

Get the facts
on the latest
treatment options

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5 ways to make
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Living



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“I feel better
than I did
decades ago!”

Diabetes

After struggling to manage her blood sugar levels for nearly 20 years, Cheryl Cobb Diaz finally took charge of her type 2 diabetes thanks to a new commitment to working out, a revamped eating plan and a medication that's changed everything.

CONTENT REVIEWED BY



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THE BASICS

Your best days are still ahead!

You have what it takes to rein in your diabetes and achieve your best self—it all starts by working with your healthcare team, being open to lifestyle changes and finding the treatment that works.



When you find out you have diabetes, it can be hard to find a silver lining. Yet for some, that diagnosis is a turning point—the opportunity to ask themselves where they want to be in the future, and what they’re willing to do to make it there.

The good news is, today we understand diabetes—and how to manage it—better than ever before.

Just ask Cheryl Cobb Diaz (see her story on p. 10)—after 20 years spent struggling to get her blood sugar

Continued on p. 7 ▶

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For adults with type 2 diabetes Discover the Ozempic® Tri-Zone

Non-insulin • Once-weekly



Pen shown delivers doses of
0.25 mg and 0.5 mg.

Sarah has type 2 diabetes
and known heart disease.
Actor portrayal.



With the Ozempic® Savings Card, commercially insured patients may pay as little as \$25 for up to a 1-, 2-, or 3-month supply.

Applies to eligible, **commercially insured patients with coverage for Ozempic®**. Month is defined as 28 days. Maximum savings of \$150 for a 1-month, \$300 for a 2-month, or \$450 for a 3-month supply. For full program details and eligibility requirements, visit OzempicSavings.com.

What is Ozempic®?

Ozempic® (semaglutide) injection 0.5 mg, 1 mg, or 2 mg is an injectable prescription medicine used:

- along with diet and exercise to improve blood sugar (glucose) in adults with type 2 diabetes.
- to reduce the risk of major cardiovascular events such as heart attack, stroke, or death in adults with type 2 diabetes with known heart disease.

It is not known if Ozempic® can be used in people who have had pancreatitis.

Ozempic® is not for use in people with type 1 diabetes. It is not known if Ozempic® is safe and effective for use in children under 18 years of age.

Important Safety Information

Do not share your Ozempic® pen with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.

What is the most important information I should know about Ozempic®?

Ozempic® may cause serious side effects, including:

- **Possible thyroid tumors, including cancer.** Tell your health care provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rodents, Ozempic® and medicines that work like Ozempic® caused thyroid tumors, including thyroid cancer. It is not known if Ozempic® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.

Important Safety Information

What is the most important information I should know about Ozempic®? (cont'd)

- Do not use Ozempic® if you or any of your family have ever had MTC, or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

Do not use Ozempic® if:

- you or any of your family have ever had MTC or if you have MEN 2.
- you are allergic to semaglutide or any of the ingredients in Ozempic®. See symptoms of serious allergic reaction in "What are the possible side effects of Ozempic®?"

Before using Ozempic®, tell your health care provider if you have any other medical conditions, including if you:

- have or have had problems with your pancreas or kidneys.
- have a history of diabetic retinopathy.
- are pregnant or breastfeeding or plan to become pregnant or breastfeed. It is not known if Ozempic® will harm your unborn baby or passes into your breast milk. You should stop using Ozempic® 2 months before you plan to become pregnant.

Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, herbal supplements, and other medicines to treat diabetes, including insulin or sulfonylureas.



Ozempic® provides powerful A1C reduction.^a

In 2 different studies, a majority of adults reached an **A1C of less than 7%** and maintained it.^b

^aIn 2 different studies, adults lowered A1C, on average, by:

- Ozempic®: 1.4% (0.5 mg) and 1.6% (1 mg) vs placebo: 0.1%
- Ozempic®: 1.9% (1 mg) and 2.1% (2 mg), taking 1 or 2 diabetes pills

from a starting average A1C of 8.0% and 8.9%, respectively.

^bIn the same 2 studies, the majority of people reached an A1C under 7%:

- Ozempic®: 73% (0.5 mg) and 70% (1 mg) vs placebo: 28%
- Ozempic®: 56% (1 mg) and 64% (2 mg)



Ozempic® lowers the risk of major cardiovascular events such as stroke, heart attack, or death

in adults also with known heart disease.



Ozempic® may help you lose some weight. Adults with type 2 diabetes lost up to 14 pounds.^c

Ozempic® is not a weight loss drug.

^cIn the same 2 studies looking at A1C, adults lost on average:

- Ozempic®: 8 lb (0.5 mg) and 10 lb (1 mg) vs placebo: 3 lb
- Ozempic®: 12 lb (1 mg) and 14 lb (2 mg)

from an average starting weight of 202 lb and 219 lb, respectively.

Ask your health care provider about Ozempic®

Look up your cost and a savings offer at myOzempicCost.com

Important Safety Information

What are the possible side effects of Ozempic®?

Ozempic® may cause serious side effects, including:

- **inflammation of your pancreas (pancreatitis).** Stop using Ozempic® and call your health care provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.
- **changes in vision.** Tell your health care provider if you have changes in vision during treatment with Ozempic®.
- **low blood sugar (hypoglycemia).** Your risk for getting low blood sugar may be higher if you use Ozempic® with another medicine that can cause low blood sugar, such as a sulfonylurea or insulin. **Signs and symptoms of low blood sugar may include:** dizziness or lightheadedness, blurred vision, anxiety, irritability or mood changes, sweating, slurred speech, hunger, confusion or drowsiness, shakiness, weakness, headache, fast heartbeat, and feeling jittery.
- **kidney problems (kidney failure).** In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration), which may cause kidney problems to get worse. It is important for you to drink fluids to help reduce your chance of dehydration.

Important Safety Information

What are the possible side effects of Ozempic®? (cont'd)

- **serious allergic reactions.** Stop using Ozempic® and get medical help right away if you have any symptoms of a serious allergic reaction, including swelling of your face, lips, tongue, or throat; problems breathing or swallowing; severe rash or itching; fainting or feeling dizzy; or very rapid heartbeat.
- **gallbladder problems.** Gallbladder problems have happened in some people who take Ozempic®. Tell your health care provider right away if you get symptoms which may include: pain in your upper stomach (abdomen), fever, yellowing of the skin or eyes (jaundice), or clay-colored stools.

The most common side effects of Ozempic® may include nausea, vomiting, diarrhea, stomach (abdominal) pain, and constipation.


Please see Brief Summary of Important Patient Information on the adjacent pages.



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ONCE-WEEKLY
OZEMPIC®
semaglutide injection 0.5mg, 1mg, 2mg



<p>Brief Summary of information about OZEMPIC® (semaglutide) injection</p> <p>Rx Only This information is not comprehensive.</p> <p>OZEMPIC® semaglutide injection 0.5mg, 1mg, 2mg</p> <ul style="list-style-type: none"> • Talk to your healthcare provider or pharmacist • Visit www.novo-pi.com/ozempic.pdf to obtain the FDA-approved product labeling • Call 1-888-693-6742 	<p>How should I use OZEMPIC®?</p> <ul style="list-style-type: none"> • OZEMPIC® is injected under the skin (subcutaneously) of your stomach (abdomen), thigh, or upper arm. Do not inject OZEMPIC® into a muscle (intramuscularly) or vein (intravenously). • Do not mix insulin and OZEMPIC® together in the same injection. • Change (rotate) your injection site with each injection. Do not use the same site for each injection. • Talk to your healthcare provider about how to prevent, recognize and manage low blood sugar (hypoglycemia), high blood sugar (hyperglycemia), and problems you have because of your diabetes. • Do not share your OZEMPIC® pen with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them. • If you take too much OZEMPIC®, call your healthcare provider or go to the nearest hospital emergency room right away.
<p>Do not share your OZEMPIC® pen with other people, even if the needle has been changed. You may give other people a serious infection, or get a serious infection from them.</p>	<p>What are the possible side effects of OZEMPIC®? OZEMPIC® may cause serious side effects, including:</p> <p>• See “What is the most important information I should know about OZEMPIC®?”</p> <ul style="list-style-type: none"> • inflammation of your pancreas (pancreatitis). Stop using OZEMPIC® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back. • changes in vision. Tell your healthcare provider if you have changes in vision during treatment with OZEMPIC®. • low blood sugar (hypoglycemia). Your risk for getting low blood sugar may be higher if you use OZEMPIC® with another medicine that can cause low blood sugar, such as a sulfonylurea or insulin. Signs and symptoms of low blood sugar may include: <ul style="list-style-type: none"> ○ dizziness or light-headedness ○ blurred vision ○ anxiety, irritability, or mood changes ○ sweating ○ slurred speech ○ hunger ○ confusion or drowsiness ○ shakiness ○ weakness ○ headache ○ fast heartbeat ○ feeling jittery • kidney problems (kidney failure). In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration) which may cause kidney problems to get worse. It is important for you to drink fluids to help reduce your chance of dehydration. • serious allergic reactions. Stop using OZEMPIC® and get medical help right away, if you have any symptoms of a serious allergic reaction including: <ul style="list-style-type: none"> ○ swelling of your face, lips, tongue or throat ○ problems breathing or swallowing ○ severe rash or itching ○ fainting or feeling dizzy ○ very rapid heartbeat • gallbladder problems. Gallbladder problems have happened in some people who take OZEMPIC®. Tell your healthcare provider right away if you get symptoms of gallbladder problems which may include: <ul style="list-style-type: none"> ○ pain in your upper stomach (abdomen) ○ yellowing of skin or eyes (jaundice) ○ fever ○ clay-colored stools <p>The most common side effects of OZEMPIC® may include nausea, vomiting, diarrhea, stomach (abdominal) pain, and constipation.</p> <p>Talk to your healthcare provider about any side effect that bothers you or does not go away. These are not all the possible side effects of OZEMPIC®.</p> <p>Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.</p>
<p>What is the most important information I should know about OZEMPIC®? OZEMPIC® may cause serious side effects, including:</p> <ul style="list-style-type: none"> • Possible thyroid tumors, including cancer. Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rodents, OZEMPIC® and medicines that work like OZEMPIC® caused thyroid tumors, including thyroid cancer. It is not known if OZEMPIC® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people. • Do not use OZEMPIC® if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC), or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). 	<p>Manufactured by: Novo Nordisk A/S, DK-2880 Bagsvaerd, Denmark OZEMPIC® is a registered trademark of Novo Nordisk A/S. Revised: 3/2022 © 2022 Novo Nordisk All rights reserved. US220ZM00278 April 2022</p> 
<p>What is OZEMPIC®? OZEMPIC® is an injectable prescription medicine used:</p> <ul style="list-style-type: none"> • along with diet and exercise to improve blood sugar (glucose) in adults with type 2 diabetes mellitus. • to reduce the risk of major cardiovascular events such as heart attack, stroke or death in adults with type 2 diabetes mellitus with known heart disease. <p>It is not known if OZEMPIC® can be used in people who have had pancreatitis. OZEMPIC® is not for use in people with type 1 diabetes. It is not known if OZEMPIC® is safe and effective for use in children under 18 years of age.</p>	
<p>Do not use OZEMPIC® if:</p> <ul style="list-style-type: none"> • you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). • you have had a serious allergic reaction to semaglutide or any of the ingredients in OZEMPIC®. Symptoms of a serious allergic reaction include: <ul style="list-style-type: none"> ○ swelling of your face, lips, tongue or throat ○ problems breathing or swallowing ○ severe rash or itching ○ fainting or feeling dizzy ○ very rapid heartbeat 	
<p>Before using OZEMPIC®, tell your healthcare provider if you have any other medical conditions, including if you:</p> <ul style="list-style-type: none"> • have or have had problems with your pancreas or kidneys. • have a history of diabetic retinopathy. • are pregnant or plan to become pregnant. It is not known if OZEMPIC® will harm your unborn baby. You should stop using OZEMPIC® 2 months before you plan to become pregnant. Talk to your healthcare provider about the best way to control your blood sugar if you plan to become pregnant or while you are pregnant. • are breastfeeding or plan to breastfeed. It is not known if OZEMPIC® passes into your breast milk. You should talk with your healthcare provider about the best way to feed your baby while using OZEMPIC®. <p>Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. OZEMPIC® may affect the way some medicines work and some medicines may affect the way OZEMPIC® works.</p> <p>Before using OZEMPIC®, talk to your healthcare provider about low blood sugar and how to manage it. Tell your healthcare provider if you are taking other medicines to treat diabetes, including insulin or sulfonylureas. Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.</p>	

levels under control, she was finally able to take charge thanks to a revamped eating plan, daily walks and a different medication.

“I have energy like I haven’t felt in years—it took a lot of hard work to get here, but it’s been so worth it for the payoff!” the 65-year-old retiree says.

Take a stand today!

No matter where you are in your diabetes journey—whether you’ve just been diagnosed or you’ve been living with it for years—it’s not too late to get inspired by Cheryl, along with Mary

Beth and Larry, who share their own blood sugar-lowering tips on p. 17. And inside this guide, you’ll find even more tools and tips that can help you along the way. But first, let’s take a closer look at diabetes and how it affects your body.

What is diabetes?

Diabetes is a metabolic disorder that disrupts your body’s ability to produce or use insulin, which causes blood sugar levels to rise. Normally, beta cells, found in the pancreas, make insulin—the hormone that helps blood sugar enter

cells to be used for energy. (Hormones are a natural chemical found in the body.)

In type 1 diabetes, beta cells are destroyed by the immune system, so the body does not make enough insulin. In type 2 diabetes, beta cells either don’t produce enough insulin and/or the body’s cells do not respond correctly to insulin (known as insulin resistance).

When blood sugar is unable to enter the body’s cells, it builds up in the bloodstream. Over time, excess blood sugar can lead to body-wide damage, including vision loss, heart



disease, kidney disease and even nerve damage.

Medicine can help

If you have type 1 diabetes, your treatment will be insulin. If you have type 2 diabetes, oral med-

icines, non-insulin injectables and/or insulin can help you manage the condition. (See p. 16 for more information on the different medication options for people with type 2 diabetes).

What that means

Work with your diabetes care team to identify your blood sugar and A1C (an average measure of blood sugar levels from the past three months) goals, and create an action plan to achieve them. And don't forget, lifestyle changes are also important to help you stay on track and feel your best! ●



A special concern for people of color

37 million Americans have diabetes—and that number is on the rise, especially in Black, Hispanic, Native American and Asian communities.

Compared to white people, the rate of diabetes in Black people is 60% higher, it's more than 50% higher in Hispanics and Native Americans and more than 40% higher in Asian Americans.

Black, Hispanic, Native American and Asian American persons are also all more likely to be hospitalized for diabetes-related complications than White people.



YOUR DIABETES CARE TEAM

Primary care provider (PCP):

Your PCP may be your family doctor, an internist, an NP or a PA (see third column). Your PCP may diagnose you, coordinate your healthcare team and recommend diabetes specialists.

Endocrinologist:

This doctor specializes in treating diseases of the endocrine system, such as diabetes and metabolic problems.

Optometrist/ ophthalmologist:

Specialists who monitor your eye health to look for any diabetes-related vision changes.

Certified diabetes care and education specialist (CDCES):

A specially trained healthcare professional, such as a nurse, dietitian or pharmacist, who can counsel and educate people with diabetes, help set achievable goals and address concerns.

Nurse practitioner (NP)/Physician associate (PA):

Advanced practice clinicians who can help manage diabetes care and may offer additional education.

Podiatrist: This doctor can check your feet and treat diabetes-related foot problems.

Pharmacist:

A healthcare professional who can answer questions about your medicine, help you find affordable medicine options and send you refill reminders.

Registered dietitian:

Professionals specially trained in diet and nutrition who can help adjust eating patterns to improve your overall health. ●





Photos by thesnellcommercial.com

“
I feel better
than I did
decades ago!”

After struggling to manage her blood sugar levels for nearly 20 years, Cheryl Cobb Diaz finally took charge of her type 2 diabetes thanks to a new commitment to working out, a revamped eating plan and a medication that's changed everything.

—BY DANIELLE TUCKER

For Cheryl Cobb Diaz, walking around her North Georgia neighborhood isn't just an opportunity to breathe fresh air and view the picturesque Blue Ridge mountains—it's become her own expression of freedom from living with type 2 diabetes for more than two decades.

“I have energy like I haven't felt in years—it took a lot of hard work to get here, but it's been so worth it for the pay-off!” the 65-year-old retiree says.

Cheryl's struggles with her health began in the early 2000s when she visited her long-time nurse practitioner, Lee Ann Tidman, FCNP-C, with symptoms that she first chalked up to aging and other ailments. No matter how much water she drank, she was always thirsty. Her appetite was insatiable, resulting in unwanted pounds. She also felt tired all the time and had unexplained bouts of dizziness and occasional ringing in her ears.

Continued on next page ▶

Her NP listened to her symptoms, ordered a blood test and revealed a diagnosis that would send Cheryl reeling: She had type 2 diabetes.

“I was determined to get healthy again!”

While initially Cheryl says she struggled both with denial and grief, eventually that turned into acceptance and perseverance.

“I became adamant about changing my lifestyle and getting my blood sugar numbers in my target range,” Cheryl recalls. So she joined a gym and started walking slowly on a treadmill. As her stamina increased, she picked up the pace and added weight training. While she didn’t

“When you’re faced with a challenge like diabetes, never say ‘never.’ Instead, think positive and make better choices a little at a time.”

see a drop at the scale from these changes, she was motivated when her clothes fit differently.

Cheryl, a self-confessed lover of all things sweet, also began swapping out her sugar-laden favorites for healthier choices. “I grieved the loss of what felt like my ‘normal,’ but I kept my changes slow—one or two adjustments every few weeks,” reflects Cheryl. She started by replacing her

usual sweet iced tea with an unsweetened variety and drinking Dr. Pepper Zero instead of regular soda. She then cut back on carbs like pasta and potatoes and increased the amount of protein at every meal.

“I also learned that giving up sweets like coconut cream pie and chocolate entirely was too hard. So instead, when I bake, I substitute lower glycemic sweeteners like honey and molasses for regular sugar, and I watch my portion sizes. I don’t deprive myself.”

“I needed a bigger change!”

Yet, even with Cheryl’s emphasis on staying active, making better food choices and faithfully taking the oral medications her NP prescribed, menopausal changes and thyroid issues made it harder and harder for her to lose weight and manage her blood sugar. Her A1C levels stubbornly stayed above 9% (a normal A1C level is below 5.7%, a level of 5.7% to 6.4% indicates prediabetes, and a level of 6.5% or more indicates diabetes), and her fasting blood sugar hovered above 200 mg/dL (normal fasting blood sugar is between 70 mg/dL and 100 mg/dL).

When the pandemic hit in 2020, the gym was no longer

an option. Stress plus social isolation also caused her to backslide on her commitment to eating better, which led to weight gain and made it even more challenging to manage her blood sugar. That’s when she and her sister Lorri decided to train for a virtual 5K.

“It was the challenge I really needed to start taking my health seriously again,” Cheryl recalls. The pair completed the 3.1 miles and had so much fun they decided to compete in another race, this time including Cheryl’s husband of 19 years, Ralph.

During this same period, Cheryl visited her NP, who suggested her blood sugar struggles might benefit from a change in medication. She recommended Cheryl try a glucagon-like peptide-1 (GLP-1) receptor agonists, which she explained would work by slowing her digestion and how quickly her body releases blood sugar into her bloodstream.

Cheryl agreed—and saw a change within just six weeks. “My A1C dropped two points, and my blood sugar readings were at nearly normal levels instead of the consistent highs I had been getting previously.”

Inspired by her improved numbers and new running goals, Cheryl renewed her vow to eat healthier—and was rewarded to see the scale trending down. Over time, she dropped more than 50 pounds and has gone down four dress sizes. And her NP has been thrilled with her blood tests: Her latest A1C was below 6%, which was her goal level.

“I feel like a new me!”

Today, Cheryl is doing great. She doesn’t let her diabetes treatment get in the way of hobbies and activities like her daily walks and runs, designing craft wreaths and taking trips to the Caribbean. “I don’t know if I would have reached this place if not for the support of my family, friends and my NP, who really

steered my treatment in the right direction,” Cheryl says. “When you’re faced with a challenge like diabetes, never say ‘never.’ Instead, think positive and make better choices. Set goals, but don’t box yourself in to the point you get frustrated, and always be willing to forgive yourself—you’ll get there, one small step at a time!” ●



“My sister, Lorri, joined me on my journey to better health!”

KICKSTART YOUR OWN FITNESS JOURNEY!

Cheryl started on her own with walking, which is study-proven to help people with diabetes manage their blood sugar levels, improve their heart health, maintain a healthy weight and even reduce stress levels. Want to get started, too? Ask your healthcare team if this plan could work for you.



Commit to walking 2-3 days a week at first. Add “walking time” to your calendar so you don’t overbook yourself or forget. After a couple weeks, start adding extra days until you’re walking at least five days a week, and ideally every day.



Determine how long you can comfortably walk. You may be able to walk for only 10 or 15 minutes at a time—and that’s enough to start! Every week, add on another 5 minutes or so until you’re walking a minimum of 30 minutes.



Use a pedometer to count how many steps you take during the day, in addition to your walk. The American Heart Association recommends an average of 10,000 steps a day, but for the first few weeks, just maintain your initial level of activity to help you get into the routine.



Stay committed by making your walks fun: join a local walking club, look up new routes online, or grab a pair of headphones and listen to music, a podcast or an audiobook to make the miles go by faster.



Is your treatment all it could be?

Diabetes can change over time, even when you're eating carefully, staying physically active and taking your diabetes medicine. Fill out the tool below and review it with your care team to see if your treatment plan is on track or if you need some adjustments.

1. My pre-breakfast blood sugar target range is:

_____ mg/dL to _____ mg/dL

2. My most recent A1C is:

3. My goal A1C is:

4. I should check my blood sugar at these times:

- When I first wake up
- Before meals
- Two hours after meals
- Bedtime
- Other: _____

5. My most recent week of pre-breakfast blood sugar numbers:

Day 1: _____
 Day 2: _____
 Day 3: _____
 Day 4: _____
 Day 5: _____
 Day 6: _____
 Day 7: _____

6. My blood sugar increases when I:

eat: _____
 feel: _____
 do: _____

7. My blood sugar drops when I:

eat: _____
 feel: _____
 do: _____

8. Check the box next to the statements that you agree with:

- I'm worried my blood sugar levels are too high/too low.
- I want to know what I can do to improve my blood sugar levels (e.g., change my diet, exercise or blood sugar checks).
- I'm confused about which treatment options are best for me.
- I'm having problems taking/using/affording my medicine.
- I'm concerned my medicine is impacting my weight.
- I'm confused about when to take my medications.
- I'm confused if there are times I should hold my medications.

Track your blood sugar

Learn how your body reacts to foods and activities so you and your care team can assess your diabetes management plan. Record your blood sugar levels each day in the chart below and share it at your next visit to help your care team personalize your blood sugar goals.

MORNING/FASTING

TIME/TEST RESULTS

MEDICINE (DOSAGE)

WHAT DID YOU EAT?
DID YOU EXERCISE?
HOW DO YOU FEEL?

AFTERNOON/TWO HOURS AFTER EATING

TIME/TEST RESULTS

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WHAT DID YOU EAT?
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EVENING/TWO HOURS AFTER EATING

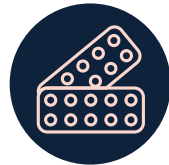
TIME/TEST RESULTS

MEDICINE (DOSAGE)

WHAT DID YOU EAT?
DID YOU EXERCISE?
HOW DO YOU FEEL?

How medicines can help

The good news for people with type 2 diabetes? Today's treatments can help you thrive! Ask your diabetes care team if these options are right for you.



DIABETES PILLS

Metformin decreases blood sugar made by the liver.

Oral semaglutide is a glucagon-like peptide (GLP-1) receptor agonist, which increases insulin secretion, slows stomach emptying, and leads to reduced food intake and feeling full, with low risk of hypoglycemia (low blood sugar).

Sodium-glucose co-transporter 2 (SGLT2) inhibitors promote the release of excess blood sugar through urine.

Dipeptidyl peptidase-4 (DPP-4) inhibitors prevent breakdown of a blood-sugar lowering compound.

Thiazolidinediones (TZDs) increase how your body responds to insulin.



NON-INSULIN INJECTABLE MEDICINES

Glucagon-like peptide (GLP-1) receptor agonists increase insulin secretion, slow stomach emptying time, and lead to reduced food intake and feeling full, with low risk of hypoglycemia. An oral form is also available.

Glucose-dependent insulinotropic polypeptide (GIP)/GLP-1 agonist combinations work in tandem to help your body release more insulin.



INSULIN INJECTIONS

Insulin helps your body take up blood sugar into cells and helps the liver to store sugar.

Basal, or long-acting, insulin is typically taken once a day and acts slowly over 24 hours.

Bolus, or rapid-acting, insulin is taken before meals to prevent blood sugar increases after eating.



COMBINATION INJECTABLE MEDICINES

Insulin and GLP-1 agonists can be combined in a fixed-dose pen. The insulin helps keep blood sugar levels within target range, while the GLP-1 agonist helps the pancreas release insulin after eating •

Use the calendar on your phone or tablet to keep track of healthcare appointments and tests. Even better, synchronize your calendar with your loved ones to keep you both up-to-date.



“We’re in charge of our lives—not diabetes!”

For Mary Beth and Larry, figuring out how to manage their blood sugar levels didn’t happen overnight, but their patience and commitment eventually paid off. Learn the strategies they used, and ask your healthcare provider if they could help you, too!
—BY DANIELLE TUCKER

CONTINUED ON NEXT PAGE

“Seek adventure!”

MARY BETH OAKLEY
RICHARDSON, TX

Mary Beth emphasizes one thing above all else when it comes to living with diabetes: “Don’t let it limit your life!” And she’s proof it doesn’t have to. The 43-year-old couples counselor and diabetes coach has lived in four countries and visited many more along with her husband, David, who originally hails from England. A continuous glucose monitor (CGM) and insulin pump make blood sugar

management possible on-the-go for this diabetes veteran who has lived with the condition for decades—and she stays more focused on seeking joy, new experiences and fulfillment in her life than obsessing over her blood sugar levels. “Living with this condition doesn’t mean you have to exist in some half-life. Diabetes doesn’t hold me back, and it doesn’t have to hold you back, either. You can live an adventurous life!” Here, Mary Beth shares some of her top methods for keeping her numbers at goal.

Find a health partner you trust.

Twenty years ago, Mary Beth found an endocrinologist who changed the diabetes game for her. When talking about Pablo Mora, MD, the Richardson, TX, resident’s eyes light up, “He’s trustworthy and has helped me through pregnancy and even when I lived abroad. I know I can run anything by him, and

he’ll give me honest thoughts. I don’t know what I will do when he retires! Finding the proper insulin dosage and add-on medications can be tricky, but working with a trusted health partner can make all the difference.”

Maintain a balance.

Understanding the ins and outs of managing a chronic condition like diabetes can be overwhelming, Mary Beth admits, but says by taking small steps and maintaining a “problem-solving mindset,” she’s made it much easier. “At first, my blood sugar levels looked like climbing Mt. Everest—steep highs followed by deep lows, which is not ideal to say the least,” she says. “But instead of getting bogged down by ‘failures,’ I just kept checking my blood sugar, seeing how different foods impacted it and adjusting, and today my levels look like gently rolling hills rather than peaks and valleys.”

Reach out.

Once she finally felt like she had her diabetes in check, Mary Beth began to guide other women with diabetes and insulin resistance (which is when the body doesn’t respond properly to the insulin it produces). That’s when her diabetes coaching business *CheerfulHealth.org* was born. “My favorite part is empowering others and giving them the tools to be successful—being able to give back means so much. And in this way, diabetes is adding to my life, rather than taking things away.”

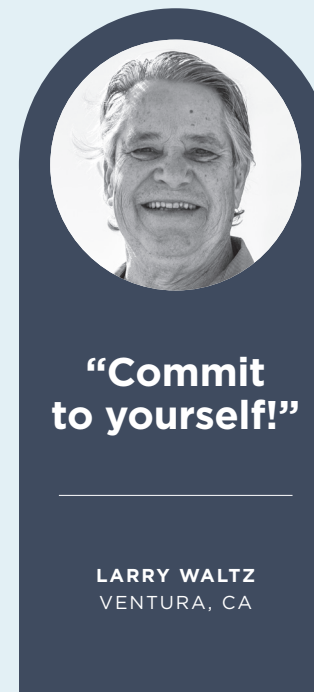
Embrace food.

It took many years for Mary Beth to form what she considers a healthy relationship with food—“the initial instinct for a lot of people who get a diabetes diagnosis is to wholly cut out entire food groups, but that rarely works and is not really sustainable.” In time, she landed on these tips she shares with her clients. “First, cut back on foods with added sugar, like storebought cakes, cookies and cereals. Don’t eliminate carbs, but try to pair them with fiber (things like whole fruit (not juice), sweet potatoes, beans and lentils are great sources of both) because fiber slows how quickly your body processes those carbs. To prevent feeling hungry, load up on non-starchy vegetables like celery, carrots, tomatoes, bell peppers and radishes—these are considered ‘bulk’ foods, meaning most people can eat a lot of them without experiencing a blood sugar spike, and they are low in calories. Finally, try to include protein with every meal—it not only keeps you feeling full longer, it also helps you avoid blood sugar spikes.”



“Daily walks are a great way to manage my blood sugar levels and spend quality time with my family,” says Mary Beth with daughter, Annie and dog, Bella.

Photos by Amber Cordova



“Commit to yourself!”

LARRY WALTZ
VENTURA, CA

More than 20 years ago, extreme fatigue sent retired school-teacher Larry Waltz to the doctor. His fasting blood sugar was 420 mg/dL (normal fasting blood sugar is between 70 mg/dL and 100 mg/dL), leading to a type 2 diabetes diagnosis. “I initially took the oral medication they gave me, but it made me feel terrible. The fatigue improved, but brain fog was a real problem.” Larry discontinued the medicine and then proceeded to basically ignore his diagnosis for a decade. When he began experiencing numbness and tingling in his extremities, he knew it was neuropathy caused by uncontrolled diabetes—after all, he had watched his own father, who also had type 2, succumb to the same complications of uncontrolled blood sugar and eventually experience amputation and pass away as a result. Despite that, Larry still didn’t take action and suffered a foot injury that would take years to heal. A severe case of pneumonia six years ago was finally the wakeup call that turned things around for him. “One of the hos-

pital nurses told me, ‘You better start taking your life more seriously!’ and that’s when I finally committed.”

Working with his doctor, Larry landed on a treatment plan—including different medication, nutrition counseling and increased daily activity—that’s gotten his blood sugar readings to goal levels and his A1C below 6% (a normal A1C level is below 5.7%, a level of 5.7% to 6.4% indicates prediabetes, and a level of 6.5% or more indicates diabetes). Here he shares the tips that took him from diabetes-denier to a blood sugar ace.

Take charge.

Once Larry decided to make the change toward a better lifestyle, he developed a new motto: “Health to a Hundred,” which means making sure all aspects of his life are as healthy as can be—including his diet, activity levels and his adherence to his medication. “The power is in your hands for the most part, you just have to be willing to commit,” he says.

Lean into portion control.

Larry, a self-proclaimed “foodie,” knew he wasn’t going to be able to eliminate his favorites from his diet, so instead he learned to control his portion sizes. “Most of the time, I stick to a well-balanced diet of fruits, vegetables and lean meats. I limit things like potatoes, but I still incorporate the things I love.” ▶



"I knew I needed to make a change so I could be here for my family," says Larry with son Joey and daughter-in-law Trish.

Mexican food tops that list, and he still goes to his favorite restaurant with his family, but "one order of flautas will feed me for four meals now, instead of consuming it all at once." Larry also stops eating by 6 PM and has learned to enjoy water and unsweetened tea in place of soda, juice and sweetened tea.

Commit to moving every day.

Larry enjoys daily walks and makes time for strength-training exercises like squats and lunges to increase his circulation and strength. "As you get older, strength-training gets more and more important to maintain

muscle and bone strength—it's good for everyone, not just people with diabetes."

Surround yourself with support.

Larry has worked hard to keep his numbers in goal range—even during a prostate cancer battle. He credits much of his success to online mentors. "I'm lucky to be alive, and I know it! I want to give back if I can." Larry started the Defeat Diabetes Now Facebook group to encourage and give suggestions when others struggle. "Diabetes management isn't a one-size-fits-all approach. I know what works for me, and I'm happy to share my learnings with others." ●

Health Monitor

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Photos by Jason Eisenberg



Take the Journey to Better Health

The path to a healthier you takes you on a journey of personal care. And for people who may be concerned about their weight, that journey can be complex, emotional, and often confusing. If you've been searching for answers, your next step should be on the AACE Journey for Patients With Obesity. Presented in easy-to-understand terms, and derived from clinical guidelines of the American Association of Clinical Endocrinology (AACE), this resource gives you a roadmap for receiving the obesity care and support you need – and deserve.

Created by the obesity medical experts at AACE, it covers everything you need to know about obesity, including:

- The complex causes of obesity
- How it can impact your overall health
- How it is diagnosed
- Treatment options
- Tips for talking with your health care professional about it

Visit **AACE.com** and start your journey to better health.





5 ways to make carb counting work for you

Carb counting can be a little tricky. But knowing how many you're consuming at each meal and how they affect your blood sugar can help you reach your target numbers. The best part? It helps you enjoy all the foods you love! Check out these tips to help make the process easier.

1 Know your target per meal.

Everyone is different, so ask your healthcare provider or diabetes care and education specialist to help determine your exact targets. As a general guide: Women should aim for 45-60 grams per meal, men should aim for 60-75 grams per meal, and snacks should contain 15-30 grams per meal.

2 Make friends with food labels.

If you're eating a packaged item, find the serving size and the total carbohydrates. Multiply the number of servings you plan to have by the total carbs per serving to find out how many carb grams you'll be eating.

3 Pull out the kitchen tools.

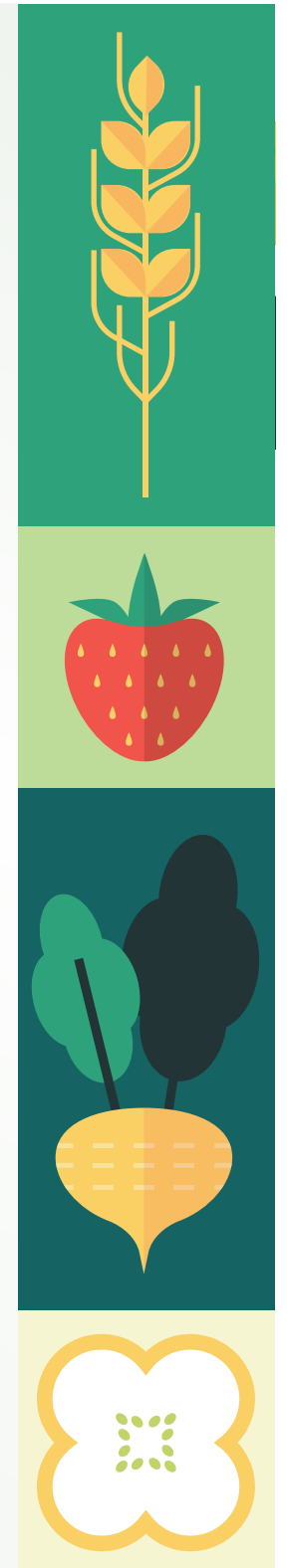
Begin using food scales, measuring spoons and cups to help you figure out portions. Over time, you'll get to know what a serving of your favorite food looks like so you won't need the tools anymore.

4 Create a cheat sheet.

Jot down 20 or so food items you like to eat, your typical portion size and the carb grams in each portion. Place this list on your fridge and save it on your smartphone, and keep referring to it until you know it by heart.

5 Go digital.

If you're unsure of your calculations, let technology help. Try the website/app *Cronometer.com*, which can monitor the foods you eat and calculate the carbs in your recipes. Or check out *CarbManager.com*, a carb tracking site and app that lets you set your carb goals per meal and per day, then tracks your totals. ●



Health Monitor Living



Scan this QR code for a free digital copy or home delivery

Questions to ask your care team today

What should my target A1C level be? What are my target blood sugar levels?



Are there any changes I should be making to my eating plan or activity levels to better manage my blood sugar?



Can I do anything to help my medicine be more effective? Am I taking my medicine correctly?



Would losing weight help my blood sugar?



Am I a candidate for a continuous glucose monitoring sensor?



On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.