

Both type 1 and type 2 diabetes are serious conditions, and can lead to the same complications. But you can do many things to stay well. Talk to your doctor about all of the following points. They are important for basic diabetes care. Your doctor and your health-care team will work with you to ensure you get the best care. The important first steps are:

- Eat according to a healthy meal plan.
- Increase your physical activity.
- Learn as much as possible about diabetes.

## Are you heading in a healthy direction?

Keeping your blood pressure and blood sugar at target will help you avoid diabetes complications such as heart attack, stroke, and damage to your eyes, nerves and kidneys.

Refer to the back page of this brochure to find your recommended target range and use this resource to help you prepare for regular diabetes-focused visits with your health-care provider.

## Blood sugar

You and your health-care team should set goals for your blood sugar levels. It is important to recognize that you may need to add pills and/or insulin to your lifestyle changes (healthy eating and increased activity), to achieve your blood sugar targets. A blood glucose meter will help you track your blood sugar levels.

## Blood pressure

High blood pressure can lead to eye disease, heart disease, stroke and kidney disease. You may need to change your eating and exercise habits and/or take pills to keep your blood pressure below 130/80 mm Hg.

## Cholesterol

High cholesterol and other fats in the blood can lead to heart disease and stroke. You may need to change your eating and exercise habits and/or take pills to keep your blood fats at healthy levels.

## Healthy eating

Ask your doctor to refer you to a registered dietitian to learn about healthy eating. You should follow diabetes-friendly diets (Mediterranean style) or diets emphasizing specific foods (low-glycemic-index foods).

## Physical activity

Both aerobic and resistance exercise are important for people living with diabetes. If you have diabetes, you should do at least 150 minutes of moderate to vigorous intensity aerobic exercise per week. You may need to start with as little as 5 to 10 minutes per day of brisk walking. In addition, resistance exercise (such as weight training) should be performed 2-3 times per week. If you are just starting to be active, check with your doctor first.





## **Weight**

Reaching and maintaining a healthy weight will help you control your blood sugar, blood pressure and blood fat levels.

## **Eye disease**

You need to be seen by an eye-care specialist who will dilate your pupils and check for signs of eye disease. Your regular doctor cannot do this special test in his or her office. Ask for a referral to an eye-care specialist.

## **Foot care**

Take off your shoes and socks at every visit (even if your doctor or health-care team forget to ask you). Ingrown toenails, cuts and sores on the feet can lead to serious infections. Learn about proper foot care.

## **Depression and anxiety**

These are common feelings in people with diabetes and can negatively affect your diabetes control. Speak to your doctor or health-care team if you feel you might have depression or anxiety.

## **Smoking**

Smoking and diabetes are a dangerous mix. If you are serious about quitting, your doctor or health-care team can help. If you do not succeed the first time, keep trying; your health is worth it.

## **Kidney disease**

The earlier you catch signs of kidney disease the better. You must have your urine tested regularly for early signs of kidney disease. Your doctor may prescribe pills to delay more damage to your kidneys.

## **Nerve damage**

Tell your doctor or health-care team if your hands or feet ever feel numb or feel the sensation of having “pins and needles”.

## **Problems with erection**

Trouble getting and maintaining an erection is a common problem in men with diabetes. Do not be shy about talking to your doctor or health-care team about it. They may be able to suggest ways to solve the problem.

Stay healthy by asking the right questions. Be an informed patient. Know what tests you need to check for the complications of diabetes. Talk to your doctor and diabetes educators about these tests.

## Tests for diabetes care

The following are important tests for basic diabetes care. Your doctor may recommend some tests more often than indicated. Target blood sugar and blood pressure levels may differ, depending on your health.

| When                                | What test?   |
|-------------------------------------|--|
| <b>At diagnosis</b>                 | <b>Type 2:</b> <ul style="list-style-type: none"><li>• ACR*/Kidney test: urine test performed at the lab</li><li>• Eye examination: through dilated pupils by an eye-care specialist</li><li>• Nerve damage test: using a 10-g monofilament or 128-Hz tuning fork</li><li>• Cholesterol and other blood fat tests: a blood test</li></ul>  |
| <b>Approximately every 3 months</b> | <b>Type 1 and 2:</b> <ul style="list-style-type: none"><li>• A1C blood test** (goal: 7.0% or below for most people with diabetes)</li><li>• Blood pressure (goal: below 130/80 mm Hg)</li><li>• Review of home blood sugar monitoring record</li></ul>   |
| <b>Every year</b>                   | <b>Type 1 and 2:</b> <ul style="list-style-type: none"><li>• ACR*/Kidney test: urine test performed at the lab (at least once a year and for type 1: once a year if you have had diabetes for at least 5 years)</li><li>• Foot exam at every visit and right away for an ingrown toenail or any cut or sore that doesn't heal</li><li>• Meter check against the results of a blood test at the lab at least once a year</li><li>• Cholesterol and other blood fat tests^</li></ul> |
| <b>Every 1 to 2 years</b>           | <b>Eye examination by an eye specialist</b><br><b>Type 2:</b> <ul style="list-style-type: none"><li>• every 1–2 years (if no eye disease present)†</li></ul> <b>Type 1:</b> <ul style="list-style-type: none"><li>• once a year† if you are over age 15 and have had diabetes for at least 5 years</li></ul>   |
| <b>Regularly/ Periodically</b>      | <b>Type 1 and 2:</b> <ul style="list-style-type: none"><li>• Questions about erection problems</li><li>• Questions about depression and/or anxiety</li><li>• Questions about healthy eating and physical activity</li></ul>  |

\* Albumin/creatinine ratio (ACR)

\*\* A1C targets for pregnant women, older adults and children 12 years of age and under are different.

^ More often if treatment is initiated.

† More often if eye disease is present.

For young children and pregnant women, the timing and type of test may be different.

## Your diabetes-focused visit

It is important that certain visits with your health-care team focus specifically on your diabetes.

### How to prepare

- Have laboratory tests done prior to your visit.
- Bring blood sugar records with you (written down or printed from meter).
- Bring a list of all medications including non-prescription drugs and let team know which need to be refilled.
- Write down any questions about your diabetes.
- Save any non-urgent, non-diabetes questions for another visit. This will ensure that your diabetes gets the full attention it deserves.



# A

A1C (measure of blood sugar levels over time)

# B

Blood pressure

# C

Cholesterol

# D

Drugs to protect your heart

# E

Exercise goals and healthy eating

# S

Self-management support

# S

Screening or monitoring for complications

# S

Smoking cessation

## Do you know your ABCDES3?

If you have diabetes, you are at increased risk for heart disease and stroke, and other complications such as eye and kidney disease, nerve damage and foot problems. Keeping your blood sugar, blood pressure and cholesterol in a healthy range can reduce your risk of complications. Learn your diabetes ABCDES3. Talk to your doctor about Diabetes Canada's recommendations for diabetes management, what targets are healthy for you, and how to achieve and maintain them over time.

| ABCDES3  | Recommended targets   | My goals |
|--|---|----------|
| <b>A1C*</b>                                      | 7.0% or below (for most people with diabetes)   |          |
| <b>Blood pressure</b>                            | Below 130/80 mm Hg  |          |
| <b>Cholesterol</b>                               | LDL: below 2.0 mmol/L   |          |
| <b>Drugs</b>                                     | Speak to your health-care team about medication to protect against heart attack and stroke  |          |
| <b>Exercise goals and healthy eating</b>         | <ul style="list-style-type: none"> <li>• Increase your physical activity</li> <li>• Eat according to a healthy plan</li> </ul>  |          |
| <b>Self-management support</b>                   | <ul style="list-style-type: none"> <li>• Set a personalized goal</li> <li>• Identify barriers to achieving goals (pain, stress, mental health, financial and/or other concerns)</li> </ul>  |          |
| <b>Screening or monitoring for complications</b> | <ul style="list-style-type: none"> <li>• Heart: ECG every 3-5 years if required</li> <li>• Foot: Yearly exam or more if required</li> <li>• Kidney: Yearly blood/urine tests or more if required</li> <li>• Eye: Yearly exam or more if required</li> </ul> |          |
| <b>Smoking cessation</b>                         | Stop smoking  |          |

\* A1C targets for pregnant women, older adults and children 12 years of age and under are different.

**Related articles:** *Managing your blood sugar, A prescription for maintaining healthy eyes, Smoking and diabetes, Cholesterol and diabetes, High blood pressure and diabetes, Managing weight and Diabetes*

# DIABETES CANADA

diabetes.ca | 1-800 BANTING (226-8464) | info@diabetes.ca

Diabetes Canada is making the invisible epidemic of diabetes visible and urgent. Eleven million Canadians have diabetes or prediabetes. Now is the time to End Diabetes - its health impacts as well as the blame, shame and misinformation associated with it. Diabetes Canada partners with Canadians to End Diabetes through education and support services, resources for health-care professionals, advocacy to governments, schools and workplaces, and funding research to improve treatments and find a cure.

This document reflects the 2018 Diabetes Canada Clinical Practice Guidelines © 2018 The Canadian Diabetes Association. The Canadian Diabetes Association is the registered owner of the name Diabetes Canada. 316537 04/18