

# DIABETES ONE DAY AT A TIME

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## Diabetes Myths vs. Facts

By Kara McGill-Meeks MS, RD, LD, CDCES

Despite all that we know about diabetes, there are still many myths about it. These myths can be confusing and dangerous. They can cause people to delay getting proper care and treatment.

**X Diabetes is caused by eating sugar and carbohydrates – FALSE!**

**Eating too much sugar or carbohydrates does NOT cause diabetes.**

Although a diet high in added sugars can increase the risk of disease, including diabetes, it is still not the direct cause.

Type 2 diabetes does not have one cause. Rather, there are many factors that increase risk. These factors include genetics, age, lifestyle, the presence of other health conditions as well as social and environmental factors.

These have a big impact on our health, including the risk of diabetes.

Type 1 diabetes occurs when the immune system attacks the pancreas. This means the pancreas cannot make insulin. Risk factors include genetics and the presence of other immune diseases.



## Diabetes Myths vs. Facts *cont.*

### **X** People who are overweight will get Type 2 diabetes – **FALSE!**

**People of all shapes and sizes get type 2 diabetes.** You cannot tell by looking at someone whether they have diabetes or not.

### **X** People with diabetes should not eat carbohydrates – **FALSE!**

**Carbohydrates fit into a diabetes-friendly diet.** Carbs that are high in fiber are great choices. That includes beans, whole grains, corn, potatoes, and fruit. High fiber foods digest more slowly and provide lots of nutrients.

Eating protein and fats along with carbs can also help slow digestion and balance blood sugar. For example, instead of eating crackers alone, try adding peanut butter. Fat and protein can keep us full longer and improve blood sugar.

### **X** People who need to take insulin to manage their blood sugar have failed – **FALSE!**

**Type 2 diabetes is a chronic disease that changes with time.** Often, the pancreas will no longer make enough insulin. This means that the body needs insulin injections to prevent high blood sugar and damage. This is NOT a sign of failure! People with Type 1 diabetes must take insulin to survive since their bodies do not produce it. Insulin is a natural and life-saving treatment.

### **X** Type 2 Diabetes can be reversed – **FALSE!**

**There is no cure for diabetes.** However, sometimes remission is possible. That is when lifestyle changes alone keep blood sugar below the range of diabetes. In this case, there is still a high risk of blood sugar rising over time. That is why regular follow-up with healthcare providers is so important.

You cannot “cure” diabetes, but you can manage it! When it is well-managed, the risk of complications is low.

Whether you are trying to prevent or manage diabetes, knowing the facts can make all the difference. For support with diabetes, reach out to our Diabetes Education team.

## CALENDAR OF EVENTS

*Enjoy the following events*

### **NOVEMBER IS NATIONAL DIABETES MONTH!**

About 30 million people in America have some form of diabetes, yet one in four don't know they have it. Help raise awareness of the risk factors and symptoms for prediabetes and diabetes.

For more information, visit: [diabetes.org](https://diabetes.org)

### **IN PERSON DIABETES SUPPORT GROUP**

These fun, informal sessions are for people coping with diabetes. Friends and family members are welcome.

Call **614-546-4582** to learn more.

**Mount Carmel St. Ann's**

**OCTOBER 22 and NOVEMBER 19**

6:00 – 7:30 p.m.

### **VIRTUAL DIABETES 101 CLASS**

**DECEMBER 2** | 5:30 – 6:30 p.m.

These free virtual classes cover diabetes basics, like blood sugar monitoring, medications, nutrition, physical activity and weight management.

Call **614-546-4582** to register.

### **SUGGESTED WEB SITES:**

- American Diabetes Association
- CDC-Centers for Disease Control and Prevention
- National Institutes of Health
- Diabetes Advocates
- USDA Center for Nutrition Policy and Promotion
- diaTribe
- Mount Carmel Healthy Living Center

# Preparing to Travel with Diabetes

By Kara McGill-Meeks MS, RD, LD, CDCES

The holidays are coming and that means you may be traveling! Having diabetes can make traveling more challenging BUT not impossible. The most important thing that you can do is prepare before you leave.

If your trip is more than a day or two, you should obtain extra medication- including insulin, pump supplies (if you are wearing an insulin pump), test strips, and a new paper prescription (in case you need a refill away from home). You may want to take 2-3 times the amount of supplies that you will need. If travelling by plane, make sure to keep at least one set of these items in your carry-on AND place it under the seat in front of you for easy access.

Here is a sample packing list:

- **Medications, insulin and emergency glucagon**
  - Make sure medications have pharmacy labels on them AND are in-date.
  - Make sure you have enough insulin syringes or pen needles.
- **If you are flying, be sure to take all medications and supplies in a carry-on bag.** A small cooler is a wonderful way to keep the insulin from getting too warm. There are lots of insulin travel packs available online.
  - If you suffer from hypoglycemia, make sure your travel companions know how to use emergency glucagon.
- **Continuous glucose monitors (CGM's), glucometers and testing supplies**
  - Bring two monitoring devices with extra test strips, alcohol wipes, lancets, sensors, and batteries. This could mean taking your CGM and a glucometer.
- **Insulin pumps/supplies**
  - In addition to extra pump supplies, bring extra insulin and syringes in case of a pump failure.
- **Device cords, cables, and extra batteries**
  - A rechargeable battery can be helpful (if Lithium- must be in carry-on luggage)
- **Snacks and low glucose treatments**
  - Bring "simple sugars" to treat lows- like glucose tablets or hard candy.
  - Bring balanced snacks like trail mix, protein bars, crackers with cheese or peanut butter.



- **Empty water bottle**
  - Hydration is key when traveling. An empty water bottle can be filled in airport terminals at hydration stations.
- **Diabetes identification**
  - A medical alert bracelet or necklace can be important when traveling. There are several options online- from simple to fancy.
- **List of all medications and doctor's contact information**
- **Travel letter from your healthcare provider**
  - A signed letter from your doctor stating that you have diabetes and need to carry insulin, syringes, a glucose meter, CGM, insulin pump and/or other medications/ supplies can be helpful- especially with overseas travel.

Remember- always pack your patience! Navigating TSA is never consistent. Show up early and make sure you let TSA know that you have diabetes before going through. Most devices can go safely through X-ray/scanner machines BUT you can always request a hand inspection instead.

Just because you have diabetes, you are not limited to staying home! The more prepared you are, the more you will be able to enjoy your journey!





*A tangy balsamic dressing and nutty Parmesan cheese combine to coat tender roasted vegetables and chickpeas in this springy vegetarian dinner. Serve it over quinoa to keep it vegetarian or, for meat-eaters, serve with roasted chicken or pan-seared fish!*

# Sheet-Pan Roasted Balsamic-Parmesan Chickpeas & Vegetables

**Prep: 15 minutes**

**Cook: 25 minutes**

**Serves: 4 (1 cup per serving)**

## Ingredients

- 1 (15-ounce) can no-salt added chickpeas, rinsed
- 8 ounces multicolored baby carrots with tops trimmed and peeled
- 2 bunches spring onions, tops removed and bulbs halved lengthwise
- 6 Tbsp. Extra-virgin olive oil, divided
- 8 ounces asparagus, cut into 2-inch pieces
- ½ cup grated Parmesan cheese
- 2 Tbsp. Balsamic vinegar
- 1 tsp. honey
- ½ tsp. Dijon mustard
- ½ tsp. Ground pepper
- 1 tsp. Fresh thyme leaves

## Directions

1. Place a large rimmed baking sheet on middle rack of oven; preheat to 400 degrees F. Line another baking sheet with paper towels. Spread chickpeas on the paper towels; rub with more paper towels to remove skins; discard skins.
2. Transfer the chickpeas to a large bowl. Add carrots, spring onions, 3 Tbsp. Olive oil and 1/8 tsp. Salt; toss to coat. Spread in an even layer on the hot baking sheet. Roast until the vegetables are golden brown and tender, about 30 minutes, tossing halfway through and adding asparagus during the last 10 minutes of cooking. Sprinkle Parmesan evenly over the vegetable mixture and continue roasting until the cheese is melted, about 5 minutes.
3. Meanwhile, whisk vinegar, honey, mustard, pepper and the remaining 3 Tbsp. oil and 1/8 tsp. salt in a small bowl. Drizzle the balsamic dressing over the vegetable mixture; sprinkle with thyme leaves. Serve immediately.

NUTRITION FACTS PER SERVING: Makes 4, 1 cup servings  
Calories 399, Total Carbohydrate 34g, Dietary Fiber 9 g, Added Sugars 2 g,  
Total Fat 24 g, Saturated Fat 4 g, Protein 12 g, Cholesterol 9 mg,  
Sodium 431 mg, Potassium 645 mg

Source: [Eatingwell.com](http://Eatingwell.com)

# What to Know about Your A1C Result

By Jackie Haskins, RDN, LD, CDCES

An A1C blood test is also known as hemoglobin A1C, HbA1c, glycated hemoglobin, or glycohemoglobin test. It is a blood test performed in your health provider's office from a finger stick or in a lab where blood is drawn from a vein. You do not have to fast for this test.

A1C measures how much glucose (sugar) is stuck to your hemoglobin. Hemoglobin is a protein attached to your red blood cells. Red blood cells carry oxygen in your body.

If blood glucose is high, more glucose sticks to the hemoglobin. The higher your blood glucose has been running, the higher the A1C will be. The A1C provides more information than a single blood glucose check from your finger or glucose lab test. Red blood cells have a lifespan of about three months. That means that your A1C can tell you how your blood sugar has been running for the past three months. See the table below.

If your A1C number is	Your estimated average glucose is
6%	126 mg/dl
7%	154 mg/dl
8%	183 mg/dl
9%	212 mg/dl
10%	240 mg/dl
11%	269 mg/dl
12%	298 mg/dl

## What should an A1C be for someone with diabetes?

For most people with diabetes, the recommendation is below 6.5% or below 7%. Persons of an older age or with certain chronic conditions may benefit from a higher A1C. Talk with your health provider regarding what your target goal A1C should be.



## How often should my A1C be checked?

Most people have their A1C checked at least twice a year. Some people need to have their A1C checked every three months.

Reasons to have A1C checked more often or every three months:

- A1C is above target
- Starting or changing a diabetes medication
- Starting a non-diabetes medication that can raise blood sugar
- Certain health conditions

## What can affect A1C results?

- Severe anemia
- Blood loss
- Blood transfusion
- Kidney failure
- Liver disease
- Pregnancy
- Blood disorders like sickle cell anemia and thalassemia
- Certain medications like opioids and some HIV medications
- Whether or not the A1C came from a finger stick or blood drawn from a vein

## What are the risks of having a high A1C?

Studies suggest higher A1C values increase the risk of developing diabetes complications such as heart disease, stroke, eye disease, kidney disease, and nerve damage.

The A1C is not a pass-or-fail test. It simply provides information about how well your diabetes treatment plan is working. If your A1C is above target, you may want to make changes in your nutrition or physical activity. Your health provider may also recommend medication adjustments. Fine-tuning your eating plan, activities and medications can help get you to a healthier A1C.