sugar reading. You will learn what does or does not work for you and your body. From these self-tests, you'll learn how specific food choices and their quantity make an enormous difference when it comes to your sugar levels.

What about that glucose number? What should it be?

If you **don't have diabetes** and are just starting your day, before any food, a good glucose reading is around 80. Two hours after a meal, the glucose reading should be under 140.

What if **you have diabetes**...what should your glucose number be?

According to the Joslin Diabetes Center at Harvard Medical School, the goal is a range of 70 – 130 before breakfast and under 180 two hours after a meal.

Having diabetes is not like a fever, where being one degree high you will feel it. This is the insidious part of diabetes: You feel fine. Until you don't, which likely means physical complications have developed and are being revealed to you. Examples can be increased thirst, more frequent urination, a noticeably lower energy level.

Your body needs glucose, which provides the energy to stand up, walk, climb in the cab and drive...every activity uses glucose. The hormone insulin helps the glucose exit your blood and be stored in your muscles, ready for action.

When diabetes develops, glucose requires self-regulation. There will be periodic "gear shifts" required to maintain a steady pace and avoid the risks of blurred vision, shakiness or numbness and pain in your feet.

Periodic testing coupled with knowledge and your actions to manage diabetes will keep you feeling better for many extra years in your profession. And more years engaged with family, friends and activities you enjoy.

You can manage diabetes. Don't accept the "default option." Ask yourself now: *"Do I manage the diabetes or do I let the diabetes manage me?"*