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- Choose a diet plan that works for you

Dr Alan L Rubin, MD

Diabetes specialist

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GP for BBC One's The One Show



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FOR
DUMMIES®
3RD EDITION

by Alan L Rubin, MD and Dr Sarah Jarvis, GP



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Alan L Rubin, MD, is one of the foremost experts on diabetes in the US. He is a professional member of the American Diabetes Association and the Endocrine Society and has been in private practice specialising in diabetes and thyroid disease for 30 years. Dr Rubin has been on numerous radio and television programmes, and has spoken to medical audiences and non-medical audiences around the world. He was Assistant Clinical Professor of Medicine at University of California Medical Center in San Francisco for 20 years.

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Dedication

This book is dedicated to my mother. She was my role model, and her kindness, boundless energy and enthusiasm were an inspiration to all who knew her.

– Sarah Jarvis

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Life is a constant learning experience, and I would like to thank all my consultant colleagues, especially Professor Tony Barnett, for their wise counsel. Most of all, though, my thanks must go to my wonderful children, Seth and Matilda, who accept with such good grace that they must share their mother with her working demands!

A third edition also gives me the opportunity to thank the thousands of people who have themselves thanked me for *Diabetes For Dummies*. You know who you are. You have given me a sense of enormous gratification for writing this book, having shared your stories with me and permitting me to laugh and cry with you. One of the best stories is the following from Andrea in Canada:

‘My three-year-old daughter was recently diagnosed with diabetes type one. It has been a rough time. To help us out, my brother and his wife bought us your book, *Diabetes For Dummies*. One day my daughter saw this bright yellow book and asked what I was reading. I told her the book was called *Diabetes For Dummies*. As soon as the words came out of my mouth, I regretted them. I didn’t want her to think that dummies got diabetes so I quickly added, “I am the dummy.” Without missing a beat, she then asked, “Am I the diabetes?”’

‘The story doesn’t just end there. The other day she was relaxing on the couch. She looked at me and said, “I don’t want to have diabetes any more.” Feeling terrible I responded, “I know sweetie; I don’t want you to have it any more either.” I then explained that she would have diabetes for the rest of her life. With a very concerned look she then asked, “Will you be the dummy for the rest of your life?”’

As sad as it is, I guess you’re right. We must look for humour in everything, otherwise we break down.

– Sarah Jarvis

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Contents at a Glance

<i>Introduction</i>	<i>1</i>
<i>Part I: Dealing with the Onset of Diabetes.....</i>	<i>7</i>
Chapter 1: Dealing with Diabetes.....	9
Chapter 2: It's the Glucose.....	19
Chapter 3: Pre-diabetes: The Early Years	31
Chapter 4: What Type of Diabetes Do You Have?.....	43
<i>Part II: How Diabetes Affects Your Body.....</i>	<i>63</i>
Chapter 5: Battling Short-term Complications	65
Chapter 6: Preventing Long-term Complications	79
Chapter 7: Diabetes, Sexual Function and Pregnancy.....	109
<i>Part III: Managing Diabetes: The 'Thriving with Diabetes' Lifestyle Plan</i>	<i>127</i>
Chapter 8: Glucose Monitoring and Other Tests	129
Chapter 9: Diabetes Diet Plan.....	149
Chapter 10: Keeping It Moving: Exercise Plan.....	181
Chapter 11: Medication: What You Should Know.....	197
Chapter 12: Diabetes Is Your Show	231
Chapter 13: Putting Your Knowledge to Work.....	243
<i>Part IV: Special Considerations for Living with Diabetes... </i>	<i>249</i>
Chapter 14: Your Child Has Diabetes.....	251
Chapter 15: Diabetes in Your Later Years	267
Chapter 16: Driving and Occupational Problems	277
Chapter 17: What's New in Diabetes Care	289
Chapter 18: What Doesn't Work When You're Treating Diabetes	303
<i>Part V: The Part of Tens</i>	<i>313</i>
Chapter 19: Ten Ways to Prevent or Reverse the Effects of Diabetes	315
Chapter 20: Ten Myths about Diabetes That You Can Forget	321
Chapter 21: Ten Ways to Get Others to Help You	327

<i>Part VI: Appendixes</i>	335
Appendix A: Mini Cookbook.....	337
Appendix B: Exchange Lists	369
Appendix C: Dr WW Web	379
<i>Index</i>	389

Table of Contents

Introduction 1

About This Book	1
Conventions Used in This Book.....	2
What You Don't Have to Read.....	2
Foolish Assumptions.....	3
How This Book Is Organised	3
Part I: Dealing with the Onset of Diabetes	3
Part II: How Diabetes Affects Your Body	3
Part III: Managing Diabetes: The 'Thriving with Diabetes' Lifestyle Plan.....	3
Part IV: Special Considerations for Living with Diabetes	4
Part V: The Part of Tens	4
Part VI: Appendixes	4
Icons Used in This Book	5

Part 1: Dealing with the Onset of Diabetes 7

Chapter 1: Dealing with Diabetes 9

Diabetes in a Nutshell	10
You're Not Alone	10
Dealing with Your Diagnosis	12
The stage of denial.....	12
The stage of anger	13
The stage of bargaining.....	14
Moving on	15
Maintaining the Good Life	15
How to maintain quality of life	15
When you're having trouble coping.....	17

Chapter 2: It's the Glucose 19

Recognising Diabetes	19
How do doctors define diabetes?	20
How accurate are tests?.....	22
Controlling Your Glucose	23
Hormones at the helm.....	23
Symptoms and signposts	23
Discovering Ways to Treat Diabetes.....	25
Typical Patient Stories	26



Chapter 3: Pre-diabetes: The Early Years 31

Understanding Insulin Resistance	32
Seeing Which Conditions Mean You Have Pre-diabetes	34
Impaired glucose tolerance	34
Impaired fasting glycaemia	34
The metabolic syndrome – one in four and rising fast	35
Preventing Type 2 Diabetes	36
Reducing a high Body Mass Index	36
Combating physical inactivity	37
Consuming more dietary fibre	38
Taking drugs to prevent type 2 diabetes	39

Chapter 4: What Type of Diabetes Do You Have? 43

Getting to Know Your Pancreas	43
Type 1 Diabetes and You	46
Identifying the symptoms of type 1 diabetes	46
Investigating the causes of type 1 diabetes	48
Getting type 1 diabetes: Your chances	50
Preventing type 1 diabetes	51
Type 2 Diabetes and You	54
Identifying the symptoms of type 2 diabetes	56
Investigating the causes of type 2 diabetes	57
Getting type 2 diabetes: Your chances	58
Gestational Diabetes and You	59
Could You Have Another Type of Diabetes?	60

Part II: How Diabetes Affects Your Body..... 63

Chapter 5: Battling Short-term Complications 65

Solving Short-term Complications	65
Understanding Hypoglycaemia	66
Symptoms of hypoglycaemia	67
Hypoglycaemia – what’s my risk?	68
Prevention of hypoglycaemia	70
Treatment of hypoglycaemia	71
Combating Ketoacidosis	72
Symptoms of ketoacidosis	72
Causes of ketoacidosis	73
Treatment of ketoacidosis	74
Managing the Hyperosmolar Syndrome	75
Symptoms of the hyperosmolar syndrome	75
Causes of the hyperosmolar syndrome	76
Treatment of the hyperosmolar syndrome	77

Chapter 6: Preventing Long-term Complications 79

How Long-term Complications Develop	79
Kidney Disease or Nephropathy.....	80
Diabetes and your kidneys	81
Time course: From minor problems to kidney failure	82
Risk factors and other stuff to know	85
Treatment	87
Eye Disease.....	88
Cataracts	88
Glaucoma	89
Retinopathy	90
If you're blind or visually impaired	92
Nerve Disease or Neuropathy	92
What causes neuropathy?	93
Diagnosing neuropathy.....	93
Symptoms of neuropathy	94
Heart Disease	98
Cardiac autonomic neuropathy	101
Cardiomyopathy	101
Diabetic Blood Vessel Disease Away from the Heart.....	102
Peripheral arterial disease.....	102
Cerebrovascular disease.....	103
Diabetic Foot Disease.....	103
Staving off problems: Preventive measures	104
Remedies and treatments	105
Skin Disease in Diabetes	106

Chapter 7: Diabetes, Sexual Function and Pregnancy 109

Pregnancy and Diabetes	109
Preventing problems when you have pre-gestational diabetes... 110	
Diagnosing gestational diabetes	112
Glucose levels during pregnancy.....	113
Weight and diet during pregnancy	114
Coping with diabetes and pregnancy.....	115
After the pregnancy.....	117
The baby in a diabetic pregnancy	118
When a Man Can't Get an Erection.....	120
The erection process.....	120
The effect of diabetes on erections	121
Treatment of erection problems.....	122
Female Sexual Problems	125

Part III: Managing Diabetes: The 'Thriving with Diabetes' Lifestyle Plan..... 127

Chapter 8: Glucose Monitoring and Other Tests129

Tests You Need to Stay Healthy	130
'Every visit' tests	130
Annual tests	130
Monitoring Your Blood Glucose: For some, It's a Must.....	131
Knowing whether – and when – to test.....	132
Under-the-weather tips if you're on insulin.....	134
Performing the test.....	136
Choosing a blood glucose meter	136
Using your blood glucose results	138
Tracking your glucose over time: Haemoglobin A1c	139
Testing for Kidney Damage: Microalbuminuria.....	140
Checking for Eye Problems	141
Examining Your Feet	142
Tracking Cholesterol and Other Fats	142
Measuring Blood Pressure	144
Aiming for normal – for diabetics, that is	144
Why controlling blood pressure is important.....	145
Checking Your Weight	145
Knowing what you should weigh	146
Figuring in your BMI	146
Testing for Ketones	148
Checking the C-reactive Protein	148

Chapter 9: Diabetes Diet Plan149

Considering Total Calories First.....	150
Making up your diet.....	152
Counting carbohydrates	153
Proteins	158
Fat	161
Getting Enough Vitamins, Minerals and Water.....	163
Adding Alcohol	166
Substituting Sweeteners (Caloric and Artificial)	168
Special Nutritional Considerations for People with Type 1 Diabetes...	169
When you eat.....	170
Other considerations	170
Special Nutritional Considerations for People with Type 2 Diabetes...	171
Reducing Your Weight	171
Types of diet.....	172
Surgery for weight loss	174
Behaviour modification.....	176
Coping with Eating Disorders and Diabetes.....	177
Understanding anorexia.....	177
Understanding bulimia.....	179
Help for eating disorders	180

Chapter 10: Keeping It Moving: Exercise Plan181

Getting Off the Sofa: Why Exercise Is Important	181
Exercising When You Have Diabetes	184
Exercise for a person with type 1 diabetes	185
Exercise for a person with type 2 diabetes	186
Determining How Much Exercise You Can and Should Do	186
Exerting enough effort.....	187
How long and how often?.....	188
Is Golf a Sport? Choosing Your Activity.....	189
The good it does you.....	191
Walking 10K a Day	192
Making the most of your exercise.....	193
Particular considerations for people with special conditions.....	195
Weight lifting versus weight training	195

Chapter 11: Medication: What You Should Know197

Taking Drugs by Mouth: Oral Agents	198
Metformin	198
Sulphonylureas	200
Thiazolidinediones (the glitazones).....	204
DPP-4 inhibitors	206
Meglitinides (the prandial glucose regulators).....	208
Acarbose	209
Injecting GLP-1 Analogues	210
How do GLP-1 analogues work?	210
Side effects.....	211
Who shouldn't take GLP-1 analogues?	212
Using Insulin	213
Understanding the forms of insulin.....	213
Delivering insulin with a syringe.....	216
Delivering insulin with a pen.....	218
Delivering insulin with a jet injection device	219
Delivering insulin with an external pump.....	220
Conducting intensive insulin treatment.....	223
Adjusting insulin when you travel	224
Looking at Other Drugs for Diabetes That Don't Lower Blood Glucose... ..	225
ACE inhibitors and AIIIRAs	226
Statins and other cholesterol-lowering agents	227
Avoiding Drug Interactions	228

Chapter 12: Diabetes Is Your Show231

You're Author, Director and Star	231
The Surgery Diabetic Clinic – Your Stage.....	233
The Receptionist – Your Box Office Staff.....	234
The General Practitioner – Your Assistant Director.....	234
The Practice Nurse – Your Technical Assistant	235
The Diabetic Consultant or Endocrinologist – Your Technical Consultant.....	236

The Diabetic Specialist Nurse – Your Props Provider	237
The Chiropodist – Your Dance Instructor	238
The Eye Doctor – Your Lighting Designer	238
The Dietician – Your Food Services Provider	239
The Pharmacist – Your Usher	240
Your Family and Friends – Your Captivated and Caring Audience.....	241

Chapter 13: Putting Your Knowledge to Work243

Developing Positive Thinking	243
Monitoring and Testing	244
Using Medication	245
Following a Diet	246
Exercising	247
Using Other Expertise.....	247

Part IV: Special Considerations for Living with Diabetes..... 249

Chapter 14: Your Child Has Diabetes251

Dealing with Your Child's Diabetes through the Years	251
When your baby has diabetes.....	252
When your pre-school child has diabetes.....	252
Treating diabetes in babies and pre-schoolers	253
When your primary school child has diabetes	255
When your adolescent or teen has diabetes.....	257
When your young adult child has diabetes.....	259
Special considerations for the college student.....	259
Obesity and Type 2 Diabetes in Children.....	260
Children at risk of type 2 diabetes.....	260
Helping your child lose weight.....	261
All kids need to eat! Special diet considerations for your child with diabetes	261
Sick-day Solutions.....	263
Thyroid Disease in Type 1 Children.....	264
The Extra Value of Team Care	264

Chapter 15: Diabetes in Your Later Years267

Diagnosing Diabetes in the Elderly	268
Evaluating Intellectual Functioning.....	268
Medication and the Elderly	268
Considering Heart Disease	269
Avoiding Hypoglycaemia.....	270
Preparing a Proper Diet	270
Dealing with Eye Problems.....	271

Coping with Urinary and Sexual Problems.....	271
Considering Treatment	272
Levels of care.....	273
Treatment options and challenges.....	273
Chapter 16: Driving and Occupational Problems	277
Getting Behind the Wheel.....	277
Driving for work	280
Driving safely.....	282
Driving with gestational diabetes	283
Diabetes and Your Choice of Job	283
Careers that aren't insulin friendly.....	284
Other jobs: The world is your oyster	285
Avoiding Discrimination at Work	285
The Equality Act 2010.....	285
Knowing discrimination when you see it.....	286
Chapter 17: What's New in Diabetes Care	289
Exploring Drugs to Encourage Weight Loss.....	290
Orlistat	291
Sibutramine	292
Rimonabant	292
Looking at New Agents for Controlling Blood Glucose.....	293
Pramlintide	293
SGLT-2 inhibitors	293
Adiponectin	294
Working on the PPARs	294
Considering New Drugs for Neuropathy.....	295
Duloxetine.....	295
Gabapentin.....	296
Pregabalin	296
Saving Legs: New Treatments for Leg Ulcers and Peripheral Arterial Disease	296
Improving Insulin Delivery	297
Inhaled insulin	297
Oral insulin	298
An implantable insulin pump	299
Getting intestinal cells to make insulin	299
Transplanting Cells for a Cure	299
Introducing Blood-free Glucose Monitoring: Light at the End of the Tunnel.....	301
Chapter 18: What Doesn't Work When You're Treating Diabetes. . .	303
Evaluating What You Hear and See	304
Recognising a false claim or promise.....	304
Recognising the dangers of natural remedies.....	305
Getting information from the Internet.....	305

Drugs That Don't Work	306
Chromium	306
Cinnamon	307
Pancreas formula	307
Fat Burner	307
Gymnema silvestre	308
Knowing the Dangers of Some Prescribed Drugs	308
Diets That Don't Work	309
Diets that promote a lot of protein with little carbohydrate (including the Atkins)	309
Diets that promote little or no fat	310
Very low-calorie diets	310
A final word on diets	311

***Part V: The Part of Tens* 313**

Chapter 19: Ten Ways to Prevent or Reverse the Effects of Diabetes 315

Monitoring Your Glucose Levels	315
Paying Attention to Your Diet	316
Doing Routine Health Tests	316
Making Time for Exercise	317
Educating Yourself about Diabetes	317
Taking Your Medications Faithfully	318
Keeping a Positive Attitude	319
Planning Ahead for the Unexpected	319
Taking Care of Your Feet	320
Looking After Your Eyes	320

Chapter 20: Ten Myths about Diabetes That You Can Forget 321

Perfect Treatment Yields Perfect Glucoses	321
Eating a Piece of Cake Can Kill You	322
You Have the 'Mild' Kind of Diabetes	322
Diabetes Ends Spontaneity	323
Hypoglycaemia Kills Brain Cells	323
Needing Insulin Means That You're Doomed	324
People with Diabetes Shouldn't Exercise	325
You Can't Get Life and Private Medical Insurance	325
Most Diabetes Is Inherited	325
Diabetes Wrecks Your Sense of Humour	326

Chapter 21: Ten Ways to Get Others to Help You 327

Teach Hypoglycaemia to Significant Others	327
Follow the Standards of Care	328
Find an Exercise Partner	329
Use Your Chiroprapist	329
Avoid Temptation	330

Enjoy Your Favourite Foods.....	331
Expand Your Education	331
Find Out about the Latest and Greatest	332
Understand Your Medication.....	332
Share This Book.....	333

***Part VI: Appendixes*..... 335**

Appendix A: Mini Cookbook337

Appendix B: Exchange Lists.369

Listing the Foods	369
The starches list.....	369
Meat and meat substitutes list.....	370
Fruit list.....	372
Vegetable list.....	373
Fats list.....	374
Other carbohydrates.....	375
Free foods	375
Using Exchanges to Create a Diet.....	375

Appendix C: Dr WW Web379

General Sites.....	379
Diabetes UK	379
Scottish Intercollegiate Guidelines Network.....	380
Juvenile Diabetes Research Foundation (JDRF)	380
NHS Choices	380
NHS Evidence Health Information Resources	381
NetDoctor.co.uk.....	381
BBC website.....	381
Diabetes Travel Information	381
MedicAlert	382
Dr Rubin	382
Diabetes and Driving.....	382
Government Website.....	382
Diabetes Exercise and Sports Association	383
Regional Sites	383
The Diabetes Federation of Ireland	383
Health of Wales Information Service (HOWIS).....	383
Diabetes UK in Wales.....	384
Diabetes in Scotland.....	384
The Tayside Diabetes Network	384
Diabetes Information in Other Languages.....	384
Sites for the Visually Impaired.....	385
Royal National Institute for the Blind (RNIB).....	385
Diabetic Retinopathy	385
Eye Library.....	385

Diabetic Foot Care 386

 Feet for Life – Society of Chiropodists and Podiatrists..... 386

 Dr Foot 386

 Diabetic Foot 386

Pregnancy and Diabetes 386

Animals with Diabetes 387

 Dogs 387

 Cats 387

Recipe Websites for People with Diabetes..... 387

Index **389**

Introduction

What's funny about diabetes? It's a disease, isn't it? Yes, it's a disease, but the people who have it at the start of the 21st century are the most fortunate group of diabetes sufferers in history.

You may know the story of the doctor who called his patient to give him the results of his blood tests. 'I have bad news and worse news,' said the doctor.

'Gosh,' said the patient. 'What's the bad news?'

'Your blood tests indicate that you have only 24 hours to live,' said the doctor.

'What could be worse than that?' said the patient.

'I've been trying to reach you since yesterday,' said the doctor.

Those of you with diabetes have a decade or more in which to avoid the long-term complications of the disease. In a sense, a diagnosis of diabetes is both good news and bad news. It's bad news because you have a disease that you'd happily do without. It's good news if you use the news to make some changes in your lifestyle that can not only prevent or minimise complications, but also help you to live a longer and higher-quality life.

As for laughing about diabetes, at times you probably feel like doing anything but laughing. Nevertheless, scientific studies are clear about the benefits of a positive attitude. In very few words: he who laughs, lasts. Another point is that people learn more and retain more when humour is part of the process.

If you've experienced something funny during the course of your diabetes care, we hope you share it with others. Our goal isn't to trivialise human suffering by being comic about it, but to lighten the burden of a chronic disease by showing that it's not all gloom and doom.

About This Book

The book isn't meant to be read from cover to cover, although if you know nothing about diabetes, that may be a good approach. This book is intended to serve as a source of information about the problems that arise over the

years. You can find the latest facts about diabetes and the best sources for discovering any information that comes out after the publication of this edition.

So much has changed in the eight years since we wrote the first edition that not one but two further editions have been needed.

- ✓ New information and advice is available on screening for diabetes (see Chapter 2) and how to reduce your risk of heart disease (see Chapter 6).
- ✓ Attitudes in the NHS towards surgery for weight loss have changed (see Chapter 9).
- ✓ Medications have changed so fast that some drugs we discussed just three years ago as new advances in reducing blood sugar have become standard therapy, and other drugs for weight loss and inhaled insulin have been taken off the market (see Chapter 11).
- ✓ The development of drugs has given rise to new interest in how diabetes develops and progresses and the concept of pre-diabetes (see Chapter 3).
- ✓ New research on the benefits and risks of very tight blood sugar control and low blood sugar have made doctors rethink targets for long-term control (see Chapters 5 and 8) and given drivers pause for thought (see Chapter 16).

In fact, you can find something new in just about every chapter, especially, obviously, Chapter 17, ‘What’s New in Diabetes Care’.

Conventions Used in This Book

Diabetes, as you may already know, is all about sugar. But sugars come in many types. So doctors avoid using the words *sugar* and *glucose* interchangeably. In this book (unless we slip up), we use the word *glucose* rather than *sugar*. (You may as well get used to it, sweetie.)

What You Don’t Have to Read

Throughout the book, you find shaded areas, which we call sidebars. These sidebars contain material that’s interesting but not essential. We hereby give you permission to skip sidebars if the material inside them is of no particular interest to you. You can still understand everything else.

Foolish Assumptions

This book assumes that you don't know anything about diabetes. You don't suddenly have to face a term that's not explained and that you've never heard of before. Those who already know a lot can find more in-depth explanations. And although you can pick and choose how much you want to know about a subject, we mark the key points clearly.

How This Book Is Organised

This book divides into six parts to help you find out all you can about the topic of diabetes.

Part I: Dealing with the Onset of Diabetes

To slay the dragon, you have to be able to identify it. This part clears up the different types of diabetes, how you get them and whether you can give them to others.

In this part, you find out about how diabetes develops and what you can do to slow or prevent the move from 'pre-diabetes' to diabetes. You find out how to deal with the emotional and psychological consequences of the diagnosis of diabetes and get an explanation of what all those big words mean. You also discover how to prevent the complications of diabetes.

Part II: How Diabetes Affects Your Body

In this part, you find out what you need to know about both the short- and long-term complications of diabetes. You also find out about some sexual issues related to diabetes and the problems of a diabetic pregnancy.

Part III: Managing Diabetes: The 'Thriving with Diabetes' Lifestyle Plan

In this part, you discover all the tools available to treat diabetes. You find out about the kinds of tests that you should be doing, as well as what tests your

doctor should be ordering to determine how severe your diabetes is, what to do about improving control of your condition and how to follow the success of your therapy.

You also discover the dietary changes that you need to make to control your blood glucose and how to get the most out of your exercise routine and medications. Finally, you find out about the huge amount of help that's available for you and your family.

Part IV: Special Considerations for Living with Diabetes

The way that diabetes develops is different for each age group. In this part, you discover those differences and how to manage them. You also find out about some of the special problems of people with diabetes that relate to discrimination, driving and jobs.

Lastly, this part covers all the new developments in diagnosing, monitoring and treating diabetes and helps correct a lot of misinformation about diabetes treatment.

Part V: The Part of Tens

This part presents some key suggestions, the stuff you most need to know as well as the stuff you least want to know.

You discover the ten commandments of diabetes care and the myths that confuse many diabetic patients. You also find out how to get others to help you in your efforts to control your diabetes.

Part VI: Appendixes

This part of the book contains even more information about diabetes. Two special appendixes help you improve your diet by giving you recipes and diabetic exchanges. The other appendix points out up-to-the-minute hot spots to visit on the Internet, in case you want to continue finding out about diabetes when you've finished this book.

Icons Used in This Book

The icons tell you what you must know, what you should know and what you may find interesting but can live without:



This icon marks a story about a diabetes patient.



This icon marks paragraphs where we define terms.



When you see this icon, it means that the information is essential and you should be aware of it.



This icon points out when you should see your doctor (for example, if your blood glucose level is too high or you need a particular test done).



This icon marks important information that can save you time and energy.



This icon warns against potential problems (for example, if you don't treat something).

Part I

Dealing with the Onset of Diabetes



'It's only a guess, but judging by your sample,
I would say you are a diabetic.'

In this part . . .

You have found out that you or a loved one has diabetes. Or perhaps you or they have been told they have ‘pre-diabetes’ or ‘impaired glucose tolerance’. What do you do now? This part helps you deal with all the emotions that arise when you discover that you will not live forever – from wondering whether the diagnosis is correct to avoiding the complications associated with diabetes.

Chapter 1

Dealing with Diabetes

In This Chapter

- ▶ Meeting others with diabetes
 - ▶ Coping with diabetes
 - ▶ Upholding your quality of life
 - ▶ Finding help
-

One of our patients told us that, when she was working at her first job out of university, the employees' tradition was to have a birthday cake and celebration for every birthday. She came to the first celebration and a colleague urged her to eat the cake. She refused and refused, until finally she had to say, 'I can't eat the cake because I have diabetes.' The woman trying to persuade her said, 'Thank God. I thought you just had incredible willpower.' Twenty years later, our patient clearly remembers being told that having diabetes is better than having willpower. Another patient told us, 'The hardest thing about having diabetes is having to deal with doctors who don't respect me.' Several times over the years she'd followed her doctor's recommendations exactly, but her glucose control still hadn't been ideal. The doctor blamed her for this 'failure'.

Although some people may try to define you by your diabetes, you know that you're more than the sum of your blood glucose levels. You have feelings, and you have a history. The way you respond to the challenges of diabetes determines whether the disease is a moderate annoyance or the source of major sickness for you.

Unless you live alone on a desert island, your diabetes doesn't affect only you. How you deal with your diabetes affects your family, friends and colleagues, as does their desire to help you. This chapter shows you some coping skills to help you handle diabetes and your important relationships.

Diabetes in a Nutshell

What is *diabetes*? It's a disease in which the body doesn't produce or respond properly to insulin. And what is *insulin*? It's a hormone that you need in your body to convert sugar and other food into the energy you need for daily life. You can read more about how doctors define diabetes in Chapter 2, and about what type of diabetes you have in Chapter 4 (yes, more than one type of diabetes exists).

Because getting a diagnosis of diabetes depends on your having raised blood sugar, and because having very high blood sugar is so dangerous, doctors used to concentrate on the sugar side of diabetes. In recent years the fact that diabetes doesn't just affect your blood sugar has become increasingly clear. If you have diabetes (and especially if you have type 2 diabetes), looking after your heart (by keeping your blood pressure and cholesterol under control) is every bit as important as looking after your blood sugar. But don't worry – this book gives you all the help you need to look after every bit of you.

You're Not Alone



Just because you have diabetes, you don't have to sit quietly in the corner and hope that no one notices. Many other people with diabetes are out there – most are ordinary people, but no shortage exists of famous ones either.

Steve Redgrave is the greatest British rower ever to have competed. He has so many Olympic and Commonwealth gold medals, he probably needs a whole room, rather than just a mantelpiece, to display them. He also has diabetes.

At the same time as Steve was rowing his way to fame, Will and Mike Cross, a father-and-son team, were walking to the South Pole. Their arrival on 17 January 2003 made Mike the oldest man ever to accomplish the feat. Even as these two reached their goal, another man on the other side of the world was working towards his. Douglas Cairns was in the middle of a five-month flight round the world, in a light twin aircraft. Will, Mike and Douglas all have diabetes too.

Diabetes is a common disease, so it's bound to occur in some very uncommon people. The list of people with diabetes is long, and you may be amazed at some of the names on it. The point is that every one of them lives or lived with this chronic illness, and every one of them was able to do something special with their life. Consider these other examples: