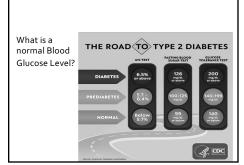
#### The Basics of Diabetes Part 1



University of Virginia VA Center for Diabetes Prevention & Education

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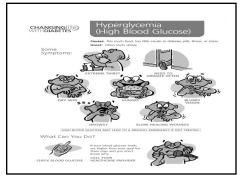


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#### Common Types of Diabetes

- Type 1 diabetes
- 5% to 10% of diagnosed cases of diabetes
- Type 2 diabetes
- 90% to 95% of diagnosed cases of diabetes
- Gestational diabetes
  - During pregnancy

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# Target Blood Glucose Goals

- Before meals: 80-130 mg/dl
- After meals: Less than 180 mg/dl

(Aim for no more than 50 mg/dl increase from pre-meal glucose)

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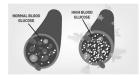
# Comparison Chart of A1C and Glucose

A1C %	Estimated Average Glucose	
5	97	
6	126	
7	154	
8	183	
9	212	
10	240	
11	269	
12	298	

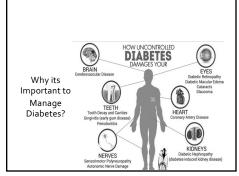
Each 1% Drop in A1c Lowers the Risk of Complications:

#### Why Does Blood Glucose Matter?

- To reduce the short-term symptoms of high blood glucose values.
- To reduce long-term complications.



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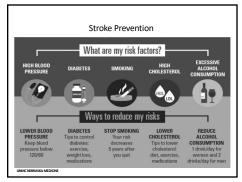
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### Large Vessel Complications

- Heart disease (Cardiovascular disease)
- Stroke/TIA (Cerebrovascular disease)
- Poor circulation to legs and feet (Peripheral vascular disease)

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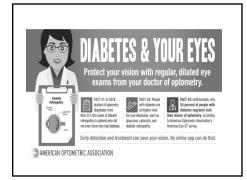




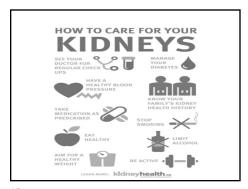
#### Small Vessel Complications

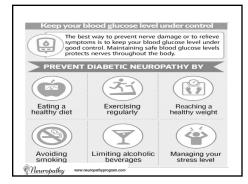
- Eye disease
  - ❖ Eye exam yearly
- Kidney disease
   Microalbumin test
- Nerve disease
  - Autonomic neuropathy
  - Stomach, intestines, bladder, and sexual function, blood pressure, heart
  - Peripheral neuropathy
  - Foot pain and numbness.

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Test	ADA Recommended Value	Frequency
Blood pressure	Less than 120/80	At every visit
Aic	Less than 7%	2-4 times per year
Microalbuminuria (urine kidney test)	Less than 30 mg	Once per year
Cholesterol	Less than 200	Once per year
Triglycerides	Less than 150	Once per year
HDL (Good)	Men: 40 or higher Women: 50 or higher	Once per year
LDL (Bad)	Less than 100 (low risk) Less than 70 (with )	Once per year

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Diabetes Management Self-Care Behaviors

- Manage Stress
- Being physically active
- ❖ Follow a healthy meal plan
- ❖ Take medications as prescribed
- Monitor glucose

#### **Diabetes Medications**

Two forms of medication available for persons with diabetes:

- Oral medication (Pills)
   Used in type 2 diabetes

  - Several drug classes of oral diabetes medications
- Injectable medications
- Insulin required for type 1 diabetes; may be necessary for type 2 diabetes as disease progresses
   GIP1 Receptor Agonists for people with type 2 diabetes

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#### **Combining Oral Medication**

- We now know that diabetes is a multisystem disorder.
- The different classes of oral medications work in different ways to lower blood glucose levels; sometimes, they work better in combination to improve blood glucose control

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Oral Medication: Biguanides

- Glucophage (Metformin)
- Glucophage (Riomet)
  Glucophage XR (Metformin ER, Fortamet, Glumetza )
- Action: These reduce how much glucose the liver produces. It also improves how insulin works in the body.
- > Benefit: May help with weight loss and reduce appetite; does not cause low blood glucose; cost-effective, lowers
- > Side Effects: May cause GI distress (nausea, diarrhea) selflimited; can cause a metallic taste; can decrease Vit B12 levels.



Oral Medication: Biguanides

Glucophage (Metformin)

#### Cautions:

- > Avoid in severe kidney or liver disease
- > May need to hold for radiology procedures with IV contrast
- May need to hold with any severe dehydration (i.e., gastroenteritis)
- > May need to hold with any severe illness (i.e., heart attack, heart failure)

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Oral Medication: Sulfonylureas

- Glyburide (DiaBeta, Micronase, Glynase)
- Glipizide (Glucotrol/Glucotrol XL)
- Glimepiride (Amaryl)
- Action: These lower glucose by causing the pancreas to release more insulin.
- > Benefits: Low cost.
- Risk: Potential for low blood glucose take before a meal, and do not skip meals! Can cause weight gain.

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Oral Medication: Insulin Sensitizers

- Pioglitazone (Actos)
- Action: These improve the way that insulin works in the body increasing the body's sensitivity to insulin. Decreases the glucose made in the liver.
- > Benefit: These do not cause low blood sugar
- > Risk: May cause some swelling (fluid retention) in the legs and feet; avoid with heart failure

1 Oral Medication: DPP-4 Inhibitors Sitagliptin (Januvia). (Janumet = sitagliptin + metformin) Saxagliptin (Onglyza) Linagliptin (Tradjenta) Alogliptin (Nesina) > Action: These block an enzyme that destroys the hormone GLP1. GLP1 helps the body produce more insulin only when it is needed; reduces the amount of glucose being produced by the liver and slows the absorption of food. > Benefit: Weight neutral and may have a positive effect on cholesterol levels (Triglycerides). Does not cause low blood sugar. Risk: Not for use with significant kidney or liver disease. Cautious use if history of pancreatitis. High cost. 25 SGLT2 (sodium-dependent glucose transport Inhibitors) Canagliflozin (Invokana)

Oral Medication

- Dapagliflozin (Farxiga)
- Empagliflozin (Jardiance)
- Ertugliflozin (Steglatro)
- Action: These block reabsorption of glucose in the kidneys to carry it out of the body; it creates a diuretic-like effect: "Glucoretic"
- Benefit: May help with weight loss; lowers blood pressure; protects against kidney disease and heart disease. Does not cause low blood sugar.
- Risk: Increase in urinary and genital infections; increase in potassium levels; can cause dehydration, avoid with a lowcarb diet and excess alcohol.

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Injectable Medication: GLP-1 Receptor Agonists

- Exenatide (Byetta)- injection 2x daily;
- Liraglutide (Victoza)- injection 1x daily
- Lixisenatide (Adlyxin)-injection once daily, within 1 hour before the first meal of the day;
- Rybelsus (Semaglutide) pill form taken daily.
- Dulaglutide (Trulicity)-injection once weekly
- Semaglutide (Ozempic ) injection once weekly.
- Exenatide extended-release (Bydureon) injection once weekly

Injectable Medication: GLP-1 Receptor Agonists

- Action: Slows emptying of food from the stomach; stimulates insulin release only in response to food, decreases the amount of glucose released by the liver, and helps you feel full sooner so that you eat less.
- Benefit: Decreases appetite; helps in weight loss; reduces serious heart attacks and strokes; does not cause low blood sugar.
- > Risk: Transient nausea. Avoid if FH of medullary thyroid cancer. Expensive.

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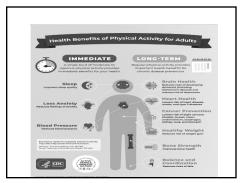
Benefits of Physical Activity on Blood Glucose

- Increases sensitivity to insulin
- Lowers glucose by using it for fuel
- > For up to 36 hours, as the liver replenishes its stores of glucose from the bloodstream \*



\*InType 1 diabetes, exercising with blood glucose >250 mg/dl may increase blood glucose, due to insulin deficiency.

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#### Types of Physical Activity

- Aerobic
   Make you breathe harder and make your heartbeat faster
  - Moderate intensity activities
     Walking briskly
     Bicycling
     General gardening

  - Dancing
     Water aerobics or swimming

- Muscle-strengthening
   Make muscles stronger
   Resistance bands, lifting weights
- Balance and stretching
  - Enhance physical stability and flexibility
  - · Gentle stretching, dancing, yoga, pilates, tai chi, martial arts

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#### What are YOUR Goals for Physical Activity?

- Lowering Heart Disease Risk?
  - 2-3 times weekly for 15-30 minutes
- Overall Fitness?
  - 4 times weekly for 15-30 minutes
- Weight Maintenance?
  - 5 times weekly for 45-60 minutes



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#### Other Considerations with Physical Activity

- FIND SOMETHING THAT YOU ENJOY!
- Upper body or armchair exercises can also be good to do if you have lower body (joint) problems and difficulty getting around.
- Intermittent or small bouts of exercise (10-15 minutes at a time) can be just as beneficial as one 30-minute exercise session; walking for 10-15 minutes after each meal can help to lower postprandial or after-meal blood glucose levels.

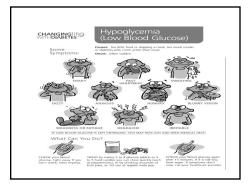
To order call 1-800-222-2225 or visit http://www.nia.nih.gov/HealthInformation/Publications/



Easy and Fun Physical Activity – Let's try it!

Video: https://www.voutube.com/watch?v=Ev6vE55kY6

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Hypoglycemia: Signs & Symptoms

Level 1: A glucose alert value of 70mg/dL.or less.

Level 2: A glucose level of 54mg/dL. is sufficiently low to indicate serious hypoglycemia.

Level 3: Severe hypoglycemia denotes any level that impairs mental status requiring external assistance for recovery.

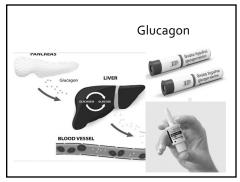
International Hypoglycemia Study Group. Diabetes Care. 2016;doi:10.2337/dc16-2215.

#### Rule of 15 - Treating Hypoglycemia

# 1) Consume 15 grams of carbohydrate: • 4 glucose tablets (15 g)

- ½ cup fruit juice/soda (15 g)
- 1 cup of skim milk (15 g)
   1 cup of skim milk (15 g)
   Recheck blood glucose level in 15 minutes
   3) Repeat if still < 70
  - 4) Follow treatment with a light snack of protein and carbohydrate - peanut butter and crackers OR 1/2 sandwich OR nuts & fruit
- Talk to your doctor to see if you need a glucagon kit if you experience severe hypoglycemia

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### Foot Care Tips

- Check your feet every day
- ❖ Wash your feet every day
- ❖ Keep your skin soft and smooth
- \* If you can see and reach your toenails, trim them
- Wear shoes and socks at all times
- Protect your feet from hot and cold
- \* Keep the blood flowing to your feet

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