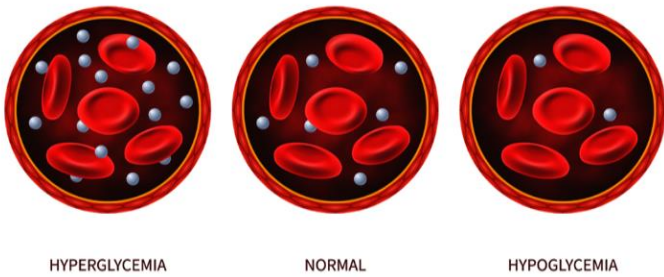


DIABETES 101

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Common Terms

- **Diabetes:** A group of metabolic diseases featuring high blood glucose (sugar) levels caused by problems with insulin production. It is generally called type 1 or type 2 diabetes.
- **Prediabetes:** A condition where individuals have higher than normal glucose levels, but not yet high enough for a diagnosis of diabetes.
- **Blood Glucose:** The main sugar found in the blood and the body's main source of energy.
- **Insulin:** A hormone that regulates the way glucose is stored and used in the body. The beta cells of the pancreas make insulin.
- **A1C:** Also known as HbA1c, it is a blood test that shows the average amount of sugar in your blood over three months. It shows how well you are controlling your diabetes.



What happens to our blood sugar when we eat?

- The pancreas excretes insulin to move glucose out of the blood and into the cells where it will be used for energy.
- If the cells don't properly absorb glucose, it builds up in the blood after food is eaten, which results in Hyperglycemia.
- The pancreas can't produce enough insulin or the cells become less sensitive to the insulin that is released, which results in Insulin resistance.

Type 1 Diabetes

- Previously called juvenile diabetes or insulin-dependent diabetes.
- A disorder of the body's immune system that results in the pancreas not producing any insulin.
- Most often detected early in life.
- There is no cure.

Type 2 Diabetes

- Previously called adult-onset diabetes.
- Results when the body doesn't respond appropriately to insulin, a condition called "insulin resistance."
- The more common type of diabetes.
- Most often found adults >40 and runs in families.
- Can be controlled with weight management, good nutrition, and exercise.



Symptoms

Constant Thirst
Frequent Urination
Fatigue
Blurred Vision
Frequent Infections
Slow Healing Injuries
Unplanned Weight Loss



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Long-Term Effects:

- **Damage to arteries**, which leads to heart attack and stroke.
- **Vision loss** due to damaged arteries in the eyes.
- **Loss of circulation** in the legs and feet, which can lead to amputation and erectile dysfunction.
- **Kidneys** can become damaged and fail if diabetes is poorly controlled for a long time.
- **Nerve cell damage**, which leads to loss of feeling to touch, heat, cold, and pain.

Prevention/Reduce Complications

- Weight control and maintenance
- Physical activity
- Healthy diet and lifestyle
- Stress management
- Medications to control blood sugar if needed



**Eat regular,
balanced meals**



**Aim for
150 minutes/week**

Risk Factors

Type 1 Diabetes	Type 2 Diabetes
Genetics	Genetics
Race	Race
Viral Infections	Weight
Autoimmune Conditions	Health
	Exercise
	Diet
	Age and Sex

Statistics

- In 10 years, diagnosed diabetes will rise by 31%.
- Diabetes can reduce lifespan by 5 to 15 years.
- Every year diabetes contributes to:
 - 30% of strokes
 - 40% of heart attacks
 - 50% of kidney failure
 - 70% of non-traumatic lower limb amputations

How Do You Measure Up?



A1C	< 7
Blood pressure	< 130/80 with diabetes < 140/80 without diabetes
Cholesterol	LDL < 3.0 mmol/L (High risk < 2.0 mmol/L) HDL > 1.0 mmol/L
BMI	18.5-24.9

Lunch-and-Learn Resources

<https://www.diabetes.ca>

<https://www.diabetes.org>

<https://www.medtronicdiabetes.com/diabetes-care/about-diabetes/diabetes-glossary>

<https://www.canada.ca/en/public-health/services/chronic-diseases/reports-publications/diabetes/your-guide-diabetes.html#Dia>

<https://www.verywellhealth.com/what-to-know-about-insulin-resistance-1087434>

<https://www.diabetes.ca/DiabetesCanadaWebsite/media/About-Diabetes/Diabetes%20Charter/2019-Backgrounder-Canada.pdf>

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**DIABETES
CANADA**

Are you at risk?

You could be one of many Canadians who have type 2 diabetes and don't know it.

You are at risk for type 2 diabetes if:

- you are age 40 or over, or
- you are an individual at high risk on a risk calculator*

and you should be tested at least every three years.

If you check any of the boxes to the right, you should be tested for diabetes earlier and/or more often.

Today, more than ever before, people with diabetes can expect to live active, independent and vital lives if they make a lifelong commitment to careful management of the disease.

It is important to be tested for type 2 diabetes if you are at risk. Left untreated or improperly managed, diabetes can result in a variety of complications, including:

- Heart disease
- Kidney disease
- Eye disease
- Problems with erection (impotence)
- Nerve damage

My risk assessment

- I have a parent, brother or sister with diabetes.
- I am a member of a high-risk group (African, Arab, Asian, Hispanic, Indigenous or South Asian descent, low socioeconomic status).
- I have health complications that are associated with diabetes.
- I gave birth to a baby that weighed over 4 kg (9 lb) at birth.
- I had gestational diabetes (diabetes during pregnancy).
- I have been told I have prediabetes (impaired glucose tolerance or impaired fasting glucose)
- I have high blood pressure.
- I have high cholesterol or other fats in my blood.
- I am overweight (especially if I carry most of my weight around my middle).
- I have been diagnosed with any of the following conditions:
 - Polycystic ovary syndrome
 - Acanthosis nigricans (darkened patches of skin)
 - Psychiatric disorders: schizophrenia, depression, bipolar disorder
 - I have obstructive sleep apnea
 - I use glucocorticoid medication

Don't ignore these risk factors.

The earlier you are diagnosed, the sooner you can take action to stay well – now and in the future. If you already have type 2 diabetes, your children, brothers and sisters are at risk. Urge them to be tested for diabetes.

*The Canadian Diabetes Risk (CANRISK) calculator (available at <http://www.healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/diabetes-diabete/canrisk/index-eng.php>).

<https://diabetes.ca/diabetescanadawebsite/media/managing-my-diabetes/tools%20and%20resources/are-you-at-risk.pdf?ext=.pdf>

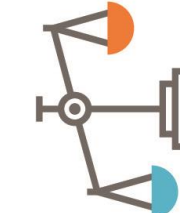
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Decisional Balance – Weighing the Pros and Cons of Changing (or Not Changing) Behavior

The change I'm thinking of making is:

	PROS of staying the SAME :	CONS of staying the SAME :
STEP 1: Consider staying the same	<p>How big a deal is it? 1 = not such a big deal 10 = big deal!</p> <p>• _____</p> <p>• _____</p> <p>• _____</p> <p>• _____</p> <p>• _____</p>	<p>How big a deal is it? 1 = not such a big deal 10 = big deal!</p> <p>• _____</p> <p>• _____</p> <p>• _____</p> <p>• _____</p> <p>• _____</p>
STEP 2: Consider making the change	<p>CONS of making a CHANGE:</p> <p>• _____</p> <p>• _____</p> <p>• _____</p> <p>• _____</p> <p>• _____</p>	<p>PROS of making a CHANGE:</p> <p>• _____</p> <p>• _____</p> <p>• _____</p> <p>• _____</p> <p>• _____</p>
STEP 3: Add	_____	_____
STEP 4: Compare	<p>Which number is bigger?</p> <p>If this number is bigger, the balance is leaning towards STAYING THE SAME.</p> <p>←</p>	<p>If this number is bigger, the balance is leaning towards MAKING A CHANGE.</p> <p>→</p>



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<https://diabetes.ca/diabetescanadawebsite/media/managing-my-diabetes/tools%20and%20resources/decisional-balance.pdf?ext=.pdf>