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OCTOBER 2017

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Diabetes Health is the essential resource for people living with diabetes—both newly diagnosed and experienced—as well as the professionals who care for them. We provide balanced expert news and information on living healthfully with diabetes. Each issue includes cutting-edge editorial coverage of new products, research, treatment options, and meaningful lifestyle issues.

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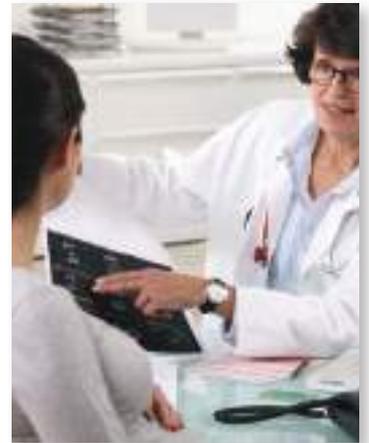
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For a Diabetes Crisis, We Recommend the Angel Treatment

Nadia Al-Samarrie was not only born into a family with diabetes, but also married into one.

She was propelled at a young age into “caretaker mode,” and with her knowledge of the scarcity of resources, support, and understanding for people with diabetes, co-founded *Diabetes Interview*—now *Diabetes Health* magazine.

Nadia’s leadership has spanned 25 years, establishing the magazine as a preeminent consumer and professional resource.

With our profound Web presence, *Diabetes Health* leads the way with an informative blend of content and technology, delivering Nadia’s enduring vision to investigate, inform, and inspire.

We can—and do—talk almost endlessly about medicines, diets, and the cleverly designed machines and tools that help us live with diabetes. But none of those aids, fantastic as they are, compares to the simple touch or presence of another person.

That was especially driven home to me when I visited my daughter and she asked to introduce me to her neighbor, Juan, who was having massive, even life-threatening, problems coping with his type 1 diabetes.

In the few hours that passed between our first meeting and Juan’s eventual admittance to an emergency room in a near state of panic, I realized just how much the soothing presence of somebody who knew a lot about diabetes could impart calmness, hope, and trust to a diabetic in crisis.

You can read about my experience and Juan’s medical journey in “I Am Your Guardian Angel” (page 6). I hope you will come away from it understanding how important you might someday be to a person in crisis.

One number that is universally recognized by type 2s worldwide, regardless of language, is the A1c percentage. It’s instantly understood and lets other people see where you are on the spectrum that ranges from well managed to wildly out of control. So I think that R.J. Dyer’s “8 Tips to Help Lower Your A1c” (page 14) will be one of the more enjoyable, understandable, and doable

texts you’ll ever read about gaining greater mastery over your diabetes.

In this issue’s “Ask Nadia” (page 12), a reader whose fasting and post-breakfast numbers seem to confuse her when it comes to the question of whether she has or does not have type 2 diabetes. Blood sugar numbers can seem to give conflicting results: “My fasting number is 115. Isn’t that below the 126 mg/dL threshold everybody seems to agree marks the transition to diabetes? So, am I type 2 or not?” The answer is not always decisive and simple.

Our Research Reports (pages 21 and 22) are short, concise news items about some of the latest advances, studies, or developments in research on diabetes and related health problems. In Business Briefs (pages 26 and 28), there’s good news from two diabetes companies that have diligently worked with continuous glucose monitoring via devices that measure a patient’s blood glucose levels in real time.

Nature has arranged it so that the formidable blue cheese Gorgonzola bonds incredibly well with the soft sweetness of a fully ripe pear. Talk about yin and yang! Our “Food for Thought” column on page 31 shows how to introduce these two wonderful foods to one another.

Salut!

— **Nadia Al-Samarrie** Founder,
Publisher, and Editor-in-Chief

I AM YOUR GUARDIAN ANGEL

Nadia Al-Samarrie

“Since my mother passed away,” he explained. “I went into a deep depression and stopped taking my insulin.”

“You are lucky to be alive!” I responded. “You must have a guardian angel watching over you.”

I went to visit my daughter last week and she asked to introduce me to her neighbor, Juan, who has had type 1 diabetes for five years. We met at her house and soon were talking about his diabetes.

Then the conversation moved in a different direction. My daughter mentioned the altar Juan keeps at his home, adorned with beautiful statues and paintings of angels.

“I am bad and have not been in good control,” Juan said.

“What do you mean?” I asked.

“My blood sugars are really high.”

“How high?”

“My doctor told me my A1c is 17.”

I was astonished at that figure. “How long has this been going on?”

Then the conversation moved in a different direction. My daughter mentioned the altar Juan keeps at his home, adorned with beautiful statues and paintings of angels. I told him about the three angel books I had been reading by the Irish writer Lorna Bryne. Juan told me about an angel book a friend had given him that discusses how most religions; Christianity, Judaism, and Islam all have angel references throughout history. The next thing I knew we were exchanging our angel books.

Before Juan left, I asked him what his physician recommended for him to do with an A1c of 17. “She told me to check into the hospital so they can help me bring my blood sugar down. The problem is, my blood sugar has been high for so long that when it goes down to around

250 mg/dL I get panic attacks. The anxiety has me grabbing glucose tablets."

I asked him if he tested his blood sugar. He said he does when he can but soon runs out of blood glucose strips. "How do you know how many glucose tablets to take then?" I wondered.

He said, "I take enough until I feel better."

My heart sank. "When are you checking into the hospital?"

"Tomorrow."

My daughter knew his car was not working and asked me if we could give him a ride to the emergency hospital. "Of course," I answered." I turned to Juan and told him I would be happy to take him. "I'll stay with you in the ER and be your patient advocate. Would you like that?"

"You don't have to do that," he said.

"I know. But I want to."

Juan went back to his apartment. We had scheduled to leave at 1 pm the next day.

I took care of a few administrative tasks so that I could focus on Juan once we left for the hospital. The phone rang and my daughter said "Mom, Juan is having an other panic attack and he feels like he is going to have a hypoglycemic episode. He wants to go to the ER right now."

Still lounging in my pajamas and knowing Juan did not have blood glucose strips, I panicked. I offered to buy him blood glucose strips in case money was the issue. He declined and said he would be fine. The local pharmacy had closed for the July 4 holiday, limiting our options.

Feeling extremely anxious, not knowing how low Juan's blood sugars would plunge, I realized I could go to the fire department across the street from his apartment complex and ask the EMTs to test his blood sugar. Juan did not want to go because if he was low enough for them to take him to the hospital, he would have a large ambulance co-pay. I watched him wondering where and how quickly we could find blood glucose strips on our way to the hospital. "I am going to feel OK," he said.

I was not prepared for an event like this. I was the former owner of a diabetes supply

Feeling extremely anxious, not knowing how low Juan's blood sugars would plunge, I realized I could go to the fire department across the street from his apartment complex and ask the EMTs to test his blood sugar.



store, a diabetes-theme radio show host, and current diabetes magazine publisher and podcast host. I knew a lot about the disease and started feeling tremendous anxiety. Juan's life was in my hands and the options I presented him were being declined.

Soon, we were sitting in the triage area while Juan explained that his blood sugar is high and that his physician had told him to go to the hospital and check in.

I started wondering what if he did get hypoglycemic while enroute to the hospital? Maybe I could find an open pharmacy on our way? What if we were driving on that local strip of road with the breathtaking views but nowhere to pull off and stop? What should I do then? Realizing that my thoughts were not helping me, I asked Juan how he was feeling. "Much better now," he said.

Driving to the hospital on a two-lane road with sightseeing vehicles backed up for miles, I just started praying for my daughter's friend. Shortly after that, the side of the road opened up and Juan showed me how to take a back road to avoid the traffic. We cut through an hour's worth of traffic jam and made it to the hospital. I pulled into the parking lot and saw one guest parking spot open. We ran in, thankful to see that there was only one person in front of us in the intake line.

Soon, we were sitting in the triage area while Juan explained that his blood sugar is high and that his physician had told him to go to the hospital and check in.

The intake professional explained that the hospital didn't normally admit people because of high blood sugars. "Juan," I interrupted, "if I may?" He nodded yes. "Hi, I'm a friend of Juan's and what you need to know is that his A1c is 17. His physician has asked him to check into the hospital because he lives alone and has panic attacks when his blood sugar hovers in the 200's. He needs to admit himself in the hospital so that the professional healthcare staff here can help him bring down his blood sugar. They also need to attend to his anxiety. He needs confidence that he won't fall into a hypoglycemic coma."

That was enough to persuade the intake person. Juan was admitted and we watched as hospital staff came to walk him into a temporary room. "Juan did you want us to come in with you?" "Yes", he replied. I asked the nurse if this would be OK with her and she said "Yes".

We sat in the ER room with Juan as they were taking his vitals. After the nurse left, Juan was trying to hold back his tears. I asked what was wrong. He said, "I can't believe you are here helping me like this when I just met you yesterday."

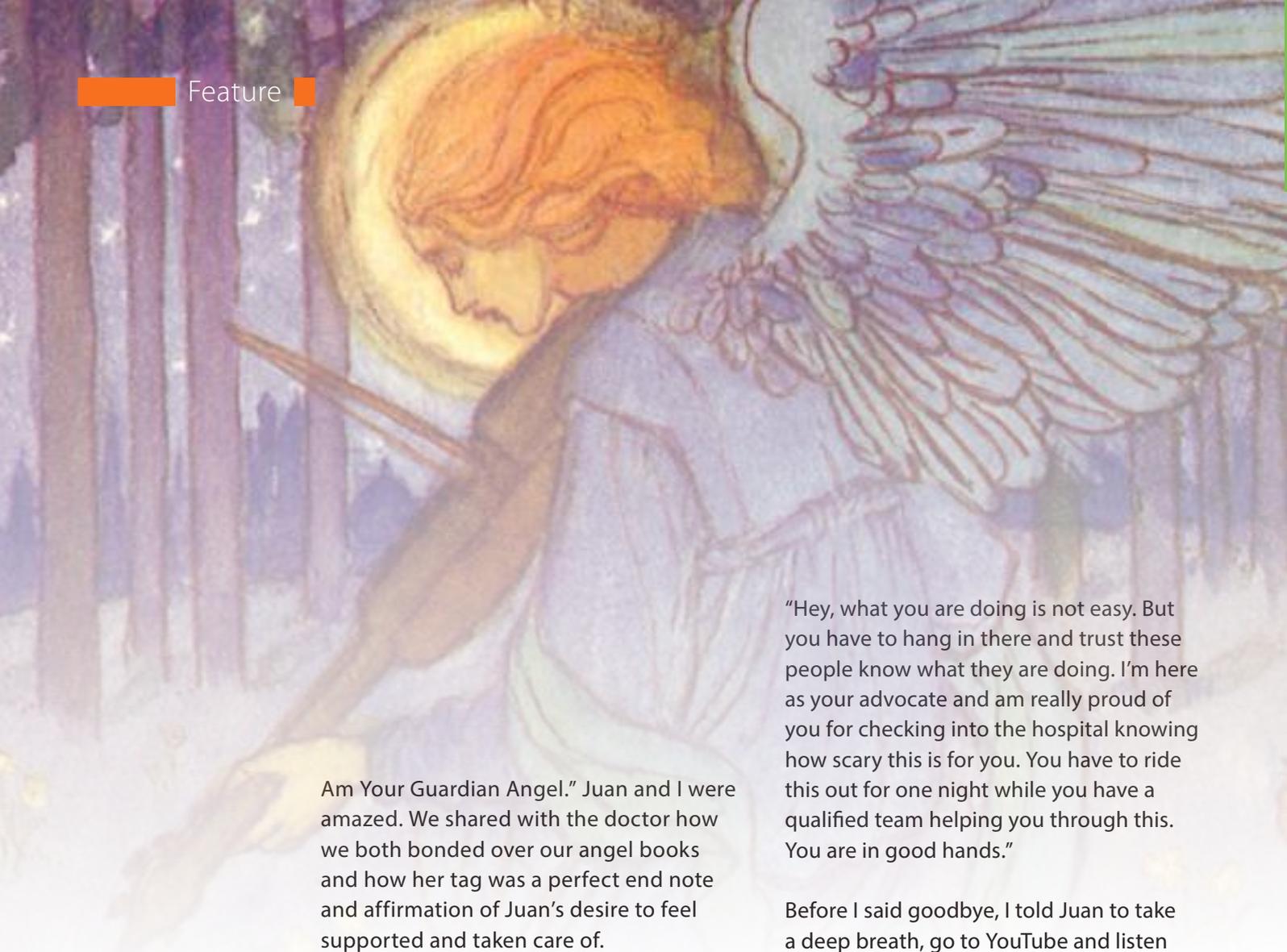
"I guess your Guardian Angel is watching out for you." I told him. "I don't know if this is serendipity, divine intervention, or synchronicity—it doesn't matter. Just know and trust you will be taken care of, Juan."

The emergency physician came in after she had all of his blood test results. She told Juan that he would be checked in. Then she made her recommendations, waiting for Juan's response. He looked at me and said, "What you think, Nadia?" I repeated what she had told him and asked her if I had understood her correctly: "Juan will be admitted and the first target for his blood sugar should be 200 to 250 because going to a 140 blood sugar would be too

dramatic of a drop for him. You plan on putting him on anti-anxiety medication to prevent panic attacks if his blood sugar starts dropping into the 200 to 250 range. Once he's discharged he'll have two weeks of medication and glucose testing supplies." She nodded and said this is correct.

I turned to Juan and told him the ER physician's recommendations satisfied his reasons for coming in—lowering his blood sugar and controlling it as it dropped. The doctor asked to check Juan's heart with her stethoscope. As she leaned in Juan whispered, "Nadia, did you read her tags?" I shook my head. He turned one of the tags to show me. It read, "I

"I guess your Guardian Angel is watching out for you." I told him. "I don't know if this is serendipity, divine intervention, or synchronicity—it doesn't matter. Just know and trust you will be taken care of, Juan."



Am Your Guardian Angel.” Juan and I were amazed. We shared with the doctor how we both bonded over our angel books and how her tag was a perfect end note and affirmation of Juan’s desire to feel supported and taken care of.

After he was admitted to the hospital, Juan called me several times, panicked

I reminded Juan that he didn’t have to do this alone. “Always have an advocate and join a support group. Trust that you’re always taken care of. Should you doubt this, just remember how we met.”

that his blood sugar was too low. I asked him to call the nurse and put me on speaker so I can talk to her. I asked the nurse to use a speakerphone so that Juan could hear our conversation. I asked if she could take his blood sugar. She did and said his reading was still 300. I asked if he had been given a medication for his anxiety. She said yes but added that they would give him something else.

After the nurse left the room, I continued speaking to Juan.

“Hey, what you are doing is not easy. But you have to hang in there and trust these people know what they are doing. I’m here as your advocate and am really proud of you for checking into the hospital knowing how scary this is for you. You have to ride this out for one night while you have a qualified team helping you through this. You are in good hands.”

Before I said goodbye, I told Juan to take a deep breath, go to YouTube and listen to Lorna Bryne’s interviews about her experiences with angels. “Call me anytime through out the night, OK?” He thanked me and hung up. The next day when Juan walked into my daughter’s apartment, I could not believe the difference in him. He said his blood sugar was in the 200 to 250 range and that he was no longer panicked. A friend was driving him to a pharmacy to stock up on supplies for the next few months.

I reminded Juan that he didn’t have to do this alone. “Always have an advocate and join a support group. Trust that you are always taken care of. Should you doubt this, just remember how we met.”

We exchanged hugs and the last time I checked in with him, all was well. [DH](#)

Diabetes Health

Stay Inspired with the Publication that was Nominated for "Best in Health" in 2014

When The Wall Street Journal quoted a major public figure who called Diabetes Health the best weapon against diabetes, what did he say?

Former Chrysler Motors President Lee Iacocca said: "Diabetes Health magazine provides the best, most unbiased information to the diabetes community. I highly recommend it."

What makes Diabetes Health different from any other publication out there?

Diabetes Health magazine is a lifestyle publication for those living with diabetes or the people who care for them. Whether newly diagnosed or experienced with diabetes, readers are delighted and impressed by the articles written by people living with type 1 and type 2 diabetes.

Other contributors include family members who care for those with diabetes. In fact, our founder and publisher, Nadia Al-Samarrie, was not only born into a family with diabetes, but also married into one. Nadia's articles are published nationally online by many news outlets. She has also been featured on ABC, CBS, NBC, and Fox television on "America's Premiere Experts."

Nadia was propelled at a young age into "caretaker mode," and with her knowledge of the scarcity of resources, support, and understanding for people with diabetes, co-founded Diabetes Interview—now *Diabetes Health* magazine.

With Nadia's leadership, *Diabetes Health* magazine was nominated for "Best in Health" by the *Western Publishers Association* in 2004 and 2014.

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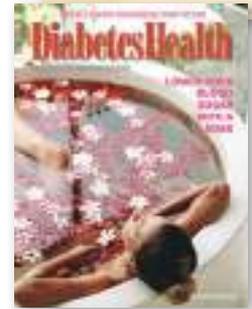
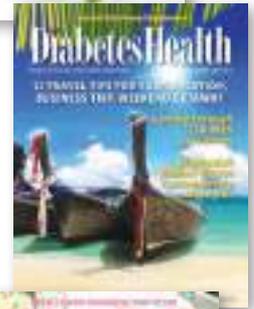
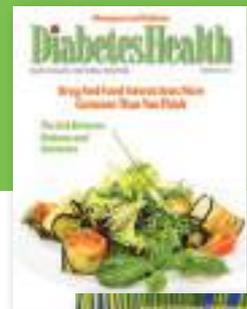
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Ask Nadia: Am I A Type 2 Diabetic?

Named Best Diabetes Blog for 2017 by Healthline

Dear Nadia:

My HbA1c was 6.8% last December, and as of April this year my HbA1c is 5.3%. Am I diabetic?

I am taking 500 mg of metformin and 20 mg of teneligliptin. My fasting blood glucose is 115 mg/dL, and after exercising/walking for 30 minutes, my blood glucose is 134 mg/dL.

Does this put me at risk for being diagnosed with diabetes? Can you help me solve these issues?

*Thanks
Gopi*

Dear Gopi:

I think you already are a type 2. Here's why: An A1c of 6.8% means your average blood sugar reading prior to December was 148 mg/dL. That put you well within the range of a diagnosis of type 2 diabetes. Diabetes is diagnosed when an A1c reaches 6% (126 mg/dL) or above.

Your April A1c of 5.3% (105 mg/dL), while very commendable, was the result of two diabetes drugs your physician put you on to bring your A1c number down. Your lower A1c number is the result of good management and not because your diabetes had somehow been reversed.

For instance, on paper your fasting blood glucose reading of 115 mg/dL is below the 126 mg/dL threshold for the onset of type 2. But the fact that you previously recorded up to 148 mg/dL establishes that your body was no longer controlling your blood sugar levels—a sure indicator of type 2.

(Your after-exercise number of 134 mg/dL is not a rare thing. Even non-diabetic people can see a spike in their numbers after exercise. The thing to do here is to observe how quickly your numbers return to what is now your lower range (115 mg/dL) and keep a record of your exercise/post-exercise numbers to see if there's a pattern you can alter by changing which foods you eat or time of day you exercise.)

When a person is diagnosed with type 2, he or she typically starts taking metformin, often in conjunction with a sulfonylurea like glipizide. (In your case, the other drug has been teneligliptin.) If the patient is conscientious about taking the drugs, along with following exercise and diet guidelines, their effect is almost immediate: A notable drop in the A1c.

A lowered A1c can be a wonderful motivator for avoiding habits that aggravate diabetes. Unfortunately, A1c's begin to inch upward the longer a person has diabetes, no matter how stringently they manage their disease.

Keeping your numbers as low as possible, which you have been doing, cuts your risk of diabetes complications. So, a kudos to you for taking good care of yourself!

Metformin is effective as the first line of therapy for insulin resistant type 2 diabetes patients because it stimulates the pancreas to produce more insulin.

A QUICK HISTORY OF METFORMIN

Metformin was introduced to the U.S. market from France in 1995. Its discovery dates back to 1922, and it is the least expensive diabetes medication both domestically and internationally. The World Health Organization considers it a necessary drug for therapy with an affordable price tag for most patients. Even in the U.S. metformin is the least expensive medication for people living with type 2 diabetes.

HOW IT WORKS

Metformin is effective as the first line of therapy for insulin resistant type 2 diabetes patients. It helps with blood sugars because when you take metformin, the liver produces less glucose with a secondary effect of increasing insulin sensitivity. The oral medication has some side effects that can be intolerable; gas, abdominal pain, diarrhea, and nausea. Everybody responds to the medication differently. You may have been lucky and experienced none of these side effects.

It is important to mention, sometimes people are allergic to the medication and have to go to a compound pharmacist to make a custom metformin cream that is tolerable for the patient and helps maintain normal blood sugar levels.

Over time, metformin can become less efficient in preventing high blood sugars, even after you watch what you eat and exercise. Augmenting metformin with another medication to achieve healthy blood sugar levels is the second line of therapy.

TENELIGLIPTIN

Teneligliptin is Dipeptidyl Peptidase-4 also known as a (DPP-4) inhibitor. It is prescribed when a patient living with diabetes is unable to maintain normal blood sugars with diet, exercise and an anti-diabetic medication like metformin. The DPP-4 Inhibitor teneligliptin was approved in Japan in 2012. It is marketed in Korea, India, and Japan.

In the U.S. we do have other DPP-4 Inhibitors physicians prescribe; JANUVIA, Onglyza, Tradjenta, and Jentaduetto X.

TENELIGLIPTIN WORKS DIFFERENTLY THAN METFORMIN

Metformin reduces the amount of glucose the liver produces while the DPP-4 inhibitors work by increasing hormones that stimulate your pancreas to produce more insulin and stimulate the liver to produce less glucose.

YOUR FASTING BLOOD SUGARS

Your blood glucose readings of 115 mg/dL and 134 mg/dL are what you would expect from a person with diabetes as it falls within the 70 mg/dL to 180 mg/dL range. Where it can be confusing is when you consistently experience “normal” blood sugars. Keep in mind the blood sugar range for people without diabetes is less than 140 mg/dL and for people with diabetes is less than 180 mg/dL after they eat. The reality is that your blood sugars are not high because of the two prescriptions you are taking in addition to exercising.

I hope this helps you.

Nadia

Disclaimer:

Nadia's feedback on your question is in no way intended to initiate or replace your healthcare professional's therapy or advice. Please check in with your medical team to discuss your diabetes management concerns. [DH](#)

Teneligliptin is a Dipeptidyl Peptidase-4 (also known as DPP-4) inhibitor. It is prescribed when a patient living with diabetes is unable to maintain normal blood sugars with diet, exercise, and an anti-diabetic medication like metformin.



Diabetes

8 Tips to Help Lower Your A1c

R.J. Dyer

When I found out that I had type 2 diabetes, I was actually fairly calm. I instinctively knew that overreacting or getting emotional would not help but hinder an already difficult situation. As the words from my physician's mouth sank in, "You are diabetic. Your A1c is at 7.8", it was at that moment that I made a decision; a decision that has positively impacted various components of my

overall health: I am going to fight and get this under control. Instead of having a pity party, or throwing my hands in the air and giving up since this diagnosis will be with me for life, I resolved that I would not allow anything to get the best of me or bring me to an early grave.

From that second forward I began developing my plan to not only reduce my A1c, but reduce it below pre-diabetic levels. Lofty goal? Perhaps, but I accomplished it in 3 months' time and have kept my A1c

below 5.8 and have lost 100 pounds since I learned of my diagnosis in November of 2015. Knowledge learned should be shared, especially if it can improve the quality of someone's life. So the rest of this article will focus one item at a time on what I did to gain the upper hand on diabetes and hopefully will provide you with some helpful tips as you continue on your journey with diabetes.

1). I have diabetes. Diabetes does not have me. The first thing I did was create a positive attitude and mindset through this mantra I came up with: "I have diabetes. Diabetes does not have me." This reminded me that I am in control of the diabetes through the choices I make, and diabetes does not control me. I highly encourage you to come up with your mantra, one that will encourage you when it gets challenging and will give you that kick in the backside you need to stay on track. If you can't think of one, feel free to use mine.

2). Take the medication your doctor prescribes, the way your doctor instructs. Upon getting the news that I had diabetes, my doctor prescribed Metformin ER (extended release), and told me to take the medication twice daily with meals. This is exactly what I have done religiously since November of 2015. She is the doctor,

Diabetes does not have me. The first thing I did was create a positive attitude and mindset through this mantra I came up with: "I have diabetes. Diabetes does not have me." This reminded me that I am in control of the diabetes through the choices I make, and diabetes does not control me.

not me, so I need to follow her directions. I have spoken to others with type 2 diabetes that were prescribed metformin that only take the medicine when their blood sugar is high. This defeats the purpose of a maintenance prescription like metformin. You have to take it every day (or however your doctor tells you to take it). My doctor also told me to test my blood sugar levels twice a day, once when I first wake up and the second testing about two hours after eating a meal. And yes, you guessed it! I did exactly what she told me to do.

3). Keep a journal of all blood sugar level results, food eaten, and any changes (good or bad) health wise on a DAILY basis. Keeping a journal of these items will help you track your progress as well as show you connections between certain foods you consumed that clearly either lowered or heightened your blood glucose levels.

Journaling this information also gives me specific things to discuss with your doctor at each three-month appointment. Also notate your weight gain or loss once a week in this journal. As weight gets out of control, so can blood glucose levels. My doctor has chuckled at me because I bring my journal to every appointment and have a list of things I either want to tell her

or ask her about. You are paying for that appointment so make the most of it.

4). Don't just say goodbye to sugary foods, also say goodbye to simple carbs and starchy foods. This is where a lot of diabetics go wrong: they cut out all the candy bars, cookies, cakes, and other various sugary foods. While this is certainly necessary, it does not go far enough to truly lower the A1c level and get the blood glucose level in ranges that are predominantly normal. Simple carbohydrates and starchy foods also contain a good deal of natural sugar, even though it is not specifically a sugary food. Simple carbs and starchy foods include: white bread, white rice, white pasta, white potatoes, corn, carrots, etc. And while fruit is not a carb, most fruit has a lot of natural sugar. Even natural sugar can spike a diabetic's blood glucose levels.

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...continued on page 18

Meet Lance.TM

He was just diagnosed with diabetes...



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...continued from page 15

These foods should be eliminated from a diabetic's daily diet. A question that I ask myself with everything I eat is: Does this item have more than 6 grams of sugar per serving? If it does, I do not eat it.

You must shift your carb intake to complex carbs and replace starchy foods with fibrous options: whole wheat/whole grain bread, whole wheat pasta, brown rice or wild rice, sweet potatoes, and any green vegetable.

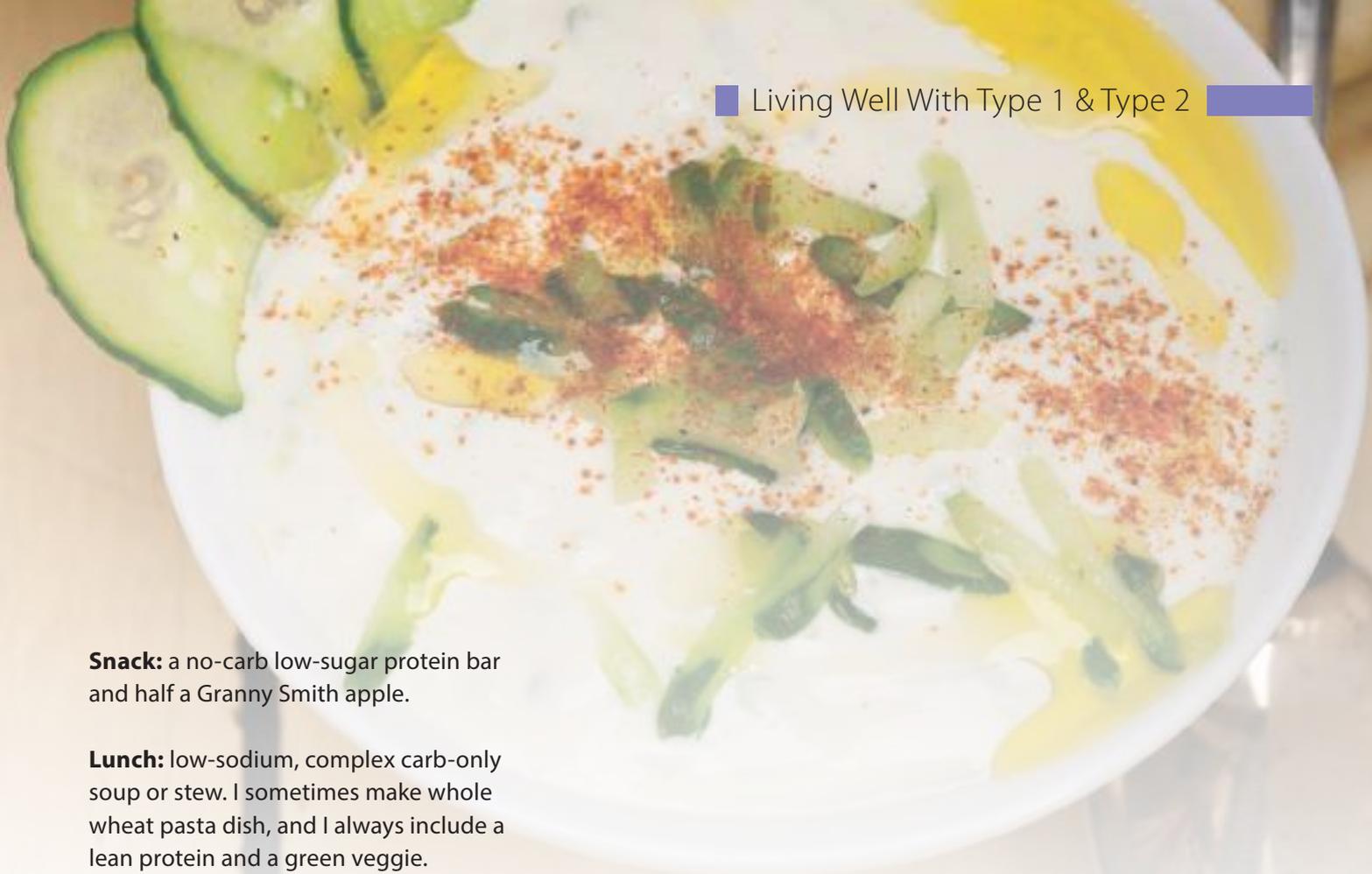
You must shift your carb intake to complex carbs and replace starchy foods with fibrous options: whole wheat/whole grain bread, whole wheat pasta, brown rice or wild rice, sweet potatoes, and any green vegetable.

Please note: Any carbohydrate consumed (complex or not) should be measured into one serving size. Look at the back of the respective packaging and read what measurement constitutes one serving size. That is the total amount I consumed, and no more. If I am still hungry after eating the proper serving size amount, I consumed more leafy green vegetables as they hardly have any calories, and are devoid of sugar.

The important thing is to not see this as a bad thing. Keep your mindset positive and always keep in mind the bigger picture: Eating the correct foods will improve your overall health and will reduce the probability of diabetic blindness, kidney issues, and other by products of out-of-control diabetes.

5). I eat often, not a lot. I eat breakfast, snack, lunch, snack, and then dinner. However, everything is portioned according to serving sizes. The key for me is not to overeat but eat consistently. This helped me to maintain a healthy glucose level throughout the day. Achieving this daily lowered my overall A1c. Also, any complex carbs that you consume should be eaten no later than your lunch meal. Even complex carbohydrates when consumed later in the day have the potential to turn into fat and/or sugar in your body. Also, make sure you eat your dinner (last meal of the day) no later than 6-6:30-p.m. for the same reasons. Here is how my meals and snacks look throughout any given day:

Breakfast: Glucerna Shake, 100-calorie Greek yogurt with fruit, small low-sodium V8 Tomato-based can of veggie drink.



Snack: a no-carb low-sugar protein bar and half a Granny Smith apple.

Lunch: low-sodium, complex carb-only soup or stew. I sometimes make whole wheat pasta dish, and I always include a lean protein and a green veggie.

Snack: same as above snack.

Dinner: lean protein and green veggies. Please note that all foods I eat are mainly fresh and organic, and the food is always pan-cooked in just a touch of olive oil, or baked, or steamed/boiled. It is never fried. Also note that all I drink is water all day long until dinner. With dinner I drink one glass of Ocean Spray Diet Juice.

6). Learn new healthy ways to make sweet foods that you like. One thing, among quite a few, that almost every diabetic struggles with, sometimes on a moment-to-moment basis, is a craving for sweet treats. I include myself in this group. But I have learned how to modify various recipes to make the carbs complex, reduce the sugars, and the fat content. Here are some tips:

- Substitute regular flour with whole wheat/whole grain or wild rice flour.
- Substitute sugar with Stevia, or organic

blue agave, or organic honey.

—Substitute dark chocolate morsels instead of milk chocolate morsels in a recipe like chocolate chip cookies, etc.

Instead of using real eggs in the batter, use Egg Beaters or you can even use Greek yogurt or low-fat mayonnaise.

Instead of butter, use olive oil or veggie oil.

And always bake, never fry.

7). I had to use extreme self-talk to conquer temptation. It seems that almost every grocery store fills the shelves by their checkout lines with every single type of food that a diabetic should not be eating: Little Debbie snacks, cookies, candy bars, sugary soda drinks, etc. This was the most difficult temptation for me to

Use extreme self-talk to conquer temptation. It seems that almost every grocery store fills the shelves by their checkout lines with every single type of food that a diabetic should not be eating: little Debbie snacks, cookies, candy bars, sugary soda drinks, etc.

No matter what happens, stay positive and do not give up. Have I fallen off the band wagon since starting on this journey with diabetes? Absolutely! I am human, you are human, we are going to fall short, that is a given.

overcome initially when I was out shopping for all my healthy foods. So I had to start using extreme self-talk to make myself not even want any of those sugar filled products. My favorite candy bars were Reese's Pieces and Kit Kats. I would look directly at those items and say in my mind, "You (speaking of the candy) are going to make me go blind, put me in a diabetic coma, get my feet chopped off, and send me to an early grave". Now that is quite "out there", if you will. It is very over the top, but you know what? It worked for me. So whatever sugary food or simple carb food you are craving, tell yourself that it will cause you to go blind and eventually kill you if you eat it. Eventually, I didn't even want to look at the candy bars anymore because they so disgusted me. Thus, this extreme self-talk needs to last only until you have conditioned your brain to not even want those types of food.

And this all brings me to my final tip to lowering my overall A1c, improving my health, and just making myself feel better in general:

8). No matter what happens, stay positive and do not give up. Have I fallen off the bandwagon since starting on this journey with diabetes? Absolutely! I am human, you are human, we are going to fall short, that is a given. What matters is what you do when you fall short; are you going to learn from it, change the behavior and grow stronger as a person, or are you just going to give up and make the situation worse? I believe that life is 10 percent what happens to you and 90 percent how you respond to it. So if you eat a cookie that you know you're not supposed to have, instead of eating the entire pack of cookies because you feel defeated, stop where you are and do not consume anymore of those cookies, just as an example.

I hope by reading what helped me lower my A1c will be beneficial to you. Remember, you have diabetes, diabetes does not have you.

Best wishes for good health to you. **DI**

DIABETES HEALTH IN THE NEWS:

Rural Diabetes Patients Find Success With Telemedicine

Diabetes Health Staff

Those with diabetes who live in rural areas often have difficulty regularly visiting doctors. With telemedicine, however, these individuals are able to more often speak to their treatment team, including their primary care physician and pharmacist. The North Carolina Health Resources & Services Administration with assistance from the Kate B. Reynolds Charitable Trust ran 13 telemedicine programs from 2013 to 2016. These sites were all aimed at assisting adults in underserved area whose type 2 diabetes was not controlled.

Patients scheduled several teleconference meetings with health care experts. Pharmacists assisted these individuals with learning about the disease and medication associated with it. Patients were educated on their specific medications and on how to manage their disease. Some meetings were with multiple team members. Over 1,200 teleconferences were held over a 30 month period with 365 patients. Each had an average of three to four meetings. Overall, patients showed improvements in their A1c, weight, and low density lipoprotein during the first year. These results were similar to patients who met with their health care team in person. [DH](#)

These findings were published in *North Carolina Medical Journal*.

Treating Sleep Apnea Benefits Blood Sugar and Heart Health

A study done on obstructive sleep apnea (OSA) shows that treating the disorder can benefit blood sugar levels and heart health. Dr. Jonathan Jun and his team from Johns Hopkins University in Baltimore conducted the study, which shows that those who do not regularly use a CPAP machine to assist with breathing may be more at risk of diabetes and heart issues. There were 31 participants in this study, all of whom had at least moderate OSA, used a CPAP machine regularly, and were categorized as obese. This was a change from previous studies in which some participants may not have used a CPAP machine during the study.

Researchers had participants sleep for two nights in a lab. During one night, they used a CPAP machine, while they did not the second night. Blood samples were obtained regularly throughout the night, providing real-time data. During the night patients did not use the CPAP, the amount of oxygen in the blood was lower and the levels of sugar, fatty acids, and cortisol were elevated. These results advance the theory that OSA and other conditions may influence diabetes and heart diseases rather than simple obesity. [DH](#)

These findings were published in *Journal of Clinical Endocrinology and Metabolism*.

A study done on obstructive sleep apnea (OSA) shows that treating the disorder can benefit blood sugar levels and heart health.



The Connection Between Obesity and Decision Making

Diabetes Health Staff

Individuals who are obese or morbidly obese tend to make decisions that are riskier than those who fall into a normal weight range, a study by the Service de Psychiatrie d'Adultes, Groupe Hospitalier Pitie-Salpetriere in Paris shows. This study looked at 612 patients, 362 of whom were classified as non-obese and 250 of whom were considered obese. Participants were between age 14.3 and 52.2. The BMI of those classified as obese was between 30.8 and 42.2.

Individuals who are obese or morbidly obese tend to make decisions that are riskier than those who fall into a normal weight range, a study by the Service de Psychiatrie d'Adultes, Groupe Hospitalier Pitie-Salpetriere in Paris shows.

This study looked at other studies in which participants were given a number of scenarios. Some of these scenarios included contingency plans that were explained in detail. Other scenarios were more ambiguous and did not provide contingency information. In both types of tests, those who fell into the obese categories overall made decisions that were considered to be riskier. While not conclusive, this study does indicate that there is a link between obesity and poor decision making. [DH](#)

These findings were published in *Obesity Reviews*.

AHA Continues to Suggest Replacing Fat With Unsaturated Vegetable Oil

The American Heart Association has once again stressed that replacing saturated fats with either mono- or poly-unsaturated vegetable oil can greatly reduce the chance of heart disease. The article, published in *Circulation*, states that despite the disagreement on the subject, scientific research does support replacing saturated fats. The study does also remind patients that limiting their saturated fats alone is not enough to live a healthy lifestyle. It must be done as part of a healthy diet and exercise program.

The article pointed to four different trials as sources. These studies looked at the diets of their participants for over two years. The overall findings showed that those who ate a high amount of saturated fats had a coronary heart disease risk of 0.71. The authors also pointed out that sugars and carbohydrates are not a beneficial replacement for saturated fats. Even some saturated fats such as coconut oil that have been seen as healthy in the past are truly not as beneficial as many believe. [DH](#)

These findings were published in *Circulation*.

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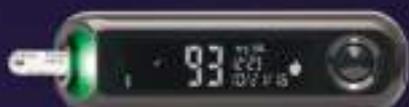
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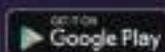
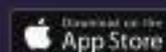


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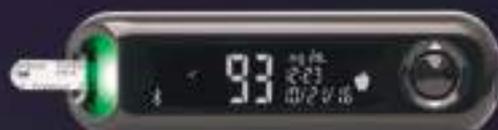
You can gain greater insight into what impacts your BG, particularly diet, activities and medication. Additionally the CONTOUR[™]DIABETES app even provides the ability to share results with your doctor in advance or on the day of your appointment. Either way you'll both be better informed and can focus your discussion when you meet.

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* ±8.4% applied to values ≥ 100mg/dL. Ad hoc analysis demonstrated 95% of results fell within ±8.4 mg/dL or ±8.4% of the laboratory reference values for glucose concentrations < 100 mg/dL or ≥ 100 mg/dL, respectively, when tested via subject-obtained capillary fingertip results (patient1).

References: 1. Christensen M et al. Accuracy and User performance Evaluation of a new Blood-Glucose-Monitoring System in development for use with CONTOUR[®]NEXT Test Strips. Poster presented at the 15th Annual Meeting of the Diabetes Technology Society (DTS), 22-24 October, 2015, Bethesda, Maryland, USA. Program managed by PSKW, LLC on behalf of Ascensia Diabetes Care US, Inc. The poster reserves the right to rescind, revise or amend this offer without notice at any time. 2. CONTOUR[®]NEXT ONE user guide. 3. Grady M et al. J Diabetes Sci Technol 2015;9:341-346. doi: 10.1177/1932296515009882.

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DIABETES HEALTH CROSSWORD PUZZLE

Test your knowledge to see how well you understand the articles in this magazine.

If you would like to sign up to receive a weekly puzzle, please email puzzle@diabeteshealth.com. In the subject area write "add me to your weekly word puzzle list." If you would like us to create a puzzle for you and our players, send your 8 words to puzzle@diabeteshealth.com and we will post your challenge online. In the subject area write "create my special word puzzle." We can all have fun posting and solving your word puzzles.



Across:

- 2 Treating a disorder that can benefit blood sugar levels and heart health
- 5 medication that increases hormones to stimulate your pancreas to produce more insulin
- 7 Gives you your average blood sugar reading for the last 60 to 90 days
- 8 Medication that stimulates the pancreas to produce more insulin

Down:

- 1 An organization that stresses replacing saturated fats with either mono- or poly-unsaturated vegetable oil
- 3 These people tend to make decisions that are riskier than those who fall into a normal weight range
- 4 An A1c target that gives you a blood sugar of 126 mg/dL
- 6 A type of therapy that helps diabetes who live in rural areas and often have difficulty regularly visiting doctors

GREAT NEWS FROM DEXCOM

Diabetes Health Pharmacist Staff

Dexcom, a company that has become synonymous with continuous glucose monitor systems for many diabetics, presented proof at the American Diabetes Association's 77th Scientific Sessions, which were held from June 9 to 13 in San Diego, California. It showed, simply put, that CGMs help diabetics (both type 1 and type 2) on multiple daily injections with their blood sugar control.

"This new data represents another important milestone in the advancement of diabetes management," said Kevin Sayer, Dexcom President and CEO. "As the first and only therapeutic CGM approved by Medicare for patients age 65 or older, Dexcom G5 Mobile is setting a new standard of care for a wide spectrum of patients."

Those in the study (which is called DIaMonD—or Multiple Daily Injections and Continuous Glucose Monitoring in Diabetes) saw an average A1c drop of .9 %, compared with .5 % for those not using a CGM device. That was after using the devices for 24 weeks, or a bit less than six months.

Other benefits were seen too. Patients were very interested in their CGM data and interacted with their display devices often. They also adhered to the treatment. What's more, the positive results were seen even

in those who markedly decreased their number of finger stick tests.

That was the experimental news. But Dexcom also had some practical news for its current patients, specifically, those who use Android smart phones and other devices.

Last month, the Food and Drug Administration approved Dexcom's G5 mobile application for use on the Android platform. This is important because Dexcom's G5 technology makes conventional CGM receivers less necessary because the blood glucose data can be transmitted directly to a smart phone.

But until now, the only smart phones that could run the app to receive the data were made by Apple. And while many use iPhones, Android devices have sizable market share. The platform is used in more than two thirds of new phone activations, according to the Consumer Information Research Partners.

"Providing Android users with access to the Dexcom G5 Mobile CGM System has been a priority for Dexcom," Sayer said. "The new Android app has been thoughtfully designed with customer needs and feedback in mind. It focuses on delivering technology that empowers users by putting critical glucose information on their phones and is compatible with the most popular Android devices currently in the market." **DH**

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Stephanie L.
T1D, Talent Manager

The Dexcom G5® Mobile Continuous Glucose Monitoring (CGM) System is the first and only CGM system approved by the FDA to let you make treatment decisions without pricking your finger,** based on its readings. The Dexcom G5 Mobile continuously measures your glucose every 5 minutes, and sends data to a receiver or smart system.*** You can share this data with up to 5 followers,*** and set high and low glucose alerts. And knowing more can help you lower A1C levels!



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*Fingersticks required for calibration, or if symptoms or expectations do not match readings, or when taking medications containing acetaminophen.

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May vary by compatible device, user and sensor connection quality. **See your FutureLog app manual. ©2017 Dexcom, Inc. (Dexcom) is a registered trademark of Dexcom, Inc. (Dexcom) for the management of diabetes in persons age 18 years and older. The G5 is designed to provide fingerstick-free glucose readings for people with insulin-dependent diabetes. The G5 also uses its detection of episodes of hypoglycemia and hyperglycemia. The G5 is intended for single patient use and requires a prescription. CONTINUOUS MONITORING is not required for the G5 CGM data if you have recently been hospitalized. Remove the G5 sensor (transmitter and receiver) before magnetic resonance imaging (MRI). Continuous Technology (CT) uses a high-frequency electrical field (500kHz) treatment. The G5 is not for use in MRI. Do not bring any portion of the G5 into the MRI environment. WARNING: CGM-based diabetes treatment decisions are only approved with the G5, not with other models of Dexcom CGM systems. Calibration is not necessary if you are using a fingerstick. If your G5 sensor stops or a sensor glucose reading is not accurate, or if you are getting inaccurate or inconsistent readings, take a fingerstick. If your glucose readings and alerts do not match your symptoms or expectations, take a fingerstick to confirm. Failure to do so may lead to hypoglycemia or hyperglycemia. The G5 is not approved for use in pregnant women, persons on dialysis or who are 18 years old. If a sensor (transmitter and receiver) is not attached to the skin, do not attempt to remove it. Seek professional medical help if you have infection or irritation on or near the sensor insertion point. Report problem sensors to Dexcom Technical Support. Sensor placement is not approved for sites other than under the skin of the belly (ages 18 years and older) or upper buttocks (ages 2-17 years). To share data, you need an internet connection and a separate compatible smart device running the Dexcom Follow App. Contact Dexcom Technical Support at 877-530-2664 or www.dexcom.com for detailed instructions for use and safety information. †Internet connectivity required to access Dexcom Follow.

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181202541 04/17



Ascensia Looks to the Future with Its App and CGM Partnership

Clay Wirestone

Ascensia Diabetes Care has turned firmly toward the future with a recent spate of announcements, debuting products and partnerships that promise to offer more accurate—and more convenient—blood testing options for those with diabetes.

“We believe the future of healthcare lies in connecting points of care,” he added. “The first step in that journey for diabetes is to provide a connected system which can add value for people living with diabetes.

The cornerstone of Ascensia’s efforts is the Contour Next One blood glucose monitoring system. It combines remarkable precision (according to the company, “95% of results within ± 8.4 mg/dL or $\pm 8.4\%$ of the laboratory reference values for glucose concentrations < 100 mg/dL or ≥ 100 mg/dL, respectively) with an app for smart phones that allows analysis of the data.

The Contour Diabetes app is a key part of the system, which received Food and Drug Administration clearance late last year. Users can look for patterns in their fingerstick results, as well as the effects of exercise and food on their blood sugar levels.

This is an innovative new option for people living with diabetes,” said Robert Schumm, the head of Ascensia Diabetes Care US. “The system combines the remarkable accuracy of the Contour Next One meter with the easy-to-use features of the Contour Diabetes app and is designed to provide insights that may help people manage their diabetes in a better way.

“We believe the future of healthcare lies in connecting points of care,” he added. “The first step in that journey for diabetes is to provide a connected system which can add value for people living with diabetes.

But Ascensia isn’t resting on its laurels. Last month, it announced a partnership with



the Insulet Corporation to connect its new monitor to the upcoming Omnipod Dash insulin pump system.

The Contour Next One will communicate with the Omnipod Dash Personal Diabetes Manager (or PDM) to relay the blood glucose information. The system can then make dosing suggestions based on the numbers.

Michael Kloss, the CEO of Ascensia Diabetes Care said that “We are delighted to enter into this agreement that brings together these innovative technologies from both companies.”

Finally, the company has announced another partnership with a major player in the diabetes space: Dexcom. The Contour Next One system will now be provided to patients who receive their Dexcom

continuous glucose monitoring systems through Medicare.

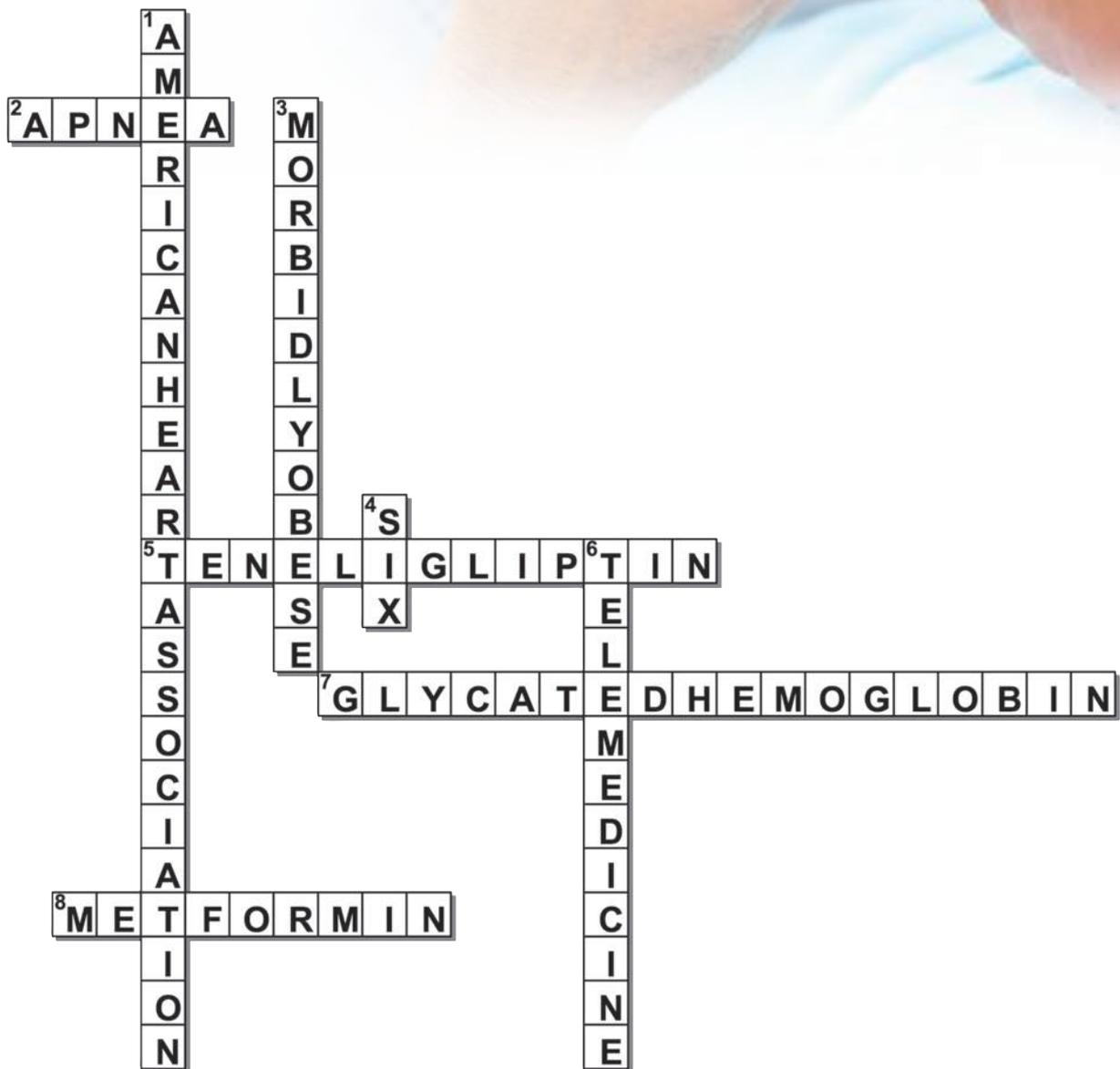
The supplies provided for patients will include the meter to help calibrate the Dexcom sensors in the most accurate way possible.

Rick Doubleday, Dexcom’s chief commercial officer, says his company is at “the forefront of diabetes technology, and in Ascensia, we saw a business partner that matches our own commitment to best-in-class products and services for people with diabetes.” **DH**

Michael Kloss, the CEO of Ascensia Diabetes Care, said that “We are delighted to enter into this agreement that brings together these innovative technologies from both companies.”

DIABETES HEALTH CROSSWORD SOLUTION

If you would like to sign up to receive a weekly puzzle, please email puzzle@diabeteshealth.com. In the subject area write "add me to your weekly word puzzle list." If you would like us to create a puzzle for you and our players, send your 8 words to puzzle@diabeteshealth.com and we will post your challenge online. In the subject area write "create my special word puzzle." We can all have fun posting and solving your word puzzles.



PEAR AND GORGONZOLA WINTER SALAD

Gerri French

Winter Vinaigrette

2 Tablespoons raspberry vinegar
 1 Tablespoons extra virgin olive oil
 FOR LOW CARB: 2 Tbl extra virgin olive oil
 2 Tablespoons fresh lemon juice
 Fresh ground black pepper, to taste

Low Fat /Low Carb Salad

1/2 cup chopped walnuts
 1 large head butter lettuce, washed, drained and torn into bite-size pieces
 FOR LOW FAT: 2 cored and sliced ripe pears
 FOR LOW CARB: 1 cored and sliced ripe pear
 1/2 cup crumbled Gorgonzola cheese
 2 Tablespoons chopped fresh parsley

Put walnuts in an ungreased skillet over medium-high heat. Stir nuts or shake pan almost constantly until walnuts are evenly browned and toasted. Remove from pan immediately and set aside.

Line 4 individual plates with washed and dried lettuce. Arrange pears on top.

Sprinkle with gorgonzola cheese, toasted walnuts and parsley.

Spoon on Winter Vinaigrette. [DH](#)

Nutritional information:

Calories 240; Fat 18 g (21 g low carb); Saturated Fat 4 g (4.5 g low carb); Cholesterol 15 mg; Sodium 140 mg; Carbohydrates 17 g (11 g Low Carb); Fiber 4 g (3 g Low carb); Sugars 11 g (6 g Low carb); Protein 6 g

Note: Recipe modified from the Schwarzbain Principle Cookbook

Health Mart® Brand Products

Offers a wide range of products ideal for people with diabetes to help maintain a healthy lifestyle at a great value!



- Blood Glucose Monitoring Systems
- Lancing Devices
- Lancets
- Single-Use Insulin Syringes
- Fast-Acting Glucose, Tablets, Gels & Shots
- Fiber Tablets
- Diabetics' Intensive Moisturizing Cream
- Diabetics' Foot Care Cream

FEATURING:

Health Mart® TRUEplus® Diabetics' Skin Care products target specific needs, including moderate skin dryness, severe dry, rough skin and cracked feet.

Ask your pharmacist for more information.

MANUFACTURER'S COUPON

EXPIRES 3/31/2018

\$1.00 off

Any one (1) Health Mart® TRUEplus® Diabetics' Intensive Moisturizing Cream or Foot Care Cream, 4 oz.



CONSUMER: Present this coupon to the cashier at time of purchase. Limit one coupon per purchase. Cannot be combined with any other offer, including store loyalty programs. NO CASH VALUE. This offer does not apply to prescription purchases. RETAILER: We will reimburse you the face value of this coupon plus 3¢ handling provided you and the consumer have complied with the terms of this offer. Invoicing pending purchase of sufficient stock to cover presented coupons must be shown on request. Any other application may constitute fraud. Transactions may not be submitted to Medicare, Medicaid or any private insurer as a claim. Coupon valid until 3/31/2018, based on expiration. Consumer must pay any sales tax. Cash value .00¢. Reproduction of this coupon is expressly prohibited. No cashback. Mail to: Trividia Health, Inc., Attn: Dept. 421289, One Harvest Drive, Del Rio, TX 78840



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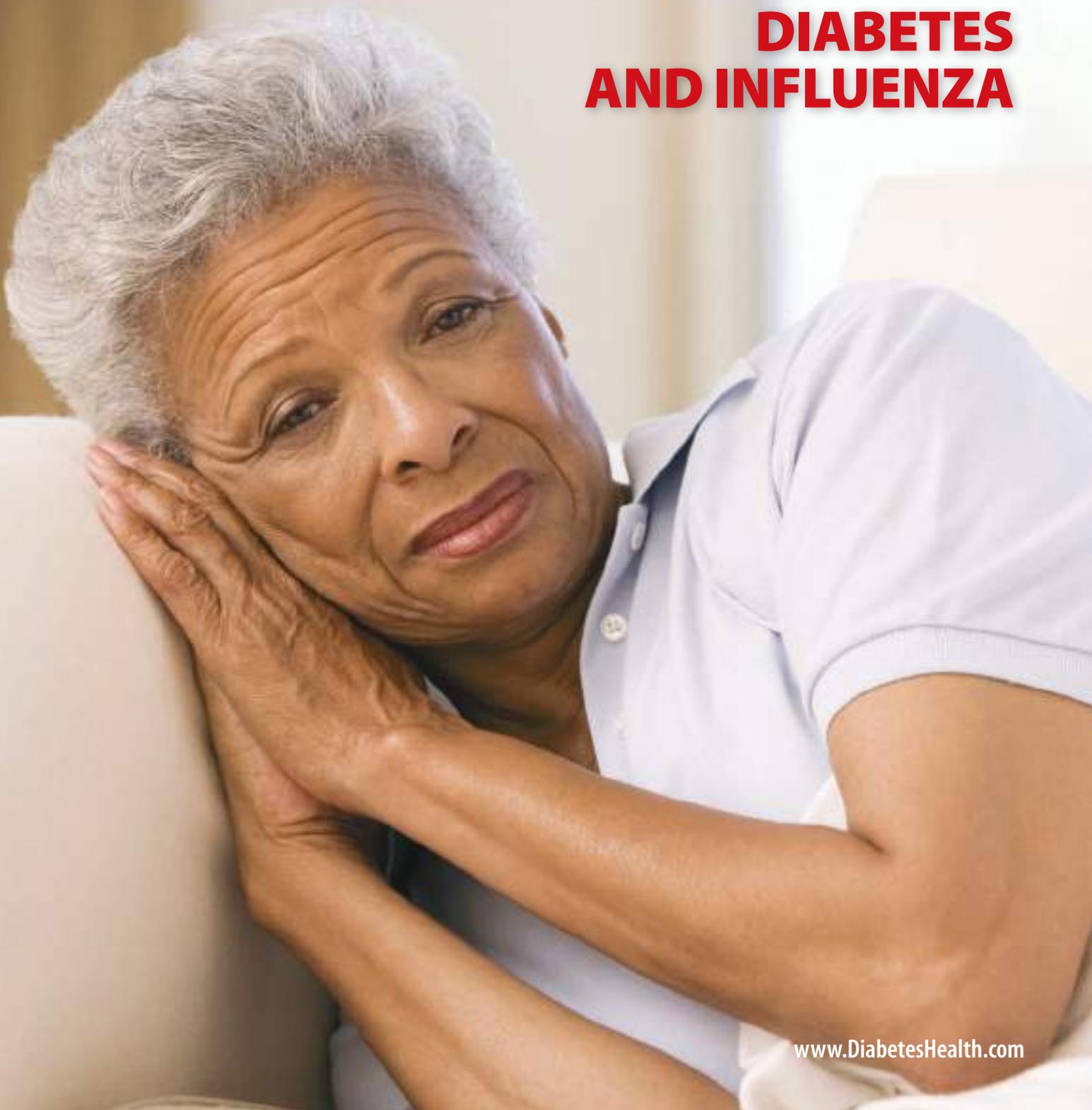
YOUR COMPREHENSIVE GUIDE TO THE FLU SEASON

DiabetesHealth

INVESTIGATE. INFORM. INSPIRE.

WINTER 2017

**DIABETES
AND INFLUENZA**



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4 Diabetes and Influenza

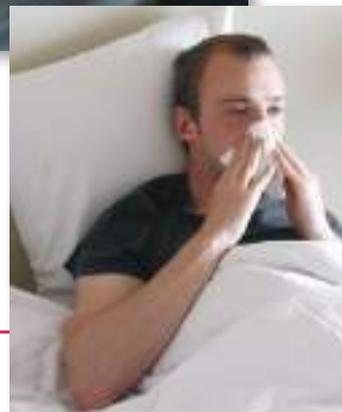
- Coming down with a case of the flu is no fun for anyone. But it poses extra risks for people with diabetes or other chronic health problems.



FEATURE

7 Flu Symptoms & Complications

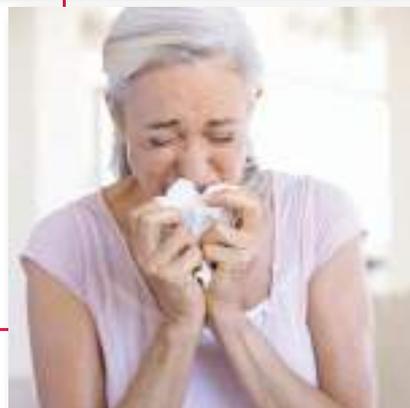
- It's important to be aware of the symptoms of influenza and what they can include.



FEATURE

10 Immunization Schedule

- The best time to get a flu shot is beginning in September. It takes about two weeks to take effect. For extra safety, it's a good idea for the people you live with or spend a lot of time around to get a flu shot, too. You are much less likely to get the flu if the people around you don't have it.



FEATURE

14 You Will Soon Be Able to Visit Your Local Pharmacy for Simple Diagnostic Tests

- You will be happy to learn that the U.S. Food and Drug Administration (FDA) has approved Becton Dickinson's new Veritor™ System as a diagnostic test for Influenza A+B.

DIABETES AND INFLUENZA

Coming down with a case of the flu is no fun for anyone. But it poses extra risks for people with diabetes or other chronic health problems.

Flu symptoms such as fatigue can make it harder to perceive both high and low blood-glucose episodes. Some medicines, antibiotics and steroids used to treat illness can also raise blood-glucose levels.

A bad case of the flu can lead to viral or bacterial pneumonia, dehydration, ear infections and sinus infections, especially in children. Influenza can also make chronic medical conditions such as diabetes, asthma and congestive heart failure worse. Though numbers vary from year to year, an annual average of more than 200,000

hospitalizations and approximately 36,000 deaths are attributed to influenza or complications from influenza in the United

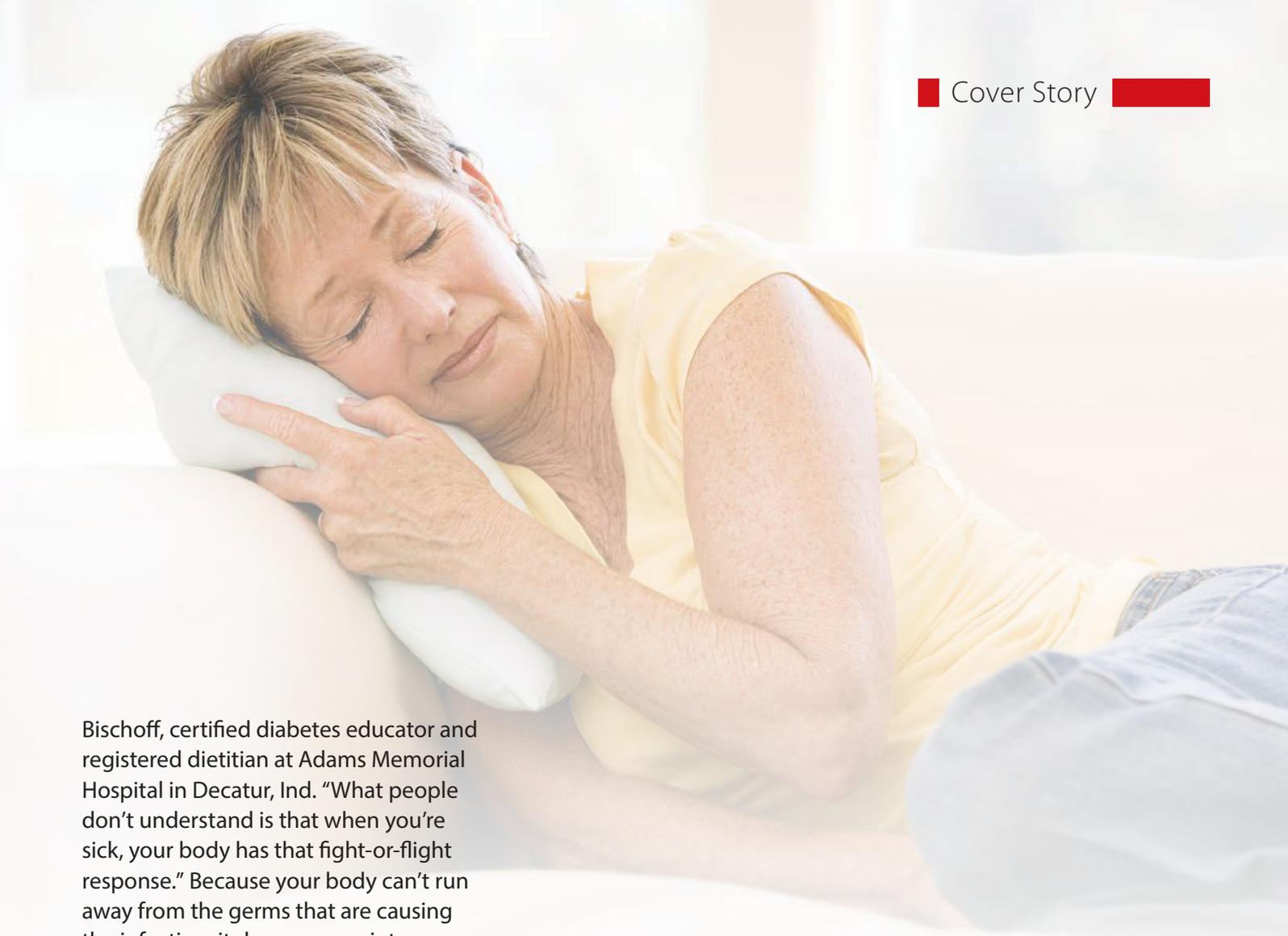
States alone. On a global scale, the flu is responsible for the deaths of half a million people each year.

People with diabetes make up a disproportionately large number of those affected. They are six times more likely to be hospitalized with flu complications than the population at large. Deaths among people with diabetes rise 5 to 15 percent during flu epidemics, according to the Centers for Disease Control. Each year, between 10,000 and 30,000 deaths among people with diabetes are associated with influenza and pneumonia.

WHY INFLUENZA IS ESPECIALLY DANGEROUS FOR PEOPLE WITH DIABETES

Flu symptoms such as fatigue can make it harder to perceive both high and low blood-glucose episodes. Some medicines, antibiotics and steroids used to treat illness can also raise blood-glucose levels.

"A lot of times people will think that because they aren't eating, their blood sugar isn't going to go up," said Kris



Bischoff, certified diabetes educator and registered dietitian at Adams Memorial Hospital in Decatur, Ind. “What people don’t understand is that when you’re sick, your body has that fight-or-flight response.” Because your body can’t run away from the germs that are causing the infection, it dumps sugar into your bloodstream to help prepare for battle. “For some people,” she explains, “a higher blood sugar reading is the first sign that they’re getting sick or getting an infection.”

Diabetes can compromise the body’s immune system, making it less effective at fighting viral infections such as the flu. This puts people with diabetes at greater risk of developing secondary infections such as pneumonia. And pneumonia is nothing to take lightly; according to the CDC, about 5 percent of cases involving adults who develop pneumonia result in death.

People with type 1 diabetes who get influenza may be more prone to dangerous levels of ketones. This can

cause diabetic ketoacidosis (DKA), which can result in coma or even death.

THE HIDDEN BENEFITS OF GETTING A FLU SHOT FOR PEOPLE WITH TYPE 2 DIABETES

The best way to protect yourself against influenza and the complications that can arise is to get a flu shot. Not only does the vaccine protect against some of the viruses that can cause influenza, a recent study has suggested that people with type 2 diabetes who receive flu vaccinations may have a reduced risk of cardiovascular disease.

Diabetes can compromise the body’s immune system, making it less effective at fighting viral infections such as the flu. This puts people with diabetes at greater risk of developing secondary infections such as pneumonia.



The study wasn't intended to prove a cause-and-effect relationship between influenza vaccine and the reductions in death and hospital admissions. However, the results do suggest that the benefits of getting a flu shot extend beyond simple peace of mind.

The study, published in July 2016 in *The Canadian Medical Association Journal*, sought to examine the effectiveness of influenza vaccination in preventing hospital admissions for cardiovascular and respiratory conditions. The research subjects were 124,503 British adults with type 2 diabetes who were studied over a seven-year period, from 2003 to 2010. About two-thirds of the people in the study had received influenza vaccinations.

Even after controlling for variables such as age, sex, smoking, medications and body mass index, the researchers found

that having received a flu shot was associated with a 30 percent reduction in flu-season hospital admissions for stroke. Hospital admissions for heart failure were down 22 percent, hospitalizations for heart attack were down 19 percent and hospitalizations for pneumonia or influenza were down 15 percent among people with type 2 diabetes who had received a flu shot.

Most significant of all: The death rate among those who received a flu shot was 24 percent lower than in those who had not been vaccinated, the researchers said.

The study wasn't intended to prove a cause-and-effect relationship between influenza vaccine and the reductions in death and hospital admissions. However, the results do suggest that the benefits of getting a flu shot extend beyond simple peace of mind. [DH](#)

Flu SYMPTOMS & Complications

Diabetes Health Staff

HOW TO KNOW IF YOU HAVE THE FLU

It's important to be aware of the symptoms of influenza. According to the CDC, they can include:

Fever

(Note, however, that it is possible to be infected with the flu virus and experience respiratory problems without having a fever.)

Cough

Sore throat

Runny or stuffy nose

Body aches

Headache

Chills

Fatigue

Some people may also have vomiting and diarrhea.

WHAT TO DO IF YOU GET THE FLU

Consult your doctor: Your physician may want to start an antiviral medication to reduce the risk of complications from influenza. These drugs can also reduce

the duration of illness by a day or two, but they are most effective when they are started within 48 hours after symptoms begin.

There are three FDA-approved influenza antiviral drugs recommended by the CDC for use during the 2016-17 flu season. The brand names for these drugs are Tamiflu (generic name oseltamivir), Relenza (generic name zanamivir), and Rapivab (generic name peramivir). Tamiflu is available as a pill or liquid. Relenza is a powder that is inhaled; it is not recommended for people with breathing difficulties such as asthma or COPD. Rapivab is administered intravenously by a medical professional.

Your physician may want to start an antiviral medication to reduce the risk of complications from influenza. These drugs can also reduce the duration of illness by a day or two, but they are most effective when they are started within 48 hours after symptoms begin.



Ask your pharmacist before taking any over-the-counter

medications: Some OTC medicines such

Bischoff advises people with diabetes to pack a food kit for sick days, “almost like a lunch box that you could keep up on the shelf.” When you’re sick, you probably won’t feel like going out to buy special supplies.

as cough syrups contain sugar, which can affect blood glucose levels. Reading the label isn’t enough, Bischoff says, because it’s not always possible to recognize which ingredients are which. You’re always better off asking the pharmacist to help you find products that are safe for people with diabetes.

Monitor fluid and food intake: You may not feel like eating if

you don’t feel well, but for people with diabetes it’s especially important to stay hydrated and to try to get at least a few carbs into your system on a regular basis, according to the CDC. If you’re not able to take in the same amount of carbohydrates as in your normal diet, you may need to talk to your doctor about adjusting your diabetes medication.

Bischoff advises people with diabetes to pack a food kit for sick days, “almost like a lunch box that you could keep up on the shelf.” When you’re sick, you probably won’t feel like going out to buy special supplies. Food kit recommendations include saltine crackers, graham crackers and single-serve cups of fruit, applesauce, Jell-O and soup. Beverages to keep on hand beside your food kit: Single-serve juice boxes, 7-Up or ginger ale, Kool-Aid,



lemonade, Gatorade or Powerade. And in the freezer, always try to keep a supply of Popsicles.

Check your blood sugar regularly: You may not want to bother if you don't feel well, "but it can get out of control fast," Bischoff said.

If you have type 1 diabetes, monitor your ketones: If they get too high you could develop ketoacidosis (DKA), which can lead to coma or even death.

Step on the scale to help detect dehydration: Unexplained weight loss can be a sign that blood glucose is too high and your body is attempting to flush it out. "Remember that two cups of fluids equals one pound," says Bischoff. "So if you're suddenly down a couple of pounds, you can figure you're short on fluids."

Know when to seek medical

attention: People with diabetes who are too sick to eat or keep food down for more than six hours should call the doctor or go to the emergency room, the CDC advises. The same goes for those who are having trouble breathing or who have severe diarrhea, show signs of confusion or excessive sleepiness, lose five pounds or more, have a temperature over 101 degrees, or have a blood glucose level lower than 60 mg/dL or over 300 mg/dL. [DH](#)

Unexplained weight loss can be a sign that blood glucose is too high and your body is attempting to flush it out. "Remember that two cups of fluids equals one pound," says Bischoff. "So if you're suddenly down a couple of pounds, you can figure you're short on fluids."

IMMUNIZATION SCHEDULE

Diabetes Health Staff

WHEN'S THE BEST TIME TO GET A FLU SHOT?

The best time to get a flu shot is beginning in September. It takes about two weeks to take effect. For extra safety, it's a good idea for the people

you live with or spend a lot of time around to get a flu shot, too. You are much less likely to get the flu if the people around you don't have it.

If you have a cold or other respiratory illness, wait until you are healthy again before getting your flu shot. Do not get a flu shot if you are allergic to eggs.

WHY YOU SHOULD ALSO GET A PNEUMONIA SHOT

People with diabetes are about three times as likely to die from flu or pneumonia than the population at large. Yet according to the American

Diabetes Association, only one-third of people with diabetes make the effort to get a pneumonia shot. What most people don't realize is that one out of every 20 adults who get pneumonia die. When you consider that sobering statistic, getting a shot seems much more worthwhile.

A pneumonia shot is recommended for anyone with diabetes age 2 or older. You can get one any time of the year. If it's been more than five years since your last pneumonia shot and you are over 65 years of age, you should get revaccinated.

A pneumonia shot can also protect you from other infections caused by the same bacteria, such as bacteremia (a blood infection) and meningitis (an infection of the covering of the brain). About 10,000 people die each year from these bacterial infections. But a pneumonia shot is considered to be about 60 percent effective in preventing the most serious pneumonias, as well as meningitis and bacteremia.

A pneumonia shot is recommended for anyone with diabetes age 2 or older. You can get one any time of the year. If it's been more than five years since your last pneumonia shot and you are over 65 years of age, you should get revaccinated.

WHICH TYPE OF PNEUMONIA SHOT DO YOU NEED?

There are two types of pneumonia vaccines. Your doctor or your pharmacist can recommend which is best for you, but here are the general guidelines:

PCV13

The pneumococcal conjugate vaccine (PCV13, also known as Prevnar 13) protects against 13 types of pneumococcal bacteria. According to the CDC, before this vaccine was developed there were about 700 cases of meningitis, 13,000 blood infections, and 200 deaths from pneumococcal disease each year among children younger than 5 years old. These numbers have since dropped off considerably, but could again become a threat if children aren't vaccinated with PCV13.

PCV13 is recommended for use in infants and young children. Certain older children may also need a dose of PCV13.

PCV13 is recommended for all adults 65 years or older.

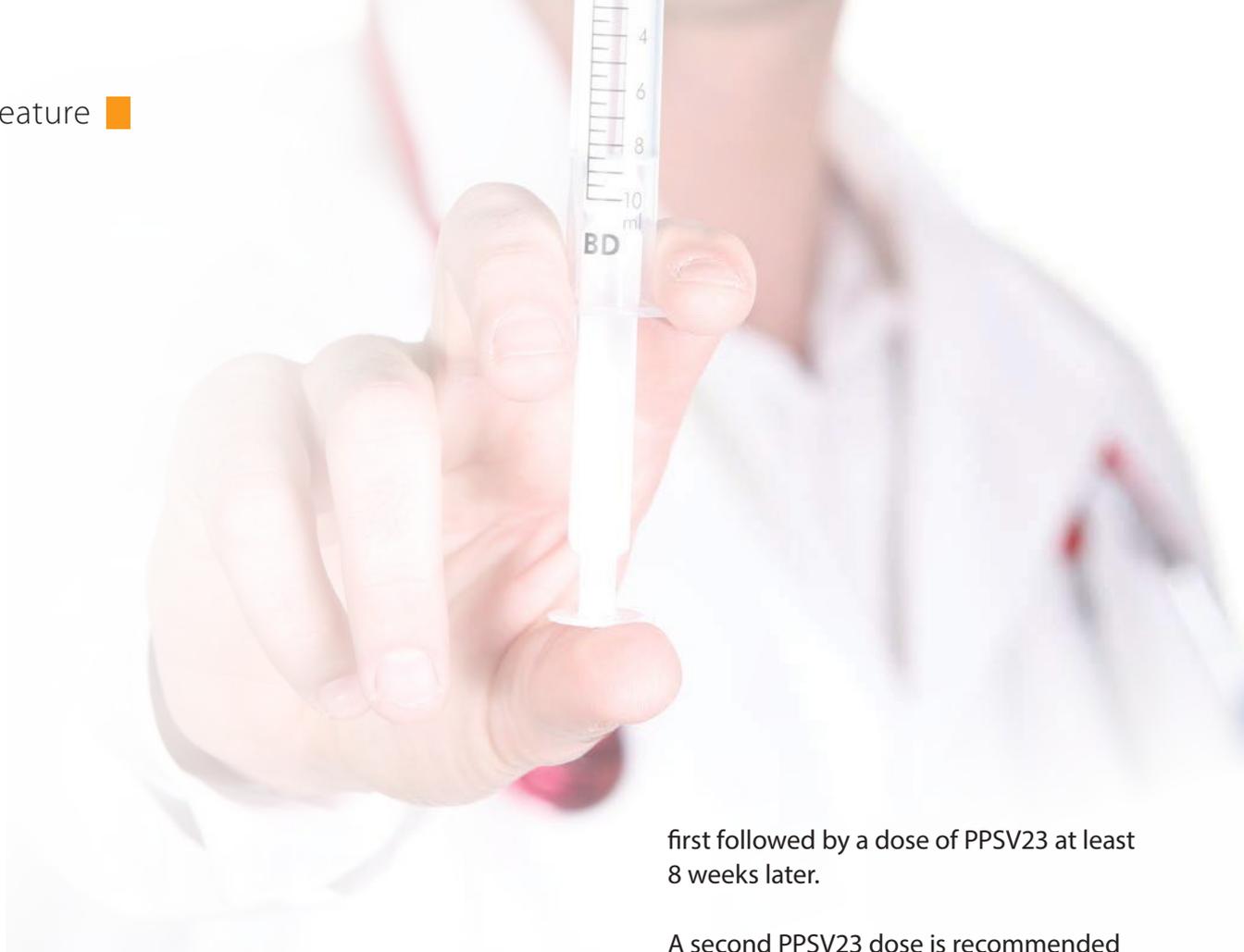
One dose of PCV13 is also recommended for adults 19 years or older with conditions that weaken the immune system, such as HIV infection, organ transplantation, leukemia, lymphoma, and severe kidney disease. If you have one of these conditions, talk to your doctor.

PPSV23

The pneumococcal polysaccharide vaccine (PPSV23 or Pneumovax) protects against 23 types of pneumococcal bacteria.

It is recommended for all adults 65 years or older and for those 2 years or older who are at high risk for disease. According to the CDC, this includes people with chronic illnesses such as diabetes, alcoholism and kidney disease, as well as those with immune-weakening conditions such as HIV or cancer.

There are two types of pneumonia vaccines. Your doctor or your pharmacist can recommend which is best for you.



PPSV23 is also recommended for adults 19 through 64 years' old who smoke cigarettes or who have asthma.

RECOMMENDATIONS FOR ADULTS WITH NO PREVIOUS PNEUMOCOCCAL VACCINATIONS

Those who received one or more doses of PPSV23 before age 65 should receive one final dose of the vaccine at age 65 years or older if at least five years have elapsed since their previous PPSV23 dose.

The Advisory Committee on Immunization Practices (ACIP) recommends that all adults 65 years of age or older receive a dose of PCV13 followed by a dose of PPSV23 at least 1 year later. PCV13 and PPSV23 should not be administered on the same day.

The advisory committee also recommends that adults 19 years of age or older with immunocompromising conditions who have not previously received either PCV13 or PPSV23 should receive a dose of PCV13

first followed by a dose of PPSV23 at least 8 weeks later.

A second PPSV23 dose is recommended five years after the first PPSV23 dose for persons aged 19 through 64 years with immunocompromising conditions.

Those who received one or more doses of PPSV23 before age 65 should receive one final dose of the vaccine at age 65 years or older if at least five years have elapsed since their previous PPSV23 dose.

RECOMMENDATIONS FOR ADULTS WITH PREVIOUS PPSV23 VACCINATIONS

Adults 65 years of age or older who have not previously received PCV13 and who have previously received one or more doses of PPSV23 should receive a dose of PCV13. The dose of PCV13 should be given at least one year after receipt of the most recent PPSV23 dose.

Adults 19 years of age or older with immunocompromising conditions who have previously received one or more

doses of PPSV23 should be given a dose of PCV13 one or more years after the last PPSV23 dose was received. For those who require additional doses of PPSV23, the first such dose should be given no sooner than eight weeks after PCV13 and at least five years since the most recent dose of PPSV23.

HOW MANY DOSES OF PPSV23 CAN AN ADULT GET IN A LIFETIME?

Some adults may be recommended to receive up to three doses of PPSV23 in a lifetime. Two doses of PPSV23, given five years apart, are recommended for adults younger than age 65 with immunocompromising conditions. People in this category should then receive a third dose of PPSV23 at or after age 65, as long as it has been at least five years since the previous dose.

HOW MANY DOSES OF PCV13 CAN AN ADULT GET IN A LIFETIME?

All adults are recommended to receive one dose of PCV13 in a lifetime. If they received a dose of PCV13 prior to turning 65 years of age (due to a medical

indication), they are not recommended an additional dose of PCV13.

WHAT ELSE YOU CAN DO TO PREVENT SEASONAL FLU AND OTHER COMMUNICABLE DISEASES:

Cover your nose and mouth with a tissue when you cough or sneeze. Make sure you then throw the tissue in the trash.

Wash your hands frequently with soap and water, especially after sneezing or coughing. Alcohol-based hand cleaners are also effective.

Prevent the spread of germs by avoiding touching your eyes, nose or mouth. Stay as far away from people who are ill as possible.

If you get sick, stay home from work or school and limit contact with others to keep from infecting them. **DH**

Some adults may be recommended to receive up to three doses of PPSV23 in a lifetime. Two doses of PPSV23, given five years apart, are recommended for adults younger than age 65 with immunocompromising conditions.



You Will Soon Be Able to Visit Your Local Pharmacy for Simple Diagnostic Tests

Diabetes Health Staff

In the near future, local community pharmacies will be offering this influenza test with same-day results. Not only will it be convenient, it may also cost you a lot less than a hospital or clinic co-payment.

If you don't like going to a hospital and standing in a long line, or visiting your physician's office and waiting for your name to be called for a flu test, you will be happy to learn that the U.S. Food and Drug Administration (FDA) has approved Becton Dickinson's Veritor™ System as a diagnostic test for Influenza A+B.

In the near future, local community pharmacies will be offering this influenza test with same-day results. Not only will it be convenient, it may also cost you a lot less than a hospital or clinic co-payment.

HOW IT WORKS

Veritor™ System is a simple test where the pharmacist swabs your nose, and the results come back in under 11 minutes. With the Veritor™ System you no longer need to wait days before you receive your flu test results. This swift feedback lets you conveniently test for flu at the same time you've stopped by your local community pharmacy to pick up a prescription or shop for other items.



Becton, Dickinson & Co. (BD) reports that the Veritor System “successfully tests against 70 strains including multiple strains of H3N2v and the novel H7N9.”

As a preventative measure during winter, when you're exposed to people coughing in public areas, make sure to get your flu inoculation as early as September. If you have a cough, sore throat, chills, are fatigued, and your body aches, these could be flu symptoms. Rule out Influenza A+B by getting tested at your neighborhood pharmacy.

The sooner you get a diagnosis for influenza, the sooner you can start the road to recovery by stocking up on what

you need to insure a rapid recovery.

Make sure to let your friends and family know that this new pharmacy diagnostic flu test is available. The family and friends that surround us are the ones that expose us most to the flu. To break the cycle it's important to make sure everyone around us is free of Influenza A+B. [DH](#)

As a preventative measure during winter, when you're exposed to people coughing in public areas, make sure to get your flu inoculation as early as September. If you have a cough, sore throat, chills, are fatigued, and your body aches, these could be flu symptoms.

Are you up to date on your vaccines?

Ask your pharmacist for more information.



Adult routine vaccines

- Seasonal flu (influenza) vaccine once a year
- Human papillomavirus (HPV) vaccine
- Varicella (chicken pox) vaccine series
- Measles, mumps, rubella (MMR) vaccine series
- Vaccine to prevent whooping cough and tetanus



Age 65+¹

- Seasonal flu (influenza) vaccine once a year
- Vaccine to prevent whooping cough and tetanus (Tdap)
- Pneumococcal "pneumonia" vaccine
- Zoster "shingles" vaccine (ages 60+)
- Varicella (chicken pox) vaccine series



Heart disease² and diabetes³ type I or type II

- Seasonal flu (influenza) vaccine once a year
- Human papillomavirus (HPV) vaccine
- Vaccine to prevent whooping cough and tetanus (Tdap)
- Pneumococcal (PPSV23) vaccine
- Zoster "shingles" vaccine
- Measles, mumps, rubella (MMR) vaccine series



Back-to-school⁴

- Seasonal flu (influenza) vaccine once a year
- Meningococcal "meningitis" vaccine series
- Human papillomavirus (HPV) vaccine
- Vaccine to prevent whooping cough and tetanus (Tdap)



Travel vaccine checklist⁵

- Polio
- Rabies
- Routine⁵ (MMR, Tdap, varicella, flu)
- Typhoid
- Yellow fever^{*}
- Meningococcal conjugate (groups A, C, W, Y)

1 <http://www.cdc.gov/vaccines/adults/rec-vac/index.html>, 2 <http://www.cdc.gov/vaccines/hcp/adults/downloads/fx-heart-disease-vaccines.pdf>, 3 <http://www.cdc.gov/vaccines/hcp/adults/downloads/fx-diabetes-vaccines.pdf>, 4 <http://www.cdc.gov/vaccines/who/immun/downloads/parent-version-schedule-7-18yrs.pdf>, 5 <http://www.cdc.gov/travel/destinations/list>

Please consult CDC website to confirm destination-specific vaccine needs. *Only available direct from manufacturer ©2017 Health Mart Systems, Inc. All rights reserved. HM-93275-02-17