



**This resource contains information on how to deal with diabetes, under the following headings:**

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## Background

I have worked with diabetes patients at 1 Military Hospital in Pretoria. As psychologist in the Orthopaedic department, however, this meant I saw patients when things had already started going very wrong. I will never forget my one patient who had already lost one leg due to poor self-care and was in hospital for evaluation of his other leg. Although he should have been able to walk on crutches or with his prosthesis, I knew he had given up when I saw him wheeling around in his chair. He was ready to have that second leg amputated. Every day I saw him there were signs that he had been out to smoke another cigarette or eat another chocolate bar. He had been involved in the military for many years, but looked at least twenty years older than his 40 something years. This man could have been in the prime of his life, but his marriage, children, family and home situation

had slipped away from him and he was gambling away the last of his health and independence. It was one of those cases that reminds you that people are complex and that a good old talking to is not enough to turn a person's life around.

I remain excited about tonight's talk because I'm hoping something I say or mention here tonight will appeal to even just one of you in a way that might improve your life even marginally. I am passionate about life and most especially the relationship between our experience in this life and the vessel that takes us through it all – our bodies. The body has been called many things, including a temple, a machine and a tool. I prefer the last description.

You see, the difference between looking up at a gloriously beautiful mountain and standing at the top from where you have a 360 view of an entire vista – is your body. The difference between reading about shark diving and doing it – is your body. The difference between playing with your grand children or having them sit at your grave – is your body.

Now let's stop right there and have a look at life. Particularly one aspect of it – life IS NOT fair. Some of us are blessed with good bodies and health even though we hurl abuse at it from day one until the day we race to our deaths and skid sideways into our graves. Others are plagued with niggles and worries or disabilities. The sooner we accept that life truly isn't fair, the sooner we get that right out of our heads and just move ON – the sooner we can get to taking control and living the best life we could possibly live.

After all is said and done, true genetic disability is rare and even then, some of the most amazing, touching and provocative lives we have ever been privileged to witness on this planet – have been led by just such people. People who for all intents and purposes should have had the right to just sit and sulk, yet didn't.

But most health problems are lifestyle related. In attribution theory we learn that to have self-efficacy – in other words, to be able to feel that you have control over your own life, you need to believe that all things good and bad, start and end with you. (There are few exceptions – like the weather, because even though we can't do anything about the weather, we can decide how we will react to the weather.) Yet most of us choose not to believe this because it is infinitely easier to say 'woe is me' and have others lick our wounds. This way we don't have to do anything and we get heaps of attention and sympathy.

There has been a lot said about cellular programming nowadays, and those of you who follow quantum physics or challenge your mental selves by watching movies like, 'what the bleep' will know all about it. Basically what it means is that we are made up of cells and that whatever we think, say and do in our lives, we are busy 'programming' our cells to behave in a certain way. If you are bitter and twisted, negative and critical, your cells will adopt this way of being. You will keep on behaving in this way until the cells have been trained to think in this way and after that it becomes very difficult to respond in any other way except this way that you are used to.

People come to psychologists expecting change – expecting miracles. But the reality is that only you can make that change. You need to re-programme yourself on a cellular level. This takes a heck of a lot of will-power and determination. Then you need to set some goals and work out a plan of how you will achieve your goals. We tend to think in a fast-food kind of way: now or never, can't wait. The truth is we each will live an average of 72 years. If you make 5 life-style changes every year, and you start when you are 50 – that is a 110 positive life-style changes. Start small, take your time to build up a good habit. Have your habits serve you instead of being a prisoner to them.

Your body is your tool. It can take you places. It can feel good in the morning and serve you well throughout the day. It can make you feel energetic and carry you to new and exciting places. Or it can be that broken, stupid tool that needs to get glued and duck-taped all the time and breaks when you need it most.

The choice is really yours – but you need to believe it. Believing it is half the goal attained.

## In the beginning

Signs and symptoms of diabetes

Most people have diabetes for years before being diagnosed. By the time it is diagnosed, about 35% show signs of damage to kidneys, nerves, eyes and heart. Some common symptoms are:

- Frequent urination - particularly at night
- Frequent hunger or thirst
- Frequently feeling tired and drowsy
- Frequent itching of skin and/or genitals.
- Unexpectedly losing weight
- Blurred vision
- Tingling or numbness in legs, feet or fingers
- Recurring skin, gum and/or urinary tract infections
- Slow healing of cuts and bruises

[http://www.soulwork.net/sw\\_articles\\_eng/diabetes.htm](http://www.soulwork.net/sw_articles_eng/diabetes.htm) (then use search feature - 'diabetes')

## Getting real

Complications of Diabetes

Ignored diabetes may cause life-threatening complications, including coma or death. Other complications include blindness, kidney failure, high blood pressure, heart attack, and stroke.

Diabetes may also cause loss of feeling, particularly in the lower legs, which may prevent a person from feeling skin damage or infection until complications develop, possibly necessitating amputation. Burning, sensitivity and coldness of the foot can also occur. Other complications include higher-risk pregnancies in diabetic women.

There is a strong relationship between Type 2 diabetes and obesity. About 80 percent of people with Type 2 diabetes are significantly overweight

## Psychological complications

The mind

Psychological Complications of Diabetes

The successful treatment of diabetes resolves psychological difficulties as well as poor sugar control - which can cause further psychological problems. Common psychological factors are:

- Following the treatment
- Diet and exercise
- Insulin management
- Injections
- Insulin shock
- Relationships with families, friends and professionals

People with diabetes may respond emotionally to their hormone levels, and may experience strong mood swings. A person with diabetes may express long-withheld emotions - sometimes chaotically. A diabetic patient may be unaware of even severe mood swings; and act as if a current emotion is a valid basis for long-term decisions. Emotional outbursts may follow minor events.

For example, a person with diabetes may angrily criticize other family members, or suddenly announce an unusual decision to business associates. Yet a diabetic may quickly forget such conversations. Criticized family members, and business associates affected by hasty decisions may respond with their own emotions and reduced trust of the diabetic person. Emotional conflicts can spiral to create chaos.

- Managing Emotions, Beliefs and Stress
- Guilt, anger, fear and sadness
- Beliefs about cause, seriousness, treatment effectiveness
- Depression
- Stress and trauma

## Feelings

Diabetes & Emotions: Guilt, Anger, Anxiety & Sadness

Strong unpleasant emotions affect both mental stability and hormone levels. Conversely, hormonal therapy can precipitate displays of withheld emotions. The primary emotions are usually guilt anger, fear and sadness; which may support many secondary emotions.

Guilt is often a conflict about having hurt other people

Anger is often related to violated values

Anxiety is often a reaction to possible future events

Sadness is often regret about lost possibilities for happiness

If the whole family knows that diabetics may express wild emotions at unpredictable times - diabetics, their families and friends can better cope with unpredictable expression of emotion.

## Beliefs

Diabetes & Beliefs

People who blame themselves for having diabetes are often accurate, as type 2 diabetes is strongly related to lifestyle and obesity. However, some people diagnosed with diabetes may blame family members for "making them" live unhealthy lifestyles.

Although diabetes has potential unpleasant complications, most diabetic symptoms can be successfully controlled by diet, exercise, sugar control and medication.

The effectiveness of treatment is primarily the responsibility of the patient. A person with diabetes can become knowledgeable about the disease. A boost to health is to join or start a support-group, to help other people learn about the disease, its treatment and its consequences.

### **Stress and trauma**

Stress influences the effects of diabetes. Emotional stress leads to the secretion of many hormones that can counteract the actions of insulin and disrupt metabolic control.

Stress-induced emotions can produce hyperglycemia, and disrupt a person's relationships, eating habits, exercise and daily routines. This affects diabetes management and insulin dosage. A patient's emotional needs and problems are an important component of treatment and an integral component of diabetes management.

### **Psychological factors in intensive management of insulin-dependent diabetes mellitus**

Hope has been given to patients with type I diabetes that blindness, kidney failure, and neuropathies are not necessarily what awaits them. However, to assume that diabetes is simply a disease that can be controlled "if only the patient would be compliant" is an incredibly naive way to approach treatment. Practitioners need to be keenly aware of not only the complexities of intensive management of type I diabetes but perhaps more importantly the numerous psychological factors that determine whether treatment adherence will occur. Psychological issues such as patient perceptions of symptoms, fear, unawareness of symptoms because of autonomic disregulation or cognitive decline, attitudes, and control issues need to be assessed. Additionally, for those patients who may not be attuned to monitoring physiologic or cognitive cues, awareness training and other coping skills interventions are available that can be incorporated into existing diabetes education programs. A mutual effort by the patient and health-care provider team can lead to success in intensive management of IDDM.

### **Steps to guide you**

The first step: Believe in yourself

The second step: Self affirmations

- I am a powerful human being
- I have an unquenchable spirit
- My body helps me get where I want to go
- I have dreams and goals

- Life is exhilarating
- There is much I still want to do
- I can
- I love
- I am

The third step: Choose your own path; Know what is out there; Do your research; Pursue your goals with vigour.

## Diabetes and depression

Depression with obesity predict adult-onset diabetes. Depression may also increase insulin production. People with diabetes are more likely to suffer from depression than normal. Depression may reduce the desire to take medications and/or to follow the prescribed treatment for diabetes.

Depression is often a healthy response to an unhealthy environment or chaotic relationships. Often, guilt underlies depression. If a person feels guilty for having hurt people, life may not make sense, which leads to depression. Much depression results from:

Abuse, betrayal or abandonment (violating trust; for example - abandoning a child).

Relationship transferences (mistaking one person for another; for example - perceiving an ex-partner as an abandoned child).

People who identify with their body may be deeply distressed by diabetes. Daily injections, mood swings and fears of complications may also become a source of depression.

## Insights

If there is anything I've learned in working with people who have diabetes, it is that in most instances you have the best knowledge and ideas yourself. This is not always true for people who are newly diagnosed, but those of you who have lived with diabetes for a while have probably figured out what works for you.

In the old understanding of motivation in diabetes management, the patient simply needed to know why they had to make lifestyle changes. They were told what to do, and sometimes why, and that was expected to be enough to get what was commonly referred to as 'compliance'. Today we understand that it is not about 'compliance'. We must not simply tell diabetics what to do. We need to tell them what is available and have them make their own decisions about medication, diet and lifestyle. Then we need to facilitate on-going motivation. This section underwrites this new philosophy:

Intensive management of insulin-dependent diabetes mellitus does not occur simply by educating patients.

Knowledge is not enough. Many psychological factors determine patient adherence to treatment recommendations.

One study evaluated the effects of stress management training (SMT) for adolescents with diabetes in a 9-month controlled treatment-outcome study. Nine patients were randomly assigned to a stress management group while another 10 patients served as controls and received standard outpatient treatment. The treatment program consisted of 10 sessions over 3 months, 3 additional sessions over 3 months, and a 3-month follow-up without treatment. Diabetes-specific stress decreased significantly for patients in the SMT group over the course of the intervention and follow-up. However, metabolic control, regimen adherence, coping styles, and self-efficacy about diabetes were unchanged. These findings suggest a SMT program for adolescents with diabetes may be helpful in reducing diabetes-specific stress, but additional procedures are necessary to improve adherence, coping styles, and metabolic control.

## Family matters

In many families, someone is always trying to help—which can be a good thing or a bad thing.

How do you respond to a person who is always offering help, even when you don't need it? You know the "helpful" reminders people can come out with, like "Should you be eating that?" or "Isn't it time for you to check your blood glucose?" If this sounds like someone in your family or friend group, feel free to share any ways you have found to deal with it. Do you find their suggestions at all helpful, or just intrusive? Do you give in to their requests, or ignore them? Or do you just get angry about the intrusion and tell them off?

What kind of support is helpful for you? What can you do to make sure you get the support you want?

## The importance of the Internet

- It is immediate
- It is the biggest library in the history of mankind
- It puts you in touch with other people like you
- Shared experience
- Humour
- Discovery
- Insight
- 24 hour accessibility
- Group membership
- Belonging
- Identification
- Hope

## Practical advice

Stick with exercise

Be sure to consult with your diabetes care team before starting any new exercise program.

Have you ever quit soon after starting an exercise program? If you have, you are not alone. Lots of people start a new activity with the best of intentions, but before long, they stop. If you are sitting on the sidelines, here are some tips to help you get back on track:

Remind yourself of the many important benefits of exercise. Regular exercise:

- Helps you achieve and maintain weight goals
- Improves your blood glucose control
- Reduces insulin resistance
- Relieves stress
- Helps you maintain heart health
- Helps reduce high blood pressure
- Reduces high cholesterol
- Relieves feelings of depression and anxiety
- Lowers the risk of developing many types of cancer
- Improves the quality of your sleep
- Maintains muscle, bone and joint health
- Set achievable goals

Take “baby steps.” Start by walking 10 minutes each day. Gradually increase your time and intensity. Soon, you will be walking 45 minutes each day and can go on to challenge yourself even more, if desired.

Block out the time in your appointment book or PDA

Would you ever miss an important business meeting? Exercise is an important health “appointment.” Let others know that this time is non-negotiable.

*Make it easy by being organized*

Keep a gym bag packed and ready in your car so you can head to the gym without delay. Do you work out at home? Hang your workout gear at the front of your closet.

*Enlist a friend*

You are more likely to stick with your program if you do it with a pal. Or find a buddy who isn’t local and remind each other to exercise via phone or e-mail.

*Keep it positive*

Don’t lose hope if you don’t see immediate results. You may not meet your weight goal as quickly as you want, but you still reap the many benefits of regular physical activity.

*Choose something fun*

There are many great ways to increase your physical activity. Want to tango or belly dance? Enjoy swimming, ice skating or tennis? Browse through the catalog of classes offered at your local community center to get new workout ideas. If you are goal oriented, sign up for a charity marathon.



Organizations usually set weekly training goals and many will help connect you with workout partners in your area.

### *Charge up your day*

Walk, bike or take the bus instead of driving when possible. Park your car at the back of the lot and walk to your destination. Take the stairs instead of the elevator. Go for a walk with your family after dinner instead of sitting on the couch watching television. When you do watch TV, get up and dance or use your hand weights and stretch during the commercials. Try to add some physical activity wherever you can. Every little bit counts.

### *Reward yourself*

Mark the calendar when you meet your physical activity goal for the day. When you fill up the entire week with stars or checkmarks, reward yourself with a movie rental, some extra time with a good book or a long hot bath. You've worked hard and deserve it. Soon you'll find that the good feeling you get from exercising is its own reward.

Sticking to an exercise program can be challenging, but it is worth the effort. Take it one day at a time, start small, and acknowledge yourself for each and every success. You can do it!

## **Diabetes Journal Writing Tips**

A diabetes journal doesn't only have to keep track of blood glucose testing results and the foods you eat every day (although it's a great way to keep track of both). Another part of diabetes journalizing includes writing about your day, your thoughts, your frustrations and anything else you want to write about. Here are a few tips to help you with this second part of diabetes journalizing.

- 1) Be honest with yourself. It's your journal. No one else has to see it and you don't have to look good to anyone in the pages you'll be writing.
- 2) Don't try to "sound" like someone you're not. You don't have to use special language in your journal. Write the same way you talk.
- 3) You don't have to talk about diabetes every day. Diabetes is a part of your life, but you don't have to write about it every day on every page of your journal. Talk about whatever is on your mind that day. Write about the things that are important to you.
- 4) Don't forget about the gratitude! Each day there is something to be grateful for. Don't forget to recognize this fact....and it is a fact. If you can't think of anything except the fact that you woke up this morning...that's something to be grateful for.
- 5) You don't have to write in your journal every day, but try to write at least 3-4 times per week. It's important to stay consistent.
- 6) Give yourself a break if you need one. Don't feel guilty if you don't write in your journal for a few days. Sometimes you need a break.....but remember to try to get back to writing as soon as you can.

7) Journals don't have to be expensive. You don't have to have a fancy book with the word "Journal" printed in gold-tone letters. You can use something as inexpensive as a 99 cents notebook (the kind kids use in school). Or use your computer or some blank pieces of paper if that's all you have.

8) Look over your journal from time to time. Notice any trends? Anything there you think you need to talk about with someone else?

## Diabetes Grading Scale

When you're evaluating your diabetes management plan, don't use the common measures for success. Here is a grading scale that might help you get a better idea of where you are.

Here's the grading scale. You can use this grading scale to measure your progress. If you'll notice all of the grades are positive. Living with diabetes can be rough at times so the fact that you're reading these grades means you're thinking about your diabetes today. Just thinking about what you need to do is a move in the right direction.

S - (S)tickling with it. It's hard at times but I'm following my mealplans the best I can and I'm exercising at least three days a week. I'm also testing my blood glucose levels and keeping track of them in a journal (notebook, blood glucose record book, etc...)

E - (E)ffort. I'm getting my diabetes management plan set up. I'll start buying the foods that I need for my mealplans. I'm exercising at least once a week and I'll try to do more.

R - Ready to start!...) I haven't been doing much to try to get my diabetes in better control but I'm ready to give it a try.

T- (T)hinking about what I have to do to get my diabetes management plan in order. I'm going to start gaining some knowledge about diabetes so I can help myself live a better life.

## Diabetes Management

The STAND Method For Diabetes Management

The STAND method for diabetes management is for anyone who wants to take charge of their diabetes management plan and live a better life with diabetes

S - Study

T - Take charge

A - Awareness

N - Never Give Up

D - Diligence

STUDY

Begin studying all the diabetes materials that you can get your hands on. This might include books (buy them or get them from the library), diabetes magazines, newsletters, diabetes related web pages, etc... Study at your own pace and ask questions (of your doctor, nurse, Certified Diabetes Educator, other friends with diabetes, etc...)

#### TAKE CHARGE

This is an important aspect of the S.T.A.N.D. method. You need to tell yourself who is boss. How do you do that? It's simple, but difficult. You need to learn self-control and discipline. That might mean eating boneless chicken instead of two slices of pizza. It might mean taking your

insulin injections even though you don't "feel" like doing it. This is something you work on every second of every day. Taking charge of your life and your diabetes management plan is rewarding, but it's also a battle. You may 'fight' with yourself over diabetes tasks like testing your blood sugar or going to the doctor. Fight each battle and try to win.

#### AWARENESS

This part of the method is two-fold. You need to stay aware of the diabetes in your life. Don't ever try to fool yourself into thinking that you're not diabetic, and that you can eat anything you want with no bad side effects. Diabetes never goes away. It may lie dormant for awhile (a

honeymoon (Type I) or being controlled with diet & exercise (Type II)) but it's always there and can return with a vengeance. Managing diabetes is a 24 hour job. Sure, you'll be able to have fun in life at times, but you still have to keep managing diabetes as a high priority.

The second part of awareness is to make others around you aware that you have diabetes. You might feel this isn't possible if you think it might harm your job security or if you don't have a good support system around you (family & friends). Even if this is the case, it's still important to

let others around you know that you have diabetes. This is especially true if you take medication to help control diabetes. If you experience a low blood sugar reaction (insulin reaction) you may need someone to call the Dr or give you a shot.

#### NEVER GIVE UP

This part of the method is simple. Never give up. Don't ever stop trying to get keep your blood sugar levels in good shape. Don't ever stop trying to exercise. Never let yourself believe there's no hope in changing the habits you want to change.

#### DILIGENCE

Diabetes management is full of tasks that require diligence and dedication. A day full of sticking yourself, measuring food and jabbing yourself three times a day with a needle might not be your first choice, but it's the life of a person with diabetes. It's up to you to make doing the tasks second nature. You might not like taking injections but can you find a way to make it something you will do? Being diligent about your diabetes related tasks is something that must take place if you intend on seeing results. Also, remember that completing the tasks doesn't always lead to good

results. Diabetes can sometimes have a mind of its own and complications can come up at any moment, but it's up to us to still try to do things the best way we can.

## Goal setting

### Diabetes Management And Goal Setting

Goal setting is a vital part of any diabetes management plan...

Setting goals are an important part of your diabetes management plan. When you set goals you're challenging yourself to improve, and that's always a bonus for a diabetes management plan. If you're setting diabetes management goals for your child you may want to involve the child in the goal setting process if they're old enough to understand what you're doing.

#### SET REALISTIC GOALS

Try to make the goals as realistic as possible. There should be a list of short-term and long term goals so you can measure your progress on a regular basis. Recognizing all types of progress should be incorporated into your goal setting. You need to be willing to change your goals as necessary. Rewards can be a part of any goal setting plan but it's important to make sure the rewards don't inadvertently sabotage the diabetes management plan. Letting others know about your goals might also help.

Setting realistic goals is sometimes difficult. If you want to get your diabetes under control you might want to rush things set a list of goals that will have your diabetes under control in less than a month. If you need to lose weight you want to lose 25 pounds in one month and drop three clothing sizes. These are great goals to strive for, but are they realistic? When it comes to diabetes management small steady changes might work better than drastic changes that won't last, or aren't obtainable in a healthy way.

#### MAKE SHORT-TERM & LONG TERM GOALS

Make a list of short-term and long-term goals. Short-term goals might include testing your blood sugar levels more often if you've been lax in testing. Other short-term goals are:

- a) eating your meals at regular times
- b) sticking to your meal plans
- c) starting an exercise program
- d) starting a food journal

Long-term goals are also important. Long-term goals might included losing twenty pounds in five months, if you're overweight. Other long-term goals might include:

- a) having your Hemoglobin A1c level drop closer to normal levels

b) losing a certain amount of weight in a few months

c) learning more about diabetes

#### RECOGNIZE ALL PROGRESS

Recognize all types of progress in your diabetes management plan. Small changes such as not eating butter on your toast, or not drink a regular soda for lunch and dinner are MAJOR improvements if you've eaten these things all your life. Testing your blood glucose levels one time a day is a MAJOR change if you haven't been tested your blood in a longtime. These small changes should be acknowledged since they show a willingness to alter your life in a way that might help control your diabetes.

#### BE WILLING TO CHANGE YOUR GOALS AS NEEDED

Diabetes isn't something that stays the same. It's constantly changing. Take this into account when you set your goals. Be flexible about your goal setting and be willing to change your goals list as necessary. If you find that you're losing one pound a week, steadily, you might want to change a desired eight pound weight loss goal each month to a four pound weight loss goal.

Being flexible in your goal setting might take some of the anxiety out of the task. Goals should be used to measure your progress, not your failures. . If you didn't meet a goal sit down and try to figure out why. What do you think you can do differently?

#### USING REWARDS

You may want to use a reward system in your goal setting. If you want to use rewards make sure the rewards aren't food or activities that would be counter-productive to your diabetes management plan. A chocolate ice cream cone might sound like a great reward, but if it will make your blood glucose rise to much and/or make you gain weight it's not a good bonus. By the same token, if you reward yourself with a trip to the bar for a few drinks when you start testing more regularly that's also counter-productive to your diabetes management plan, if you end up drinking too much alcohol. Try to choose rewards that will help you feel better about your new found success and help you with your diabetes control. For some people feeling better and having better diabetes control is a good reward in itself.

#### LETTING OTHERS KNOW ABOUT YOUR GOALS

Letting others know about your goals may be another part of your goal setting. In some instances your family and friends can help you strive for your goals. If your family knows about your desire to lose weight they might agree to exercise with you one day a week. They may agree to eat a meal that will help you follow your mealplan more closely, if they know you want to get your diabetes under control. A friend who knows your goals might agree to go walking with you after work every day so the two of you can burn some calories while enjoying the conversation.

Goal setting should be a part of any diabetes management plan since it allows you to keep track of your progress, as well as strive for better results. Start setting some goals today!

## Are you procrastinating?

### Diabetes Procrastinator

If you find yourself taking your diabetes management plan for granted you might just be a diabetes procrastinator...

"Diabetes Procrastination" is taking diabetes management tasks for granted. It's putting these tasks into the "I can do them later" category. This type of procrastination is common. After all, who \_wants\_ to poke themselves with a small needle, jab themselves with a larger needle, and tell themselves they can't have foods they really want to eat?

Are you a diabetes procrastinator? Being a diabetes procrastinator might seem harmless, but it's actually a dangerous position. Putting off diabetes related tasks, sometimes to the point of not doing them at all isn't prudent and could potentially ruin any success which could be possible with a diabetes management plan.

How do you overcome this tendency to put off until tomorrow what you really don't want to do today? Well, there are some tips you can use to try to defeat this.

First, try to realize that diabetes is a fact. It's not something you can wish away or dream away in a fantasy.

Second, don't think that not testing your blood glucose level means that your blood glucose numbers are in fine shape. That falls into the fantasy category we just spoke about. Not knowing isn't going to change your blood glucose levels. If the level is high, it's high whether you test it or not.

Third, try to plan your day as much as you can, knowing that you might miss a few tasks, but also trying your best to complete as many tasks as you can. For example, if you're eating out and you know you have to test before dinner make sure your meter and testing strips are with you. This might mean packing your supplies at 3 p.m. so you won't forget. Planning your meals is vital too. Try not to eat on the run and expect the meal to fall within your food budget limits. If you \_plan\_ to eat at McDonalds and it fits your meal plan, that's ok, but if it doesn't don't fool yourself into thinking you're on target.

### Beat procrastination

#### Diabetes Procrastination Work plan

Use this plan daily, every other day, or as often as you wish. Use it as is or incorporate it into your journal writing.

- Diabetes Tasks To Do Today
- Diabetes Supplies To Buy Today
- Diabetes Tasks I Didn't Do Yesterday
- Mind & Motivation Progress List (Write what's on your mind today diabetes-wise)

## One liners

### *Diabetes Motivational One Liners*

"Diabetes is but a hobby that I didn't choose for myself, but is mine to have forever."

This isn't really a "saying" I have, just a point of view:

- 🎯 I have this disease, I can control it
- 🎯 Hey, Pincushion! Time for a blood test!
- 🎯 Wanna play darts?
- 🎯 This is Count Dracula calling. I want to reach out and touch you!
- 🎯 Great blood test! It's still red!
- 🎯 Was that 5 regular and 13 NPH, or the other way around? Oh, well, the total was right!

## Stories to inspire, make you think and laugh!

### *Back From the Honeymoon*

*Andy Stuckey*

After reading Joe Nelson's August 17 blog entry, I thought I would also comment on "diabetes in the bedroom." I just got back from my honeymoon, and it's safe to say I'm no longer a virgin and my wife has not contracted diabetes from our interactions. Score one for "the Brimley." (In case you don't know, "the Brimley" is the new nickname for diabetes since the term diabetic is obsolete. If folks ask why you have to take shots or wear a pump on your stomach, tell them you've got "the Brimley.")

Back to the honeymoon. We spent five days in Anguilla, and I can say with all confidence in the world, it is impossible not to have sex in Anguilla. If you're having problems with the physical side of your relationship, take five days in Anguilla and see what happens. Anguilla is located just north of St. Martin/St. Maarten in the Caribbean and is a tiny little island great for a private getaway. But enough of the chit chat—let's get to the point here.

After many hours of contemplation, the best analogy I can come up with for diabetes in—and sometimes out of—the bedroom is that it's like the awkward son of your parents' close friends. You're forced to hang out with this person your whole life, and he really wants you to be his best friend, but he brings nothing to the table. Everyone has one of these folks in his or her life. You would never be friends with this person were it not for your parents, and this person, like diabetes, is always around and in the way. For example, say you're single and attending a wedding. You're thinking the wedding will be perfect place to get back in the dating game, but lurking in the back corner, waiting to trump your chance, is that old friend you don't like but whose presence you have to acknowledge. He is always going to be there, excited to see you, and you've got to give him the required attention.

Diabetes is similar to this as it always requires your attention and, try as you may, you can't not think about it. I often feel as though diabetes limits my spontaneity. For example, before my wife and I

take a walk on the beach, I check my blood sugar and stuff a granola bar into my pocket. Diabetes is on my mind; I'm always thinking about it. I find it easy to make light of as it is my way of life. But when it comes to being spontaneous in a sexual manner, that's when the real fun begins.

Obviously, sex is exercise, and exercise lowers your blood sugar. I really don't want to be under the sheets with a blood sugar level below 110 mg/dl. So in the heat of the moment, I've found that there is nothing hotter than saying, "Hang on one second and let me check my blood sugar." This really turns my wife on, as does my taking a quick sip of OJ to get ready for the "main event." It works every time. If that doesn't work for you, maybe you can try eating fruit off of your partner as foreplay. Grapes work particularly well. I guess

<http://www.diabetesselfmanagement.com/blog/blog.cfm?commentID=28>

### *3-D Life with Diabetes*

*Andy Stuckey*

When it comes to getting diabetes, I think you go through what I call a 3-D phase. You start with the first D: diagnosis. It is overwhelming to hear that you have an incurable disease and you are going to have to change the way you live. Everywhere you go and everything you do is now accompanied by this little voice in the back of your head that says "Did I bring my Lantus? Do I have my needles? What if I go low?" Well, this voice begins to stir from the very first day, and after just three years mine is still constantly curious.

This brings me to the second D: depression. Immediately after diagnosis, my family and friends were very encouraging, but also sad. I can remember an emotional talk with my mom about how my whole life was changing. Just the sheer amount of information that you take in about the disease after being diagnosed is enough to stress anyone out. The little voice is now asking "Is that ½ cup of rice? How much fiber is in that? Why don't these bastards put labels on their food?"

So I was a little depressed and upset about the whole situation, but it didn't take me long to figure out the next D: dealing with it. I learned very fast that diabetes is my responsibility and it will always be my responsibility. The whole team of doctors I received with my diagnosis can only tell me what to do. They can't make me. I have to be the one to regulate my blood glucose and figure out what exercises and foods work best for me. I would have to get serious about this and, being a comedian, I was also going to have to find a way to laugh at myself.

So one of the first things I did was write a song called "Santa Claus Gave Me Diabetes." It's a true story and is available on iTunes (search iTunes for "santa diabetes" and it should come up—though I must say it's for the 16-and-over crowd). This was one way I was able to vent a little frustration and also make myself, and hopefully others, laugh.

Every time I perform that song, someone comes up to me afterwards and tells me a story about someone they know who has diabetes. From accepting the diagnosis to coping with depression to



dealing with day-to-day life with diabetes, there's no doubt it's a patient-driven condition. That being said, it's good to have a support team of family, friends, and doctors around you.

But if you don't, I know you have that little voice in your head, berating your brain with diabetes-related questions every second of the day. Perhaps we should give it a name. I call mine Wilford.

### *What's Your Wild Card?*

*Joe Nelson*

The presentation I did yesterday was on the stress of living with diabetes and its interaction with other life stresses and depression. For this presentation, I had a solid hour of slides and planned to cover all the potential interactions in addition to the ways people might do a better job of managing this complex issue. But I changed my mind right before the talk began; I'm not sure why, but I'm glad I did. Instead, I simply asked the audience why they came to this session and then I listened to this wonderful group tell me about the combinations of issues they had in their lives.

A couple told me about how they had each struggled to control their blood glucose since the loss of their daughter three months ago. One woman talked about her loneliness since her husband's death and how hard it is to be interested in any food preparation since she has no appetite anyway. Another young woman said that she struggles to balance caring for her children, dealing with a husband who is out of work, and helping a mother who has complications with her own diabetes in addition to holding a job and managing her own diabetes. These are just a few examples of the voices that were looking for some compassion for the combination of issues that made their lives and their diabetes more challenging. In addition, it was clear that none of them were offering these issues as excuses to avoid doing what they knew would be good for their diabetes control. All had come to the conference to look for a better way; they wanted someone to understand that their lives were just not easy, but they also wanted support and information to help them improve on what they were already doing.

I write this blog today to ask you, what is your wild card? What stressors do you carry with you? And is there anything you want to say about this interaction? Finding your voice about these issues and owning them is the first step in beginning to do something different that can help you improve your reaction to stress and your diabetes control. So take the time now to identify your wild card, talk or write about it, and then start looking for some fresh ideas for how you might address it in a new way.

<http://www.diabetesselfmanagement.com/blog/blog.cfm?commentID=76>

*Diabetes is a Marathon, Not a Sprint*

*Joe Nelson*

Medical problems are often treated as brief events that need immediate, short-term treatment. A problem is diagnosed, a treatment is chosen, then the person with the problem follows through with the health-care professional's recommendation, gets better, and all is well and good.

This "acute" model of care has been effective in many situations and is the model we continue to count on for most of our urgent health-care needs. It is how health-care professionals are trained and is also how many people have come to believe medical treatment is supposed to be. Unfortunately, when it comes to diabetes, this model of care leaves us with communication and treatment problems.

The first problem with the acute model of medical care is that it doesn't leave much room for communication—you just get the treatment recommendations and follow them. You don't need to discuss the treatment, there is no need to follow up with the health-care professional, he is not going to judge you on how you did with the treatment, and when you're done, you're done. In this model, the health-care professional doesn't need to know anything about your life, your family, or your level of motivation. He really doesn't need to know you. You also don't need to let him in on how your life works and how it will affect the treatment he is suggesting. The acute model is straightforward and simple and works well for broken arms, colds, and the flu; for diabetes, however, we need a different model.

The "chronic" model of care for diabetes requires quite a commitment from both the person with diabetes and the health-care professional—a commitment to manage the condition jointly, with both parties willing to discuss treatment options and their expectations of one another. These discussions must also cover your specific lifestyle issues, so that there is an awareness of how diabetes interacts with your life. The partnership that is the basis of this model focuses on shared goals, rather than just your goals or the health-care professional's, and you are likely to find it far more supportive than an acute-care model in helping you manage your diabetes.

The chronic-care model is recommended and used by diabetes educators. It fits best if you are also willing to be honest and share details about your life and how diabetes fits or doesn't fit into it. So start a dialogue with your health-care professional about how you might plug this model into your care.

### *Xmas advice*

*By David Edelman*

Christmas can be hard on people with diabetes. Turkey may be the carbohydrate-free center-piece, but it's filled with and surrounded by temptation: stuffing, sweet potatoes covered in marshmallows, pasta, cookies, pie, and a myriad of other appetizers, sides and desserts. Throw in alcohol and spread it out over six hours and even the most adept carbohydrate counters can see their blood sugars crash and burn.

- Here are a few tips to help ease the burden:
- Take a long walk in the morning and get your blood flowing.
- Treat yourself guilt-free - but remember not to overeat.

- Substitute Cauliflower Mashed "Potatoes" for the real thing (seriously, they're awesome!)
- Eat plenty of veggies, including adding a green salad to your thanksgiving plate.
- Skip (or avoid) the marshmallows on the sweet potato pie.
- Go easy on the stuffing or try a lower-carb version. A typical recipe has 40g of carbs per 3/4 cup.

For those of you on the pump, take advantage of the powerful dual-wave feature. Let your pump release insulin over the course of a half hour during your main meal, especially if you're eating dishes high in fat. Fat slows down the digestive process and it takes longer for the glucose to enter the blood stream.

-fin.