

Supporting someone with diabetes

What you
need to know



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Favorably reviewed by:



This booklet was developed to be consistent with American Diabetes Association educational materials, including the Standards of Medical Care in Diabetes. This booklet does not replace the advice of your diabetes care team. Be sure to consult your diabetes care team regarding your individual diabetes care plan.

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Supporting someone with diabetes

A rewarding role... and not always an easy one

You are not alone



If you are supporting someone with diabetes, you are not alone. Millions of people today have diabetes. And that means that millions of people, like you, are supporting a loved one with diabetes. In this booklet, we will call you a care partner—because that’s the term that other care providers told us felt right to them. They said that to them, *care partner* means *We’re in this together*.

What does being a care partner mean? It can mean so many things. It can mean helping with daily needs, like picking up medicines from the store, giving reminders to take medicines, going to doctor visits, or making meals. It can also mean listening and helping your loved one cope with feelings. Sometimes having someone to talk with is what people with diabetes need most.

In making this booklet, we spoke with many diabetes care partners. And they told us about how it feels to be a care partner. Some felt stressed. Some felt frustrated. Some felt angry sometimes. But almost all also felt rewarded. That’s because the work of being a care partner is so important.



This booklet has two goals:

1 To help you learn more about diabetes so that you can better help your loved one.

2 To help you learn more about your own needs as a care partner so that you can help you. (The second part of this booklet is devoted to that. So you can start there if that is what you need first!)



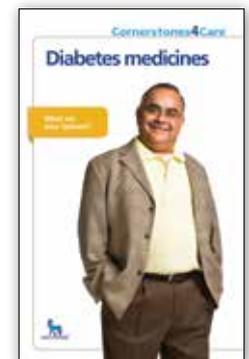
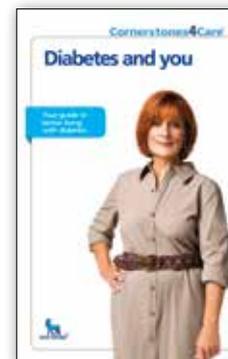
You can take charge in your role as a care partner by:

- ▶ Learning as much as you can about diabetes
- ▶ Taking care of yourself so that you can support your loved one

This booklet is a good place to start. To learn more and to find all sorts of resources that can help both you and your loved one, visit [Cornerstones4Care.com](https://www.cornerstones4care.com). You can also ask for the booklets and fact sheets in the [Cornerstones4Care®](https://www.cornerstones4care.com) series, such as:

- ▶ *Diabetes and You* for general information about diabetes
- ▶ *Carb Counting and Meal Planning* for information on meal planning
- ▶ *Diabetes Medicines* for information about medicines to treat diabetes

You can also print copies or download these books and find fact sheets at [Cornerstones4Care.com](https://www.cornerstones4care.com).



All about diabetes

Diabetes: what it is and why it happens



Hormones, sugar, and your cells

When we eat, some of our food is broken down into sugar (also called glucose). Sugar travels in the blood to all our body's cells. Insulin helps sugar move from the blood into our cells. Insulin is a hormone that is made by the beta cells of the pancreas.

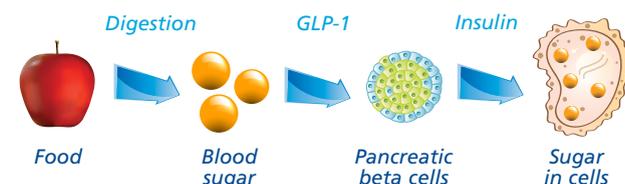
Our cells need sugar for energy. Sugar from food makes our blood sugar levels go up. Insulin lowers blood sugar by helping sugar move from the blood into our cells.

When we eat, another hormone made in the gut helps the pancreas release insulin. This hormone is called glucagon-like peptide-1 (GLP-1). It helps beta cells in the pancreas release more insulin when there is food in the stomach and intestines. The added-on insulin lowers blood sugar levels.

There are other hormones that play important roles in how the body processes sugar:

- ▶ Amylin along with GLP-1 (described above)
 - Help reduce the amount of sugar made by the liver
 - Slow down the emptying of food from the stomach
- ▶ Glucagon
 - Tells the liver to release stored sugar if your blood sugar gets to low, such as overnight

The image below shows, in a simple way, what happens when we eat.





What happens in diabetes?

The most common types of diabetes are type 1 and type 2:

- ▶ In type 1 diabetes, the body makes little or no insulin
- ▶ In type 2 diabetes, the body prevents the insulin that is made from working right

As a result, sugar can't get into the cells. So it stays in the blood. That's why people with diabetes get high blood sugar (also called hyperglycemia).

There are 4 ways doctors can tell if people have diabetes:

- ▶ Their A1C is 6.5% or higher. (Read more about A1C on page 37)
- ▶ Their fasting blood sugar level is 126 mg/dL or higher. (Fasting blood sugar means no food for at least 8 hours before checking blood sugar)
- ▶ The result of an oral glucose tolerance test is 200 mg/dL or higher after 2 hours. (This is a blood test to see how your body absorbs sugar)
- ▶ They have symptoms of high blood sugar, and a blood test taken at a random time shows a blood sugar level of greater than 200 mg/dL. Without symptoms of high blood sugar, the first 3 tests should be repeated by their doctor

Some myths about diabetes—and the facts

Not everything you hear about diabetes is true. Here are some myths you might hear—and the facts you should know.

Myth: "Diabetes is a one-way street to bad health problems."

Fact: It doesn't have to be. People with diabetes can go in another direction. If they follow their diabetes care plan, they can often delay or prevent problems from diabetes.

Myth: "If you have diabetes, it's your own fault."

Fact: Diabetes isn't anyone's fault. The causes of diabetes are not completely understood. Eating and activity choices can play a role in blood sugar control, but it's not the whole story.

Myth: "Taking insulin is my only option."

Fact: Not true! Everyone with type 1 diabetes needs to take insulin. And many people with type 2 diabetes might need to take insulin. That's because after a while the beta cells in the pancreas make less and less insulin. But there are many options for treating diabetes. Talk with the diabetes care team about which ones are right for your loved one.

Risk factors for type 2 diabetes

There are many reasons why people get diabetes. There are some things, called risk factors, that can increase the risk of having type 2 diabetes.



Risk factors that **cannot** be changed

- ▶ Age
- ▶ Having a family history of diabetes
- ▶ Being a member of certain ethnic groups (for example, African American, Latino, or Asian American)
- ▶ Having had diabetes during a pregnancy
- ▶ Having a history of heart disease

Risk factors that **can** be managed

- ▶ Being physically inactive
- ▶ Being overweight or obese
- ▶ Having high blood pressure
- ▶ Having certain cholesterol levels



What are the signs and symptoms of diabetes?

Below are some common signs and symptoms of diabetes. **Many people do not have any symptoms at the time of diagnosis.** And some people have other symptoms.



Urinating often



Irritability



Being thirsty more often than usual



Blurry vision



Being hungry more often than usual



Cuts and bruises that won't heal



Being tired more often than usual



Numb or tingling hands or feet

You can learn more about the signs and symptoms of diabetes at [Cornerstones4Care.com](https://www.cornerstones4care.com).

The parts of a diabetes care plan



How is diabetes managed?

Your loved one's diabetes care team will work with him or her—and ideally with you as well—to make a plan for managing diabetes. The plan will try to match your loved one's likes and dislikes and his or her blood sugar goals.

A diabetes care plan may mean making some changes. But you don't have to make changes all at once. Take changes one at a time. And celebrate each success along the way.

A typical diabetes care plan includes:

- ▶ A meal plan
- ▶ A physical activity plan
- ▶ A plan for how and when to check blood sugar
- ▶ Personal blood sugar goals
- ▶ A plan for when your loved one should take diabetes medicines
- ▶ Other health goals (such as managing weight and blood pressure)
- ▶ A schedule for regular health checkups

With your loved one's agreement, you can help with any or all of these.

As part of the care plan, it's important to keep track of ABCs:

A1C

Blood pressure

Cholesterol

To help your loved one make a personalized care plan, complete with daily and long-term goals, visit [Cornerstones4Care.com](https://www.cornerstones4care.com).

All the parts of a diabetes care plan work together. Some care partners focus on just one part of the plan, often the meal plan. But you can help with every part of the plan, if the two of you agree. It's best to sit down and talk openly about how you both feel about your helping with each part of the plan.



A plan for taking diabetes medicines



Many people with type 2 diabetes follow meal and physical activity plans to help manage their blood sugar. But following a meal plan and staying active often are not enough to keep blood sugar in check. Medicine is almost always necessary.

Your loved one might need diabetes medicine if their:

- ▶ Blood sugar levels are above his or her goal range
- ▶ A1C is higher than it should be with just a meal plan and physical activity

Diabetes medicines may need to change over time

It is now clear that type 2 diabetes can change over time:

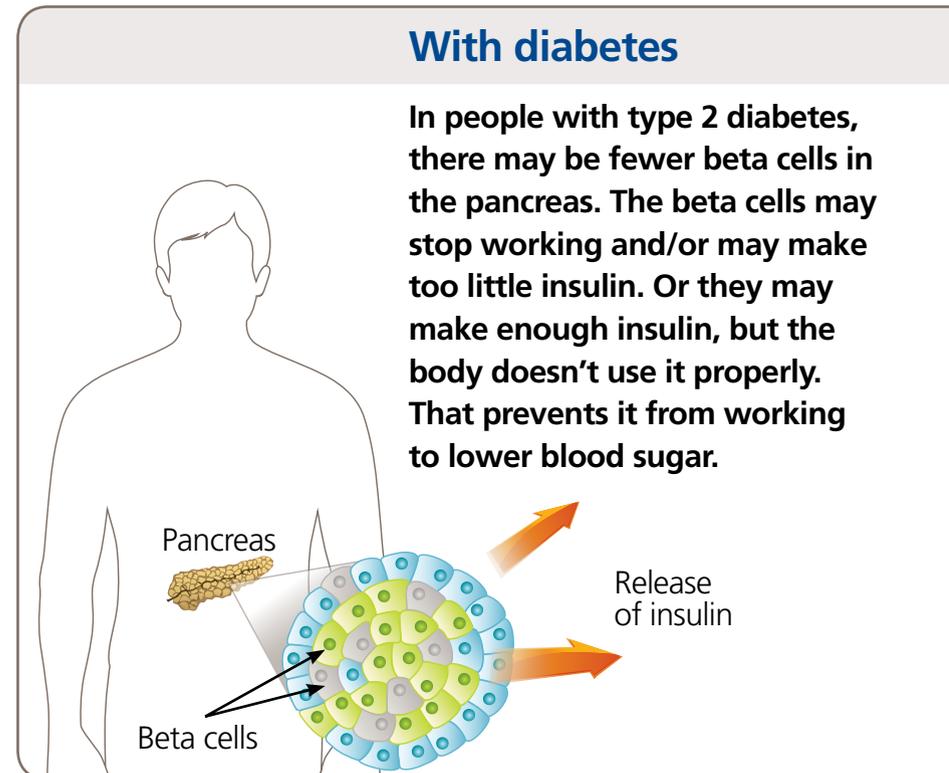
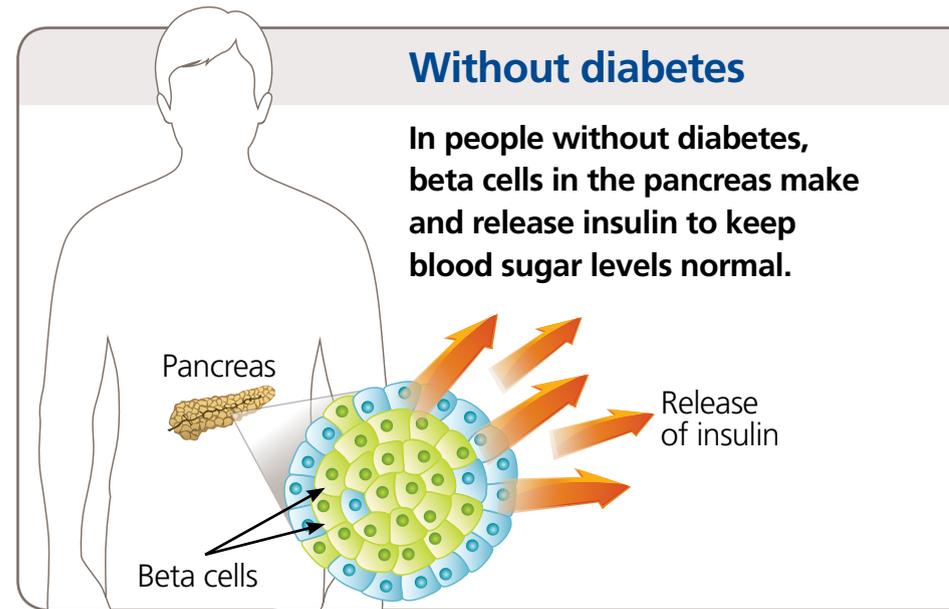
- ▶ The beta cells may stop working. Research suggests that many people with type 2 diabetes may already have lost about 50% to 80% of their beta cell function by the time their diabetes is diagnosed
- ▶ As the number or function of beta cells goes down, the pancreas may make less and less insulin

As a result, your loved one's treatment may also need to change over time.

There are many types of medicines to treat diabetes. The main types of diabetes medicines are:

- ▶ Pills taken by mouth
- ▶ Medicines taken by injections

You and your loved one can talk with the diabetes care team to find out which diabetes medicine is right for him or her.





Diabetes pills (OADs)

There are many types of diabetes pills. These pills are also called oral antidiabetic drugs, or OADs for short. Diabetes pills work best when the person with diabetes also follows a meal plan and takes part in regular physical activity. For a certain period of time, pills may help manage blood sugar for people with type 2 diabetes. They work in different ways to help lower blood sugar levels. Pills may:

- ▶ Help the body release more insulin
- ▶ Lower the amount of sugar the liver releases
- ▶ Help insulin work better in muscle and fat
- ▶ Help make the cells more sensitive to insulin
- ▶ Slow the breakdown of food into sugar
- ▶ Prevent the breakdown of a hormone called GLP-1, which is necessary for controlling blood sugar
- ▶ Help the body get rid of extra sugar through the urine



Your loved one may need to take more than one of these medicines to control his or her diabetes as time goes on. These medicines can work together to help lower blood sugar levels.

An important note:



People with diabetes often feel frustrated when they have to add medicines to their diabetes care plan. It's a good idea to make sure your loved one knows that this is very often necessary to manage diabetes. Try to be as supportive about it as you can be.

Diabetes pills do not work for everyone. Sometimes they do not bring blood sugar levels down low enough. Or they sometimes stop working over time, as the beta cells work less and less well. If your loved one's diabetes pills stop working, it does not mean that he or she has failed to manage his or her diabetes. It just means that his or her body has changed and needs a different type of treatment.

To learn more about diabetes pills, ask the diabetes care team for a copy of the booklet *Diabetes Medicines*. You can also visit [Cornerstones4Care.com](https://www.cornerstones4care.com) to print a copy or download the book.



Medicines taken by injection

In addition to diabetes pills, there are diabetes medicines that are taken by injection. Some of these medicines are insulin, and some are not.

Some people worry that injections might be painful. But the needles used today are smaller than they used to be.

It's important to remember that taking medicines is just one of the things your loved one needs to do to meet blood sugar goals. Healthy eating and physical activity are also important parts of a diabetes care plan.

You can learn more about injectable diabetes medicines at [Cornerstones4Care.com](https://www.cornerstones4care.com).



Non-insulin injectable medicines

Medicines taken by injection that are not insulin are called non-insulin injectable medicines. They are for people with type 2 diabetes and are taken using a pen. Common non-insulin injectable medicines called GLP-1 receptor agonists work:

- ▶ By helping the beta cells release more insulin when there is food in the stomach and intestines
- ▶ By stopping the liver from releasing sugar into the blood when it is not needed
- ▶ By slowing the movement of food through the stomach so sugar enters the blood more slowly

You and your loved one should talk with the diabetes care team to ensure that he or she is taking the medicine that's right for him or her.



Insulin

Insulin has to be injected because it is a protein. So if it were taken as a pill, the acid in the stomach would break it down during digestion, preventing it from working. When insulin is injected, it works like the insulin that the body makes. It lowers blood sugar by helping sugar move from the blood into your cells.

Everyone with type 1 diabetes needs to take insulin because the beta cells in the pancreas stop making insulin. So insulin needs to be taken to manage blood sugar. The amount of insulin taken should be balanced with the type and amount of food they eat and how active they are. The diabetes care team will decide on this balance. The main parts of a diabetes care plan include:

- ▶ Eating healthy
- ▶ Managing stress
- ▶ Being physically active
- ▶ Taking insulin

Many people with type 2 diabetes find that as their beta cells stop working over time, they need to take insulin. Your loved one may have been told that insulin would help him or her. But he or she may have delayed starting it. That often happens. Many people worry about starting insulin. Some common feelings you may want to discuss with the diabetes care team are:

- ▶ What is it like to inject a diabetes medicine?
- ▶ Does insulin have side effects?
- ▶ Will taking insulin interfere with their life?

Today, there are many insulin products and insulin devices to help manage blood sugar in people with type 2 diabetes. You and your loved one can work with the diabetes care team to find the diabetes products that are best for him or her. With your loved one's okay, you can even bring up the subject of insulin. And you can play an important role in the discussion.

To learn more about insulin, ask the diabetes care team for a copy of the booklet *Diabetes Medicines*. You can also visit [Cornerstones4Care.com](https://www.cornerstones4care.com) to print a copy or download the book.



A personal diabetes meal plan

Healthy eating is important for everyone, but it's even more important for people with diabetes. People with diabetes don't have to ban any foods from their meal plan, but they may need to limit the amounts they eat. The goals of a diabetes meal plan are to:

- ▶ Keep blood sugar in goal range
- ▶ Manage weight
- ▶ Manage blood cholesterol and blood fat levels
- ▶ Manage blood pressure

Some people sit down and eat with family. Others eat on the run. Some people prepare their meals at home. Others eat out. Whatever you and your loved one do, you can make a diabetes meal plan work for you.

Making a meal plan is easier with the handy menu planner you'll find at [Cornerstones4Care.com](https://www.cornerstones4care.com). It lets you plan meals with foods your loved one likes. You can print recipes and a grocery list to make meal planning even easier. You can also ask your diabetes care team for the [Cornerstones4Care®](#) booklet *Carb Counting and Meal Planning*. It contains all sorts of helpful tools and information to help you plan healthy meals.

Try this!



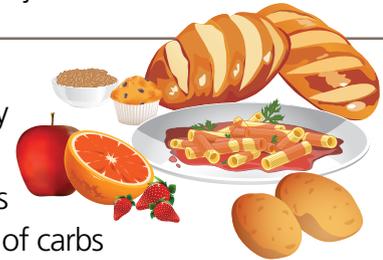
Start reading the serving sizes on packages, cans, and boxes of foods that you buy to help become familiar with what is considered a serving size of the foods you eat.

Knowing nutrients and keeping track of carbs

The foods we eat provide the nutrients our bodies need to stay healthy. Each type of food has a different job to do:

Carbohydrates ("carbs")—

provide the body with energy. But they are also the main kind of food that raises blood sugar levels. That's why it's important to be aware of the amount of carbs we eat. The diabetes care team can tell you how many carbs your loved one should aim to eat each day. People with diabetes are encouraged to replace refined carbs and added sugars with whole grains, legumes, vegetables, and fruits.



Protein—helps to build and repair body tissues. Protein-rich foods include meat (such as beef or pork), poultry (such as chicken or turkey), fish (such as salmon or tuna), dairy products, eggs, and soy.



Fat—is also an important nutrient. But there are different kinds of fat. Monounsaturated fats, like canola and olive oils, are best for you. Saturated fat is usually solid at room temperature, like butter. Trans fats are in many baked goods that we buy and in many fried foods. These fats are not good for you, so we should eat as little of them as possible.





Making healthy food choices

Healthy eating for people with diabetes—and for everyone—means choosing the right amounts of healthy foods every day. The American Diabetes Association recommends that people:

- ▶ Eat vegetables and fruits. Include a rainbow of colors



- ▶ Instead of starchy vegetables, like corn, choose non-starchy vegetables, like spinach, carrots, broccoli, or green beans

- ▶ Choose whole-grain foods over processed-grain foods (like brown rice instead of white)

- ▶ Include dried beans (like kidney or pinto beans) and lentils in meals



- ▶ Include fish in meals 2 to 3 times a week
- ▶ Choose lean meats, like cuts of beef and pork that end in “loin” (such as pork loin and sirloin). Remove the fat and skin from turkey and chicken

- ▶ Consider soy as a protein source

- ▶ Choose non-fat dairy products (such as skim milk, non-fat yogurt and non-fat cheese) instead of full-fat ones



- ▶ Choose liquid oils for cooking instead of solid fats. Solid fats can be high in saturated and trans fats
- ▶ Choose water and unsweetened tea or coffee instead of regular soda, fruit punch, sweet tea, and other sugary drinks
- ▶ Cut back on snack foods and desserts like chips, cookies, cakes, and full-fat ice cream
- ▶ Cut back on salt. Be aware of the amount of salt in preserved foods and soups



We need to keep in mind that eating too much of even healthy foods can cause weight gain. So it's important to be aware of portion sizes and serving sizes. A “portion” is the amount of a food someone chooses to eat at any one time. A portion may be more or less than a serving. You can find serving sizes for prepared foods on the Nutrition Facts label. Ask the diabetes care team for the booklet *Carb Counting and Meal Planning*. It will help you and your loved one learn to read a Nutrition Facts label, count carbs, and figure out serving sizes. You can also visit Cornerstones4Care.com and print a copy or download the book. While you're there, use the food look-up tool to see what nutrients are in the foods you choose.



Did you know . . .

Researchers have discovered that using a smaller plate can help you lose weight and control your portion size!





Making changes in eating

Eating is one of life's pleasures. So making changes in the way we eat can be hard. And it may take time. But the benefits are well worth it. You can help your loved one make changes by:

- ▶ Helping him or her to start small. Changes don't all have to be made at once. Encourage your loved one to make one or two changes. Then add another change
- ▶ Following the meal plan with your loved one. A diabetes meal plan is a healthy way for anyone to eat. So think about joining your loved one in his or her eating plan. It may make your life easier, and you may get some health benefits too



Dining out with diabetes

If you and your loved one enjoy eating out, don't worry. Your loved one can eat out and still stay on his or her meal plan. Here are some tips that can help.

Stay on schedule

If your loved one takes diabetes pills or medicines taken by injection, timing of meals may be important. So it's a good idea to plan ahead.

- ▶ Talk to the diabetes care team to better understand how your loved one's medicines may need to be timed in relation to meals
- ▶ Think about looking at the restaurant's menu online. That way you and your loved one can decide on a healthy choice while still at home and you won't waste time looking at the menu
- ▶ Before ordering, ask whether the dishes will take extra time to prepare



When it's time to order

Before making a choice, it's a good idea for your loved one to think about how the food will fit into his or her meal plan.



- ▶ If you and your loved one don't know what is in a dish or how it's prepared, ask the server so you can decide whether it fits into the meal plan
- ▶ If your loved one is counting carbs, ask about "hidden" carbs, like flour or cornstarch in sauces and soups
- ▶ Ask for salad dressing, sauces, and gravy to be served on the side. That way you both can control how much you use
- ▶ If your loved one will be ordering meat or fish, ask that it be broiled with no extra butter
- ▶ Don't hesitate to ask for substitutes. For example, if your loved one's meal comes with French fries, he or she can ask for a vegetable instead
- ▶ Consider ordering one meal for the two of you to share

When the food arrives

Here are a few things to think about before you both dig in:

- ▶ Portion sizes are important. Your loved one should try to eat the same size portion he or she normally would eat at home. Restaurant portions tend to be large. So you both might want to consider cutting your meal in half as soon as it comes. Put half in a container to go before you begin to eat. That way you won't be tempted to eat everything on the plate
- ▶ Don't pour dressing on your salad. Instead, the American Diabetes Association suggests that you dip the tip of your fork in the salad dressing and then spear a piece of lettuce. You'll use less dressing that way
- ▶ Don't rush! Eat slowly and really enjoy your meal





A plan for physical activity

Physical activity is an important part of managing blood sugar and overall health. Even a little bit more activity can make a big change. You can let your loved one know that being active may:

- ▶ Lower blood sugar
- ▶ Improve heart health
- ▶ Help with weight management
- ▶ Reduce the need for certain diabetes medicines or help the body use insulin better



If that isn't enough, being active may also:

- ▶ Strengthen bones and muscles
- ▶ Raise energy level
- ▶ Relieve stress
- ▶ Improve how we look and feel

Starting a physical activity plan: 3 simple steps

It can be difficult to change our level of physical activity. But you can help your loved one by breaking it down to these 3 steps:



Step 1: Talk with the doctor before getting started.

You and your loved one should let the doctor know that he or she wants to be more active. Talk about what kind of activity is best for him or her.

Step 2: Choose an activity.

Help your loved one choose an activity that he or she enjoys. Ideally, it should be one that you enjoy too, so that you can be active together! Just about anything that gets you moving is a good choice. Maybe you both would like:

- Walking
- Jogging
- Bicycling
- Swimming
- Dancing





Step 3: Set a goal.

The American Diabetes Association (ADA) recommends being active for at least 150 minutes a week, spread out over at least 3 days a week. So for many people, that works out to being active for at least 30 minutes, at least 5 days a week. They also recommend doing resistance exercise (exercise with weights or weight machines) 2 to 3 times per week, skipping a day in between. You and your loved one can talk with the diabetes care team about a goal that's best for him or her.



It's also important to remember to break up long periods of time spent sitting every 30 minutes with some physical activity.

Do you think your loved one might have trouble starting a physical activity program? Do you think it might be hard for him or her to stick with the plan? Visit [Cornerstones4Care.com](https://www.cornerstones4care.com) to find ways to help him or her overcome barriers to being active.



Quick tip

Before you start a regular activity program, talk with your doctor. Depending on your age and the length of time you have had diabetes, you may need additional medical tests.

A plan for tests and checkups

It's important for your loved one to have regular checkups with the diabetes care team. On the next page is a sample checkup and health test schedule for many people with diabetes. You and your loved one can talk with the care team about the schedule that's best for him or her. Then you can help your loved one remember to keep his or her appointments.



Sample diabetes care schedule*

Every 3 months (or as often as the diabetes care team advises)

- Regular office visit
- A1C test (if blood sugar is not at goal)
- Blood pressure check
- Weight check
- Foot check

Every 6 months (or as often as the diabetes care team advises)

- A1C test (if blood sugar is at goal)
- Dental office visit

Every year (or as often as the diabetes care team advises)

- Physical exam
- Complete foot exam
- Blood fat and cholesterol tests (if levels are normal)
- Kidney tests
- Dilated eye exam
- Flu shot and/or other vaccines as needed

*These recommendations are based on American Diabetes Association Standards of Medical Care. Talk with the diabetes care team about the schedule that is right for your loved one.



A plan for checking blood sugar

Checking blood sugar is an important part of a diabetes care plan. Checking often will tell your loved one:

- ▶ If his or her insulin or other diabetes medicine is working
- ▶ How physical activity, food, and stress affect his or her blood sugar

There are many kinds of blood sugar meters available. The diabetes care team can help you and your loved one choose a meter and show both of you how to use it. They can also give you a schedule for checking. It's important for your loved one to write down his or her blood sugar levels so that he or she can keep track of what makes them go up or down. You can visit Cornerstones4Care.com to find both interactive blood sugar diaries and diaries you can print.

Your blood sugar tracker Date: / /

	BLOOD SUGAR RESULTS*											
	Breakfast		Lunch		Dinner		Bedtime		Night			
MONDAY	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER
Medicine type and dose												
Carb intake												
Mealt ime insulin dose												
Other												
TUESDAY	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER
Medicine type and dose												
Carb intake												
Mealt ime insulin dose												
Other												
WEDNESDAY	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER
Medicine type and dose												
Carb intake												
Mealt ime insulin dose												
Other												
THURSDAY	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER
Medicine type and dose												
Carb intake												
Mealt ime insulin dose												
Other												
FRIDAY	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER
Medicine type and dose												
Carb intake												
Mealt ime insulin dose												
Other												
SATURDAY	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER
Medicine type and dose												
Carb intake												
Mealt ime insulin dose												
Other												

Note: An illustration of a hand holding a yellow pencil is shown writing on the 'TUESDAY' row of the table.



Setting blood sugar goals

The table below shows the ADA’s recommended blood sugar goals for many adults with diabetes. The diabetes care team will set the goals that are right for your loved one. You can write the goals down in the last column to help you both keep track.

Time	Goals for many adults with diabetes	Individual goals
A1C	Less than 7%	_____
Before meals	80 to 130 mg/dL	_____
1 to 2 hours after the start of a meal	Less than 180 mg/dL	_____

Adapted from the American Diabetes Association. Standards of medical care in diabetes – 2017. *Diabetes Care*. 2017;40(suppl 1):S1-S135.



About A1C

The A1C test measures average blood sugar levels over the past 3 months. It’s like a “memory” of blood sugar levels. It shows how well blood sugar levels have been managed over time. A1C and blood sugar levels go up and down together, like this:

A1C levels	Average blood sugar
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

Adapted from the American Diabetes Association. Standards of medical care in diabetes – 2017. *Diabetes Care*. 2017;40(suppl 1):S1-S135.

Talk with the diabetes care team about your loved one’s A1C goal and write it in the box on page 36.



The American Diabetes Association recommends that many people with diabetes get an A1C test:

- ▶ 4 times a year if blood sugar goals are not being met or treatment has changed
- ▶ At least 2 times a year if blood sugar is in target range

You can learn more about A1C at [Cornerstones4Care.com](https://www.cornerstones4care.com).

A plan for managing changes in blood sugar

As part of a diabetes care plan, it's important for both you and your loved one to know what may happen when blood sugar gets too high or too low. You also need to know what you should do if that happens. Blood sugar that's too high or too low can cause symptoms that can be mistaken for other problems. That's why it's important for your loved one to always wear a medical ID. The ID shows that your loved one has diabetes and tells others what he or she might need in an emergency. Medical ID bracelets can be found at larger pharmacies or online stores.



Here is what your loved one may feel or you may see during episodes of high or low blood sugar and what you can do to help:

High blood sugar (hyperglycemia)

What may happen:

- Increased thirst or hunger
- Need to pass urine more than usual
- Dry mouth and skin
- Blurry vision
- Sleepiness



What can be done:

- Encourage your loved one to follow his or her meal plan
- Encourage your loved one to follow his or her physical activity plan
- Make sure your loved one takes his or her diabetes medicine



Did you know . . .



You may have any or all of these symptoms, or no symptoms. If you are having any of these symptoms, it may mean that your blood sugar is too high.

Low blood sugar (hypoglycemia)

Ask the diabetes care team what low blood sugar is for your loved one. For many people, it is 70 mg/dL or less.

What may happen:

- Weakness or tiredness
- Dizziness or shakiness
- Heart beating too fast
- Confusion
- Sleepiness
- Hunger
- Sweatiness
- Headache
- Mood change

What can be done:

- Have your loved one check his or her blood sugar. If it is low or your loved one thinks it is low but can't check, follow the **rule of 15**. Encourage him or her to:
 - **Eat or drink something with 15 grams of fast-acting carbs**, such as 4 ounces of regular juice, 4 glucose tablets or 1 tube of glucose gel, 1 tablespoon sugar, honey, or corn syrup, or 2 tablespoons of raisins
 - **Wait 15 minutes** and check blood sugar again
 - If it is still low, have your loved one **eat or drink something with 15 grams of carbs again**
- If your loved one's next meal is more than an hour away, have him or her eat a snack to keep their blood sugar glucose in their target range





Dealing with severe low blood sugar emergencies

Severe low blood sugar can cause people to pass out, and it can be life threatening. Severe low blood sugar will require help from someone else. If your loved one becomes unconscious, you should use emergency glucagon medicine right away and seek medical help immediately after use. For this reason, it is important that you know how to use emergency glucagon medicine. Ask the diabetes care team if you should keep emergency glucagon on hand for your loved one, and ask for instructions on how to use it.



In case of very low blood sugar:

You should:

- If needed, call 911
- Follow the low blood sugar plan provided by the diabetes care team
- Inject a glucagon medicine (a low blood sugar medicine) if prescribed for your loved one



You should not:

- Inject insulin (It will lower blood sugar even more)
- Give your loved one anything to eat or drink (It could cause your loved one to choke)



Emergency glucagon expires after about a year, so if you have this medicine, be sure to check the dates and get new medicine before the old medicine expires. It is also a good idea to check the expiration date when you pick up a new medicine, before leaving the pharmacy.

A plan for the emotional side of diabetes

People with diabetes can develop depression or anxiety disorders. If your loved one has diabetes and signs of depression or anxiety, they are not alone. Depression can make it difficult for your loved one to follow their diabetes care plan. So, it's important to recognize the signs, learn how to offer support, and understand how to get your loved one the help they need to cope with depression.

Recognizing signs of depression

Helping someone with depression can be a challenge. If someone in your life has diabetes and you are concerned about depression, you may want to watch for signs and symptoms of depression. Symptoms can vary from person to person, but may include:

- ▶ Loss of interest or pleasure in doing things they used to enjoy
- ▶ Difficulty sleeping, or sleeping more than usual
- ▶ Eating more or less than normal, resulting in weight gain or loss
- ▶ Trouble paying attention
- ▶ Lack of energy
- ▶ Nervousness
- ▶ Feeling guilty and like a burden to others
- ▶ Angry outbursts, even over small matters
- ▶ Frequent mention of death or wanting to take their own life



Encourage treatment

Most people with diabetes do not have depression. But people with diabetes are at greater risk for it. Your loved one may not recognize that they're depressed. They may not be aware of the symptoms of depression. So, they may think that their feelings are normal.

Depression is usually treated with medicines, therapy, or both. With the right treatment approach, the person you care about can get better. Here's what you can do to help:

- ▶ Talk to the person about what you've noticed and why you're concerned
- ▶ Explain that depression is a medical condition, and it is not their fault
- ▶ Suggest seeking help from their diabetes care team
- ▶ Express your willingness to help in a way that they are comfortable with

What you can do for yourself

Supporting someone with depression isn't always easy. Take the time to:

- ▶ Learn about depression to make it easier to talk to and help your loved one
- ▶ Take care of yourself
- ▶ Be patient, depression symptoms may take time to improve





Working with the diabetes care team

It's a good idea for you, your loved one, and the diabetes care team to stay in close touch and to work as a true team. On the next page you will find space to write the names and phone numbers of the team members. Feel free to talk with a member of the team whenever you have questions or concerns. (Remember that your team will need your loved one's permission before speaking with you.)





The diabetes care team



Team member	Role	Name	Telephone number
You and your loved one	Partners in diabetes care; the most important members of the team		
Primary health care provider	Doctor you see for general checkups and when you get sick; may provide diabetes care if he or she cares for people with diabetes		
Endocrinologist	Doctor who specializes in the treatment of diabetes		
Diabetes educator	Nurse, dietitian, or other health care professional who specializes in teaching people about diabetes		
Nurse	Can help teach you and your loved one about diabetes and the parts of the care plan		
Dietitian	A specialist in nutrition; can help you and your loved one make a meal plan		
Cardiologist	Heart doctor		
Podiatrist	Foot doctor		
Ophthalmologist/optometrist	Eye care provider		
Nephrologist	Kidney doctor		
Dentist	Health care professional who cares for your teeth		
Pharmacist	A person who is licensed to prepare, dispense, and teach you about your medicines		
Emergency contact	Person the team should contact if you and your loved one need help in an emergency		
Other contacts			



How to be a good diabetes care partner

Every person with diabetes wants help in a different way. And every care partner feels able to give different kinds of help. Both of these can change over time, just like diabetes itself. In this section, we'll talk about some tips for finding a balance and being an effective care partner.

Educate yourself about diabetes

The more you know about diabetes, the better care partner you will be. The first part of this booklet is a good place to start. And you can learn even more at [Cornerstones4Care.com](https://www.cornerstones4care.com).

Ask your loved one what kind of help he or she wants

Asking the question will give your loved one a chance to really think about what he or she wants and then be honest with you. You can ask by saying, "I know it might be hard for you sometimes to deal with having diabetes. I want to be there to support you. And I want to give you the kind of support that you want and need. Can you tell me what would help you most?"

If your loved one isn't sure, ask if he or she wants:

- ▶ Help to keep track of diabetes medicines and help to remember to take them
- ▶ Someone to come to visits with the diabetes care team and take notes
- ▶ Help planning, shopping for, and cooking meals
- ▶ Someone to do physical activities with
- ▶ Help to remember to do blood sugar checks
- ▶ Help remembering when tests and checkups need to be done



It may be just as important to ask about what kind of support your loved one doesn't want. You can say, "What kinds of support do you not find helpful?" By asking both questions openly, you'll be better able to give your loved one what he or she needs.

Be honest with your loved one—and yourself—about what kind of support you feel able to provide

You may not feel able to give the kind of support your loved one asks for. For example, you may feel that you can help your loved one follow a physical activity plan. But you may not want to plan, shop for, and cook meals. It's okay to say, "I can do this, but I can't do that." Agreeing to do something you don't think you can do may feel like a burden.

Be ready to compromise

If you and your loved one have different ideas about support, you may need to work to find a compromise. For example, you may want your loved one to tell you the results of every blood sugar check. But your loved one may want to limit the reports to "too high," "too low," or "on target." Ideally the two of you can talk it out and find a balance.

Don't be the "diabetes police"

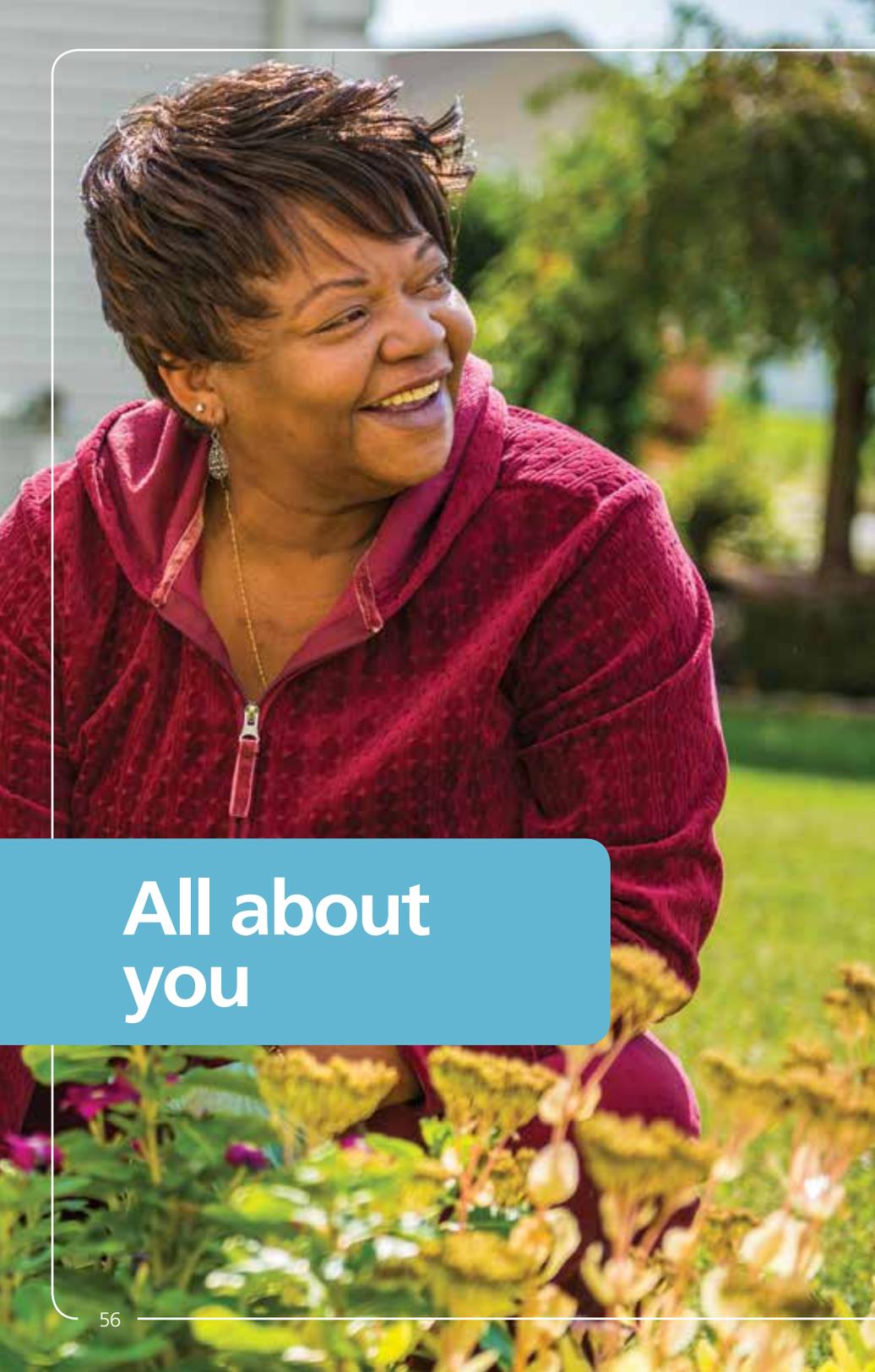
The diabetes police are the people who will say, "You can't have that!" when a person with diabetes reaches for a cookie. The diabetes police usually mean well. But their efforts often have the opposite effect. Instead of putting down the cookie, the person may be more likely to think, "You can't tell me what to do!" and eat the cookie. So if you are tempted to be the diabetes police, try to remember that your loved one may resent those efforts. And they may not work.

If someone else tries to play diabetes police with your loved one and he or she doesn't seem to know what to say, you may want to step in to offer support. For example, you might say, "Mike really appreciates your trying to help because we both know it means that you care. But he has a meal plan that was set up just for him. And he's clear on what he can eat, so he'll be okay. But thank you for your concern!"

Have the whole family follow a healthy plan

If you live with your loved one, try following his or her eating and physical activity plan, even if you don't have diabetes. A diabetes eating and activity plan can be healthier for everyone. Your loved one may be more likely to follow his or her:

- ▶ Eating plan when the kitchen is full of healthy foods and everyone else is eating the same way
- ▶ Physical activity plan when there is someone else to be active with



All about you

So far this booklet has been mostly about diabetes and how you can be a good care partner for someone who has it. But this part of the booklet is about *you*.

Care partners often put their own needs and feelings aside. But to take good care of others, you need to take good care of you. It's like they tell you on an airplane: Put on your own oxygen mask before helping others with theirs.

How being a care partner may affect you physically



As a care partner, you may think of yourself as “the healthy one.” But providing support for someone else can be hard on you. Care partners of any age are less likely than others to take care of their own health. They also may have trouble:

- ▶ Getting enough sleep
- ▶ Eating well
- ▶ Finding time for physical activity
- ▶ Finding time to make medical appointments for themselves

Think about whether any of these is true for you. If you find that some of them are, keep in mind how important it is to look after your own health so you can help your loved one with his or hers.



How being a care partner may affect you emotionally

Many feelings may come along with being a care partner. There is no one right way to feel, and every feeling you have is normal. Some feelings that care partners of all kinds may have include:

▶ Sadness

You may feel some sense of loss about your changing relationship with your loved one. But if your sadness lasts for more than 2 weeks and gets in the way of what you need to do each day, talk with a health care provider. Help is available.

▶ Anger

You may be angry with your loved one because you think that he or she is not doing enough to manage diabetes. Or you may be angry with other family members or friends for not doing enough to help out. If you are angry, think of what is making you feel that way. Knowing where the anger is coming from can help.

▶ Guilt

You might feel guilty because you think you aren't offering enough help. Or you may feel guilty that your loved one has diabetes and you don't.

▶ Loneliness

Even with lots of people around, you may feel alone. You may feel that no one understands what you are going through. And that may cause you to stay away from others.

A plan for taking care of you



Earlier in this booklet, we talked about the parts of a diabetes care plan. We talked about what is needed to support the person with diabetes. Now we're going to talk about the parts of a plan to take care of *you*. Here are some of the things you'll want to consider including in your plan, as suggested by the Family Caregiver Alliance, National Center on Caregiving.

A plan for managing stress

Many care partners may feel stressed by the role of providing support. That is because providing support for someone else can just plain be stressful. But how much stress you feel also has to do with the kind of relationship you have with your loved one. And it has to do with whether you are a care partner because you want to be, or because you feel you have to be. In either case, there is a lot you can do to manage your stress.



See your own signs of stress early

Signs of stress may include anger, sleep problems, or forgetfulness. If you see these signs, you can take steps to make changes right away, before you feel overwhelmed.

Figure out what is causing your stress

Maybe it's that you just have too much to do. Maybe it's that you feel that your loved one is not doing enough. Or you feel that you can't say no when you need to. Whatever your sources of stress, once you know what they are, it may be possible to find ways to reduce them.

Be clear on what you can—and cannot—change

It is a simple fact: We can't change others. We can only change ourselves. Trying to change another person will only increase your stress. Ask yourself, "What can I change in this situation? What do I have control over?"

Take action to change what you can

Once you figure out what you can change, take action to change it. That in itself can reduce your stress. For example, if you feel that you're doing too much of the meal planning, talk with your loved one about doing it together. For example, he or she can cut up vegetables while you measure out ingredients.

Learn stress-reducing methods

Things like walking and deep breathing can reduce stress no matter what its source.



A plan for keeping up your health

As a care partner, you may spend a lot of time and energy taking care of your loved one's health needs. But that can cause you to neglect your own health. You need to have a plan to look after your own health care needs. Here are some steps you can take:

- ▶ Make an appointment for a physical checkup, and keep the appointment
- ▶ If your own care plan includes medicines, be sure to take them as directed
- ▶ Find time to be active. Even light exercise such as walking, stretching, or dancing can give you more energy
- ▶ Think about following your loved one's eating plan. Eating plans for diabetes often contain healthier foods than most other diets

A plan for making time for yourself

You're likely to be a better care partner if you take time for yourself. Find something nice to do for yourself each day. Set aside "your time," and make sure you don't let anything else get in the way. During your time, you might want to:

- ▶ Read a book
- ▶ Watch television
- ▶ Work on a hobby
- ▶ Do some breathing and stretching exercises
- ▶ Take a walk
- ▶ Phone a friend
- ▶ Listen to music

Think about what you enjoy and make sure you take the time to do it, every day.

A plan for talking with your loved one

You may wonder what this part of the plan is doing in a section that's about taking care of you. It's here because most care partners and their loved ones feel more stress than usual in their relationship. They may have to make many decisions and changes together. And that may cause stress for you. It can help if you can be honest with each other about your feelings. You may want to:

- ▶ Take time out each day to talk about how each of you are feeling and coping
- ▶ Look at the things that are causing you both stress
- ▶ Discuss choices you can make together
- ▶ Focus on what makes you grateful for each other

A plan for asking for and accepting help

It often happens that even when there are many friends and relatives, one person ends up giving most of the support. If you're reading this booklet, that may be you.

Care partners often do not want to "burden" others. So they end up taking on all of the tasks of providing support. But you need to know that it's okay to ask for help. You might want to ask others to:

- ▶ Help with food shopping
- ▶ Do an errand
- ▶ Prepare a new recipe
- ▶ Help with some yard work
- ▶ Keep your loved one company while you go out to do something for yourself



Keep in mind that people often do want to help. But they may not know how. It is up to you to tell them.

A plan for finding support

As we said before, you might sometimes think that no one knows how you feel. But there are some people who are likely to know just how you feel: other diabetes care partners. That's why support groups can be so helpful.

At a support group, you can share your feelings about being a care partner. And you can help others by listening to their feelings. You can also share tips that have worked for you.



Depending on where you live, it may not be easy to find a diabetes care partner group. One place to start is with your local chapter of the American Diabetes Association. (See the “Resources” section of this booklet for their main number and Web address.) You can also try the social services department of your local hospital. If they don’t have a group yet, they may be willing to start one when you tell them how important it is. With so many people being diagnosed with diabetes these days, there are probably many people in your area who could benefit from such a group.

A plan for being part of the diabetes care team

Your loved one is the most important person on his or her diabetes care team. But you are almost as important, if not just as important. With your loved one’s okay, you can play a key role on the diabetes care team.

When it comes to the parts of a diabetes care plan, many care partners say that they do a lot to help their loved ones with their meal plan. They may also help with the physical activity plan. And some help with checking blood sugar. But they may be less likely to help with office visits and diabetes medicines, leaving that part of the plan to their loved one and the care team. But some health care professionals say that that is an area where many people with diabetes could really use some extra support.

There are several things you can do to take a more active role on the diabetes care team and with the medicine plan.

▶ **Sit down with your loved one and write down questions before each visit**

This way you won’t forget what you wanted to ask. If you have concerns, write them down too.

▶ **Listen actively**

Pay close attention. Take notes. If you make an effort to be involved, your health care providers will see you as a more active member of the team.

▶ **Ask for the nurse’s help**

Depending on your diabetes care team, the nurse may have a little more time to spend with you. If there is anything you don’t understand after you speak to the doctor, the nurse may be able to help.

▶ **Ask questions about medicines**

The medicine plan can be an especially complex part of the overall plan. So this may be an area where your loved one really needs your help. Ask the diabetes care team to explain the plan in detail to both of you so that you’ll both understand it.

To learn more about working with the diabetes care team, visit Cornerstones4Care.com.



Wrapping up

Here's what we hope you've learned from this booklet:



You are not alone

Millions of people are care partners for people with diabetes. And you have a trusted resource in **Cornerstones4Care®**. We are here for diabetes care partners and for people who have diabetes.

Your role is very important to your loved one's care

Your role may be challenging. But it can also be rewarding. You can make a real difference in how your loved one manages diabetes.

You can be involved in all aspects of the diabetes care plan

With your loved one's okay, you can be part of not just the eating plan and the physical activity plan, but also the plan for checking blood sugar and the medicine plan. Many people with diabetes need extra help with those parts.

Most important of all, you need a care plan for you

You matter too! Your health does not take a back seat just because you're a care partner. Do what you need to do to take care of yourself!



Resources

These resources may be able to help as you search for more information and support:

[Cornerstones4Care.com](https://www.cornerstones4care.com)

American Diabetes Association

1-800-DIABETES (800-342-2383)

www.diabetes.org

Provides information about, and services and research funding for, diabetes

Family Caregiver Alliance

National Center on Caregiving

1-800-445-8106

www.caregiver.org

Offers programs on the national, state, and local levels to support and sustain caregivers

Helpguide.org

Provides information about resources to help people deal with a variety of health challenges

Medicare.gov

www.medicare.gov/campaigns/caregiver/caregiver.html

In the “Caregivers” section, provides resources, stories, and newsletters about taking care of someone who is on Medicare

Commitment to my health (for the care partner)

My agreement

As the care partner, use this chart to help you decide on your wellness goals and plan how to get to the goals you choose. I, _____, agree to achieve the goals below to help improve my overall health and wellness.

Your signature _____ Date _____

Friend's signature _____ Date _____

	What I will do:	When I will start:	My barriers:	How I will overcome barriers:
Example	<i>I will set aside a half hour each day to take a walk just for me.</i>	<i>I will start tomorrow.</i>	<i>I always seem to be short on time.</i>	<i>I will wake up 30 minutes earlier than usual and walk, while everyone else in the house is asleep.</i>
Goal 1				
Goal 2				

Return this card today to join

Cornerstones4Care®

1 Tell us about yourself

Go to Cornerstones4Care.com to register today. Or fill in the information below. Then tear off this card, fold and seal it, and mail it back to us.

All fields with asterisks (*) are required.

* I have diabetes or I care for someone who has diabetes

* First name _____ MI _____

* Last name _____

* Address 1 _____

Address 2 _____

* City _____

* State _____ * ZIP _____

* Email address _____

* Birth date (mm/dd/yyyy) _____

Phone number (____) - ____ - _____

Cell phone number (____) - ____ - _____

Yes, I would like Novo Nordisk to contact me via telephone and text message at the telephone number(s) I provided regarding Novo Nordisk's products, goods, or services. I understand these calls or texts may be generated using an automated technology and I do not have to consent to receive communications via telephone or text messaging before purchasing goods or receiving other services from Novo Nordisk.

If you are the parent of a child aged 17 years or younger for whom you provide diabetes care, please give the following information for the minor:

First name _____

Last name _____

Birth date (mm/dd/yyyy) _____

2 Tell us a little more

* What type of diabetes do you have? (Check one)

Type 2 Type 1 Don't know

* What year were you (or the person you care for) diagnosed with diabetes? _____

* What type of diabetes medicine has been prescribed? (Check all that apply)

Insulin
 Diabetes pills (also called *oral antidiabetic drugs*, or *OADs*)
 GLP-1 medicine
 None
 Other

* If you checked "diabetes pills," how many types are taken each day?

1 type of diabetes pill 2 types of diabetes pills
 More than 2 types of diabetes pills

* If you checked "Insulin," "GLP-1 medicine," or "Other," please fill in the following for each:

Product 1: _____

How is this product taken? (Check all that apply)
 Syringe Pen Other delivery system

How long has this product been taken?
 Prescribed but not taken 7-12 months
 0-3 months 1-3 years
 4-6 months 3 or more years

How many injections are taken each day?†
 1 2 3 More than 3 N/A

Product 2: _____

How is this product taken? (Check all that apply)
 Syringe Pen Other delivery system

How long has this product been taken?
 Prescribed but not taken 7-12 months
 0-3 months 1-3 years
 4-6 months 3 or more years

How many injections are taken each day?†
 1 2 3 More than 3 N/A

Product 3: _____

How is this product taken? (Check all that apply)
 Syringe Pen Other delivery system

How long has this product been taken?
 Prescribed but not taken 7-12 months
 0-3 months 1-3 years
 4-6 months 3 or more years

How many injections are taken each day?†
 1 2 3 More than 3 N/A

†Please talk to your doctor to make sure that the medicine is being taken exactly as prescribed.

3 Tell us about your interests

Please check up to **2 topics from the list below** so we can offer you the information and support that's most helpful to you.



Healthy eating



Being active



Managing diabetes



Diabetes medicines

4 Review and complete below

To complete your registration, we ask you take a moment to read the below information to better understand how Novo Nordisk uses the information you provided us. When you finish reading, please check the "I Agree" box and confirm your age. Sign and date below to complete your registration.

Novo Nordisk respects the importance of your privacy and understands your health is a very personal and sensitive subject. Novo Nordisk wants you to understand how it will use the information provided by you on this registration page. By checking "I Agree" below, you are indicating you want to learn more about this service and receive promotional or non-promotional updates via email or mail from Novo Nordisk or its partners about products, support services, or other special opportunities that Novo Nordisk or its partners believe might be interesting to you. You also understand that you may opt out from receiving any future communications from Novo Nordisk or its partners by clicking the "unsubscribe" link within any email you receive, by calling 1-877-744-2579, or by sending us a letter containing your full contact information (eg, name, email address, phone) to Novo Nordisk, 800 Scudders Mill Road, Plainsboro, New Jersey 08536.

To better understand how Novo Nordisk values your privacy and what other information may be collected from you while you use this service, please visit www.C4CPrivacy.com.

I agree and confirm I am 18 years of age or older.

Signature (required) _____

Date (required) _____
mm/dd/yyyy

FREE tools and resources from Cornerstones4Care®

Cornerstones4Care® gives you information and support tailored to your needs, wherever you are in your diabetes journey. It offers a wide array of diabetes management tools, available whenever you need them, all in one place. Features include:



Meal planning tools

Easy-to-make recipes for tasty, diabetes-friendly dishes—plus shopping and tracking tools

Interactive trackers

With A1C, medicine, and blood sugar tracking tools, you can share progress with your diabetes care team



Supportive newsletters

With timely tips and inspiration every step of the way

Diabetes books

Free, downloadable books designed to help you learn more about important diabetes topics



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Cornerstones4Care®



The Cornerstones4Care® educational series is designed to help people with diabetes and their care partners work with the diabetes care team to learn about and manage diabetes.

- ▶ Diabetes and you
- ▶ Your guide to better office visits
- ▶ Diabetes medicines
- ▶ Carb counting and meal planning
- ▶ Staying on track
- ▶ Supporting someone with diabetes

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