

Karen and Dor's Story – Checking Our Numbers

"I'd rather talk about sex, body odor or even my personal finances than check my numbers!" This was the kind of feedback we got when Dor and I first hatched a plan to get our group to test their blood sugar. Nevertheless, we decided to tackle all the obstacles standing between us and normalizing the checking of numbers.

One of us (me, Karen) had all the paraphernalia and was already accustomed to checking five or six times a day. The other (Dor) decided to go to the pharmacy and see what it's like for someone just starting to get an education on monitoring her blood sugars. There were nearly a dozen models of test kits, from \$9.95 to about \$80.00. One thing Dor knew to look for was a kit that came with a few test strips. Most of the models came without any, which she learned after about 20 minutes standing there reading the fine print on the boxes. That meant that after you summoned the courage to go buy the meter, you'd get home to learn you had to mail order the test strips before you could use it.

Imagine what it must be like for a person who is already nervous because the doctor is wagging his finger over a high fasting blood sugar! We decided to write about it in the hope of demystifying glucose monitoring for newcomers to the world of blood sugar regulation.

First of all, there are mental and emotional obstacles to checking our numbers:

- Shame over one's own complicity in bringing on a largely preventable disease.

- Fear of the possible pain from pricking one's finger with the lancet.

- Dread at the thought of having to exercise.

- Resistance to giving up favorite foods.

- Resistance to developing a taste for new, healthier foods.

- And inertia because people with diabetes experience way more anxiety and depression than the rest of the population.

Then there are image problems and assumptions generated by the culture:

- Confusion about the big difference between type 1 and type 2 diabetes and more confusion for type 2 diabetics who may start out on pills but wind up needing insulin. For some people the dread of taking insulin is perceived as being worse than death, amputation, blindness or kidney dialysis, the consequences of not doing so.

- Advertising practices that squarely target young children, teens and adults to consume addictive products that are cool, fun, and delicious but promote the development of obesity and type 2 diabetes.

- Culture-wide casualness about the severity of the problem that is so relaxed it borders on sleepwalking.

- Cultivation of the perception that diabetes isn't so bad, that it can be managed with medication without your really having to change anything.

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Blood sugar is off most people's radar screens until a doctor picks up a high fasting blood sugar. Why don't we assume we can test it ourselves like we do with at-home pregnancy tests?

Practical obstacles:

The equipment is a real drag.

If you don't have good insurance, it's unbelievably expensive to manage diabetes and even more expensive if you don't. You pay with your life.

The quantity and quality of package directions with blood sugar meters make it way too complicated to sort out when you're anxious and vulnerable. You'd need a diabetes educator or an experienced diabetic to mentor you.

Disagreement among diabetes experts is very confusing. The recommendations for how to eat are often dissimilar, and the average sufferer has to make life-altering choices based on conflicting information.

The standard recommendations are counter-intuitive: Diabetes is a disease of carbohydrate metabolism, but the standard recommendations call for eating lots of carbohydrates. They warn you against consuming too much fat (even the healthy fats that would help stabilize your mood and blood glucose) while not encouraging you to lower your total intake of carbohydrates.

Some people don't understand that when they're told they have low blood sugar, it doesn't mean they have the opposite of diabetes. It means they're pre-diabetic. This misconception might leave an uneducated person thinking he needs to eat *more* sugar. But in fact, lowering sugar intake and making lifestyle changes at this point might still halt or slow down the development of diabetes.

So how can we support our friends, people who by their very presence at Suppers have already voted to do as much as they can with lifestyle in the hope of needing to do less with medicine? For once, the advertising culture worked in our favor. I'm always scanning the diabetes literature and noting the tons of offers for free blood sugar monitors. Of course there are! They want to position you to have to buy the proprietary strips you need for each test, so they just give you the monitor. It's the same mentality that makes free room and meals a good deal for casinos.

We ordered our test kits and then Dor and I just started pricking our fingers before we ate in the normal course of the meetings. By the time the kits arrived, our friends were accustomed to continuing the conversation through minor fumbling with lancets and little red dots of blood. When we brought out the kits, two pre-diabetics in the group stepped up to the plate!

After a bit of fear and trepidation over whether the prick of the lancet would hurt, the first woman drew a drop of blood from the side of her right index finger tip without a flinch. "Wow, that didn't even hurt!" she exclaimed. Her reading was 126, in the pre-diabetic range for someone who had not eaten since early that morning, over four hours ago. I asked what she had eaten for breakfast... a "LARGE bagel," she replied. I surmised that it probably had at least 60 grams of carbohydrates. She had been half asleep this morning and the bagel was all she could think to grab. We talked about how one slice of bread typically has 15

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grams of carbs and how one large bagel, just packed with dense carbs, is like eating four slices of bread or two English muffins, but we think of it as ONE bagel. All those carbs break down into sugar that moves into the blood stream and must get processed by the insulin produced by your body. Extremely high doses of simple carbs like that bagel, get broken down and moved into the blood stream very quickly, resulting in a large spike of insulin production. However, when you are diabetic or pre-diabetic, your insulin production mechanisms do no work effectively. Your body cannot process all that sugar and move it out of your blood and into your cells. Our friend felt much better for this experience. Just look at the discussion and learning that was taking place at Suppers all with one simple finger prick!

The other pre-diabetic person who tested her blood sugar has been incorporating Suppers concepts into her lifestyle by actively making changes in her diet. She had eaten a breakfast with more protein and good fats along with a smaller portion of carbs. Her breakfast consisted of one egg cooked in olive oil, one light English muffin (26 grams of carbohydrate) with butter. The reading on the meter from her drop of blood on the test strip was 89, within the normal range for someone who is not diabetic. While this person actually has a meter at home, she never uses it for fear that the numbers will be “bad,” and they will make her frustrated and depressed. Now, she confessed as she grinned from ear to ear, she was thrilled to see how slightly adjusting her breakfast using the knowledge gained from Suppers, had made such dramatic results. Were she still to be hungry, she knew that it would be better for her sugars to eat a second egg rather than a second English muffin. With this new found confidence, she was now encouraged to check her blood sugars more often and be rewarded for her efforts.

Normalizing the checking of our blood sugar numbers has opened our discussion to a whole new level. Even those who don't want to test benefit. At this point everyone in the kitchen had gathered round to watch these brave souls and learn by their example. One of our friends revealed that her husband is already diabetic and not managing it very well. We'll be able to help him too, if he wants it.

It's most important to check your blood sugar first thing in the morning before you've eaten anything. This is called your “fasting” blood sugar number. It is also a good idea to see how your blood sugars change before and about one and a half to two hours after you eat your meals to see if your medication is working effectively. If it is not, then you can take action to adjust your meds and/or talk to your doctor to get them changed. If you never test, you never know if your medication is working or not, unless you have blood drawn for an A1C test. Knowing your A1C will give you an idea of the level of blood sugar control you have had over the preceding three months.

Dor and I clocked it. It takes less time to test your blood sugar than it takes to grate a carrot. Mere seconds. If you know an insulin-dependent diabetic, like me, you know a very important person, some one who can demystify the blood sugar testing process and help set you up to check your numbers on a regular basis.

With a national epidemic and one out of three children on a course bound for diabetes, a lot of us are going to have to learn how to do this sooner or later anyway.