

MY LIFE, MY DIABETES, MY WAY

# MEETING NEW GROWN-UP CHALLENGES

Becoming More Independent With Your Diabetes Care



PLEASE CONSULT YOUR HEALTH CARE PROFESSIONAL IF YOU HAVE ANY  
QUESTIONS ABOUT YOUR HEALTH OR TREATMENT.

# MESSAGE FROM NOVO NORDISK

Novo Nordisk is proud to be able to offer you this book as part of the **“My Life, My Diabetes, My Way”** series that we have developed in partnership with JDRF - the leading global organization funding T1D research. These books were developed as a resource for people who have been touched by type 1 diabetes. Maybe you just got your diagnosis. Or, perhaps you or a family member has been managing it for years. Wherever you are on your diabetes journey, Novo Nordisk is here to help. This is why we have partnered with JDRF to create a unique book series tailored to various ages and stages of life from children to young adults with type 1 diabetes – and the people who care for them. Because we know that every age brings new and unique challenges, we have designed these books to grow with you on your diabetes journey.

Who are we? Novo Nordisk is a global healthcare company with more than 90 years of innovation and leadership in diabetes care. In 1923, one of our three Danish founders, August Krogh, touched by his wife Marie’s struggle with diabetes, began a journey to change diabetes. We will continue to build on the legacy left by the founders of Novo Nordisk and do whatever it takes to support people with diabetes. It is this commitment which has led us to develop this book series.

We hope that the books will be helpful to you in your diabetes journey. Additional support is available online at [type1.cornerstones4care.com](http://type1.cornerstones4care.com).



**Jesper Høiland**  
President,  
Novo Nordisk  
USA

# MESSAGE FROM JDRF



Type 1 diabetes (T1D) is a challenging disease. It demands nearly constant attention and never takes a day off. People of all ages, from newly-diagnosed children to adults who have lived with T1D for decades deserve the tools and resources to help them live with T1D. Together with Novo Nordisk, we’ve created these books to be such a resource for anyone who needs it.

Since 1970, JDRF has been working tirelessly to realize our vision of a world without T1D, and we have been fighting for countless families and individuals affected by the disease. As the leading charitable funder of T1D research, we won’t stop until we achieve our mission of accelerating life-changing breakthroughs to cure, prevent and treat T1D and its complications.

For many years, Novo Nordisk has been a trusted ally and partner in the fight against T1D. JDRF is very grateful that Novo Nordisk shares our commitment to support everyone with T1D, and we are looking forward to seeing the positive impact these books have for anyone affected by T1D until we find a cure.



**Derek Rapp**  
President & CEO,  
JDRF



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## HERE'S WHY YOU ARE GETTING THIS!

This is an exciting time. As a young adult, you're deciding who you want to be and what you want to do in life. You may be getting ready to finish high school or you may already be off to college. Or you just started your first "real" job. You may be moving out of your parents' or caregiver's house into a dorm or your first apartment. And with that comes new experiences like buying furniture, doing laundry, and shopping for your own groceries.

As you head out on your own, you'll naturally be taking a larger role in your own diabetes care. You may be dealing with your care team without your parents' or caregiver's help. And you'll surely be taking more responsibility for managing your blood sugar. There may be some stumbling blocks along the way, and there are bound to be at least a few "What do I do?" moments. But remember, you don't have to figure it all out on your own. This booklet contains real-world answers to help you manage type 1 diabetes at this stage of your life. Bring it with you to school or work or when you travel. Thumb through it for guidance. Write in notes if you need to. Make it your own. Where else can you turn for information?

1. **Your diabetes care team.** Check in with them often and be open to their advice.
2. **Get information and care tips from JDRF**, which offers support both online and through local chapters. You can even become a volunteer yourself. See how you can get involved at [jdrf.org](http://jdrf.org)!
3. **Through other online type 1 diabetes resources and communities**, such as **Cornerstones4Care®**. You can sign up at [type1.cornerstones4care.com](http://type1.cornerstones4care.com).



# Newly Diagnosed With Type 1 Diabetes? Start Here!

Many people with type 1 diabetes are diagnosed during childhood or their early teen years. But type 1 diabetes can occur at any age. And if you've recently been diagnosed as a young adult, you may just now be dealing with the emotions that come with being told the news.

The most important thing is to be patient with yourself. It takes time to learn how to manage type 1 diabetes. Take good care of yourself and turn to others (like your parents or caregivers, and your diabetes care team) for needed support. Ask for advice. Seek out new information. (Reading this booklet is a great start!)

Yes, there are many things to do when you have type 1 diabetes. But you'll get the hang of it. Remember, your parents or other caregivers are there to help. Your diabetes care team will be there for you, too. Information is also available online 24/7 at [type1.cornerstones4care.com](http://type1.cornerstones4care.com). And JDRF has a number of ways for you to connect with others in the type 1 diabetes community. One great way to do this is to go to a JDRF TypeOneNation Summit in your area. These day-long diabetes conferences incorporate fun, learning, and opportunities to meet others your own age living with type 1 diabetes. This and other events are offered through JDRF ([jdrf.org](http://jdrf.org)).

Other organizations offering support for people with type 1 diabetes are the American Diabetes Association ([diabetes.org](http://diabetes.org)) and Children with Diabetes (CWD) ([childrenwithdiabetes.com](http://childrenwithdiabetes.com)).

The important thing to know is that type 1 diabetes doesn't have to keep you from doing and accomplishing the things in life that you want to! You may just need to adjust things as you go along.

# Been Managing Type 1 Diabetes for A While? Start Here!

If you were diagnosed with type 1 diabetes as a teenager, or even younger, you may be an experienced pro by now at giving yourself injections, checking your blood sugar, and knowing what to eat.

But there may be other parts of your diabetes care plan you may not have been exposed to yet...things your parents or other caregivers have been quietly handling for you. For instance, they may have been the ones doing the grocery shopping, paying for doctor appointments, or ordering more blood sugar testing and pump supplies, and insulin so you don't run out. These tasks (and others) may start to become your responsibility now as you take the lead in your care.

There's a wonderful feeling of accomplishment when you realize you can do these things for yourself. And you can! All it takes is a little learning and practice.



# LESSONS FROM OTHER YOUNG ADULTS WITH TYPE 1 DIABETES

When you first start to take over your own diabetes care, it can feel like there's a lot to do. But know that it does get easier. As you start, it may help to keep a few things in mind:

## It will take time

Chances are, you won't master all the different parts of your diabetes care overnight. But don't let that discourage you. It will happen. You just have to be willing to give it some time.

## It's okay to stumble

There may be times when things like work, exams, or social events get in the way of diabetes care. Maybe you'll forget to check your blood sugar at times or go through periods where you're not eating as well as you should be. It's okay. We're all human. And taking on your diabetes care is a learn-as-you-go process. Don't let minor missteps derail you. You can recover and pick up your healthy habits again. Make sure that you always remember to follow your health care provider's advice.

## It helps to set realistic goals

Start off with smaller goals and work your way up. For instance, if you want to be more physically active, start off with shorter jogs and work your way up to longer ones. If your goal is to check your blood sugar more often, start off with one extra check a day and work your way up to more. Reaching smaller goals will give you the confidence to keep going.

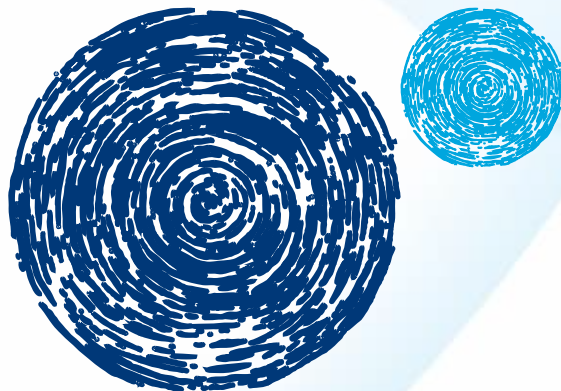
## Keeping Your Parents/Caregivers Involved

You're taking over your own diabetes care, and that's great! But keeping your parents or caregivers in the loop is still a good idea. Like parents tend to do, they will surely be worried about your care. But they may worry less if they still know what's going on.

When you tell your family about new college or work experiences, let them also know the different ways you're incorporating diabetes care into your new life. Your parents will want to know you're keeping your diabetes care top of mind while you're away from home.

Spend some time looking up diabetes articles and information online. Share what you find with your family. You may come across new ideas for diabetes care they didn't think about. Plus, your parents or caregivers will feel better knowing you're continuing to seek out information about your care.

If you are living at home, work with your parents or caregivers to find the right balance of privacy and involvement, so you get both the independence and the support you need.



# Moving to an Adult Diabetes Care Team

You've probably been with your pediatric diabetes care team for as long as you can remember. Aside from managing your day-to-day health for most of your life, your pediatric care team probably guided your diabetes care since you were first diagnosed.

Now that you're entering adulthood, you're going to need a different kind of health care team, one that focuses more on adult diabetes care. Like your childhood team of providers, your adult team may include a primary care physician, an endocrinologist, a diabetes educator, a registered dietitian, a mental health specialist, and other professionals.

Making the switch from a pediatric care team to an adult one is a natural part of growing up with diabetes. There's no set age when this happens. For some people, it's their 18th birthday or when they go off to college. Some people will even keep their hometown pediatric endocrinologist while going to college and then make the switch later. But switching to an adult care team is a move many young people make every year.



## "I've been with my childhood care team most of my life."

People may sometimes feel a little anxious about switching providers, especially if they've been with their current team for a long time. They may feel their childhood provider doesn't want them to leave. Or their new care team doesn't truly understand them and their diabetes history.

It's natural to feel this way, but you shouldn't worry. Your childhood health care providers will want you to have the best care possible, even if it's not with them. And your new providers will get up to speed quickly, especially if you help with information about your diabetes history. Both your old and new health care teams are concerned with keeping you healthy, first and foremost.



## Where do you start your transition to an adult health care provider?

If you need help finding a health care provider that specializes in adult care, you may want to start by asking your pediatric team for recommendations. You can also reach out to the American Diabetes Association (ADA) office where you live for a list of local health care providers or look up which adult endocrinologists are covered by your insurance company.

Here are a few things you'll want to find out about a new provider before you choose one:

- ➔ Is there an endocrinologist in your area or should you see a family doctor?
- ➔ If he or she is a family doctor, does this provider have experience treating adults with type 1 diabetes?
- ➔ Does this provider work with a team of diabetes care specialists like certified diabetes educators (CDEs), dietitians, and mental health specialists?
- ➔ What hospital is this provider affiliated with—and is this hospital close to you?

Moving away from home for work or school? Since you may already be looking for diabetes professionals in your new town, you can use this opportunity to make the move from a pediatric to an adult care team as well. This way you don't have to change health care providers again later.

## Following up with your new doctor

It's very important to make your first doctor appointment right away. And to show up at this appointment! This way your diabetes care continues, uninterrupted.

It could be tempting to let school or work become an excuse for not going to the doctor. Or to assume that just because you don't need your pediatric endocrinologist anymore, you don't need any doctor's help. But just like when you were a kid, your visits with your care team are extremely important. Letting large gaps occur between appointments could lead to poor blood sugar control, which could lead to even bigger health problems down the road.



Your new care team will want to get a jump-start on your treatment to make sure your medicine doses are accurate and your blood sugar numbers are where they should be...so you're getting the blood sugar control you need to keep you healthy.

Make sure you ask for a detailed, written summary of your medical history from your pediatric care team. This report should include your treatment goals, physical exam results, lab test results, and any reasons why your treatments over the years were stopped or started. This is important information your adult care team will need.

## What can you expect to be different with your new care team?

There are several things you may find different with an adult care team:

### Less "hand-holding":

Your health care provider will counsel you in what you should do, but you will be the one expected to make the everyday choices that will help control your blood sugar. It can be exciting to have this new control. But it's also a bigger responsibility

### Shorter appointments:

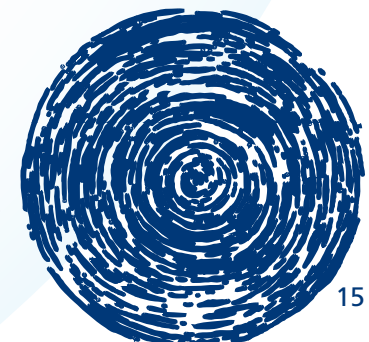
Visits with your adult health care provider may be shorter than you're used to, and may be focused more on medical issues and less on what's going on in other parts of your life

### You control who sees your health records:

As an adult patient, you choose whom you do and do not want to have access to your health information

### You may have to handle payment:

Are you still covered under your parents' insurance? Do you have insurance through your college campus? Or through your work? This is information you'll need to know before your next appointment





# THE 4 PARTS OF YOUR TYPE 1 DIABETES CARE PLAN

Every part of your type 1 diabetes care plan is designed with one main goal in mind—to help you manage your blood sugar. Here is an outline of the basics, which are expanded on throughout this booklet:

- 1 Healthy Eating** Making smart food choices and building a diabetes-friendly meal plan (with a variety of foods) will help make sure you're getting the right amounts of protein, fats, and carbohydrates
- 2 Being Active** Physical activity doesn't have to mean intensive gym workouts. You just have to start moving. Even doing little things, like taking the steps instead of the elevator and walking around town to do errands rather than driving, count
- 3 Medicine** Your health care provider will tell you which insulin(s) and other medicines are right for you and will work with you to create an individualized insulin program. You will need to make sure that you take your insulin and other medicines as directed. You should also pay attention to the storage information that comes with your insulin to make sure that it continues to work as it should
- 4 Tracking** Testing your blood sugar (also called blood sugar checks) and recording the results is called tracking (or monitoring). Tracking can help you see patterns in your blood sugar numbers, which may help you and the diabetes care team tell you how your diabetes care plan is working and what (if anything) needs to change



# WHAT DOES IT MEAN TO EAT HEALTHY?



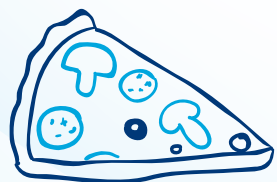
Healthy eating is a big part of diabetes self-management. If you are living away from home, you'll be fully in charge of your own meal plan—even if you're eating in a college dining hall or a company cafeteria, you are in charge of what you eat and when. With your busy work, school, and social schedules, eating healthy can be challenging. While there are no real limitations as to what you can eat, you may need to watch how much you eat and plan for it. You'll need to make sure that your calorie and carbohydrate intake is balanced with your medication and physical activity.

**Is it necessary to eat "special" food on a diabetes meal plan?** No, it isn't. However, you do need to make healthy food choices. The basics of healthy eating are the same for people with type 1 diabetes as they are for everyone.

## What positive changes can you make?

- ➔ Eat regularly, making sure to count the amount of carbohydrates (carbs) you eat during the day so you can adjust either your food intake or your mealtime (bolus) insulin accordingly
- ➔ Trim the fat by choosing low-fat meal options
- ➔ Shake off the salt by avoiding salty snacks and leaving the saltshaker alone

**Is anything strictly off-limits?** No! You won't have to say no to everything with sugar or no to pizza or burgers. It's okay to eat these foods, as long as it's once in a while, in moderation, and you adjust your meal plan for the day to account for it. This may mean eating less at other meals and/or adjusting your insulin dose. Keep in mind when carb counting what many restaurants serve is a lot larger than a normal portion size.

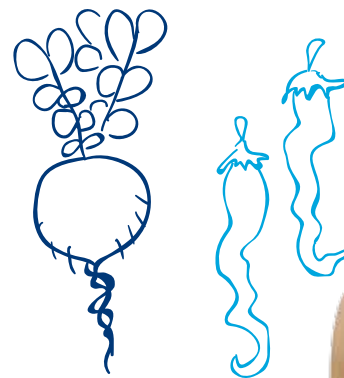


You can request the help of meal-planning experts. A registered dietitian can help develop a meal plan that's right for you, give you personalized advice on carbohydrate counting, and suggest healthy eating tips. Ask your diabetes care team for a referral.

No matter who puts it together, a realistic meal plan should include some of your familiar favorite foods and fit within your schedule and lifestyle. A good meal plan should help you to:

- ➔ Reach individual blood sugar goals
- ➔ Achieve and keep a healthy weight
- ➔ Prevent health and weight problems related to eating habits

There are many approaches to managing a meal plan. You may find it useful and necessary to count calories, fat grams, carbohydrate grams, and salt (sodium) milligrams.



# Dealing With Fast Food

Stopping at a fast food restaurant can be a tempting choice when you're looking for a quick bite. And it's okay once in a while. No one says you have to stay away from fast food entirely. You can still keep it healthy by picking the right things from the menu and working what you eat into your meal plan for that day.

- ➔ **Know the realities of fast food.** 1000 or more! That's how high the calories in an average fast food meal can run
- ➔ **Balance it out.** If you're having fast food for one meal, let your other meals that day contain healthier foods, like fruits and vegetables
- ➔ **Slow down the fast food.** Order a grilled chicken sandwich rather than a burger. Opt for salads with low-fat dressings. Tell them to hold the sauce, the mayo, and the cheese and you'll be holding fat and calories, too
- ➔ **Keep counting your carbs.** You can really overdo it on carbs if you aren't careful. As a general guideline, most women need about 45 to 60 grams of carbohydrates at each meal and men need about 60 to 75 grams of carbs at each meal

Know the nutritional values. Although there are some good choices, many fast food items are high in fat, calories, and carbohydrates. So look up the numbers before you order. Many chain restaurants now have them posted on their menu boards.



# Alcohol and Type 1 Diabetes

Alcohol may be a big part of the social scene you encounter, and it can be really tempting to join in and have a few drinks. Understood. But if you are underage, it is illegal to drink alcohol. And, in general, it's just not a safe thing to do. In fact, if you look at the prescribing information for your insulin prescription(s), it's probably listed as something you should not do. Why? Because alcohol can affect your blood sugar in ways you might not expect—and may not be able to control.

What makes alcohol dangerous for most people—things like blackouts, losing control, and poor judgment—is only the tip of the iceberg for someone with type 1 diabetes. The impairment that comes from even slight alcohol intoxication can cause you to make the wrong decisions about managing your type 1 diabetes, which can put you in danger.

## The Blood Sugar Rollercoaster

Although it may sound like a contradiction, alcohol can significantly both raise and lower blood sugar levels. In someone with type 1 diabetes, alcohol can increase the risk of low blood sugar (hypoglycemia), particularly later at night but also for up to 24 hours after drinking. However, blood sugar may initially rise after drinking alcohol, especially if you are drinking an alcoholic beverage that is mixed with fruit juices or regular soda, beer, or sweet wine. These can be loaded with carbohydrates.

## It is important to realize that:

- ➔ Drinking too much can impair your ability to recognize and manage hypoglycemia
- ➔ Alcohol can mask the symptoms of hypoglycemia; people may think you have had too much to drink when you are actually suffering from severe hypoglycemia
- ➔ Drinking alcohol can impair your judgment, so you may forget to take your insulin or forget to eat before you go to bed

If you do decide to drink alcohol, check with your health care provider before doing so.



# Reading Food Labels

You may have done a lot of grocery shopping growing up. Or maybe you've barely set foot in a supermarket until now. Either way, you may not be completely used to shopping with your diabetes in mind. But reading food labels and stocking your kitchen with the right foods is a big part of living on your own with type 1 diabetes.

Here's what to look for on food labels:

**1 Serving Size** The food facts listed on labels are for 1 serving size. Remember, sometimes packages contain more than 1 serving.

**2 Total Fat** Fats have less effect on blood sugar. On a food label, Total Fat is usually broken out into 2 types:

- ➔ **Saturated Fat:** This is an unhealthy type of fat that can raise LDL (bad) cholesterol. Try to choose foods with no more than 1 gram of saturated fat in a serving.
- ➔ **Trans Fat:** Trans fat is another type of unhealthy fat that can raise LDL cholesterol and lower HDL (good) cholesterol. Try to choose foods with "0" grams of trans fat.

Total Fat also includes unsaturated fat. This type of fat tends not to raise LDL cholesterol, but it is often not listed on the food label.

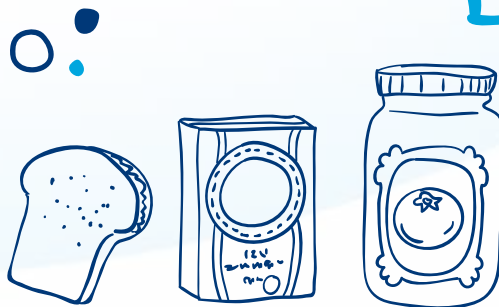
**3 Protein** Proteins in small quantities also have less effect on blood sugar, but they still contain calories. Try to choose leaner protein foods, like lean meats and seafood, because they contain less fat.

**4 Total Carbohydrate** This is: carbohydrates, dietary fiber, and sugars all added together. Carbohydrates (carbs) are the body's main source of energy and have the most effect on your blood sugar. That's why it's important to keep track of how many carbs you're eating.

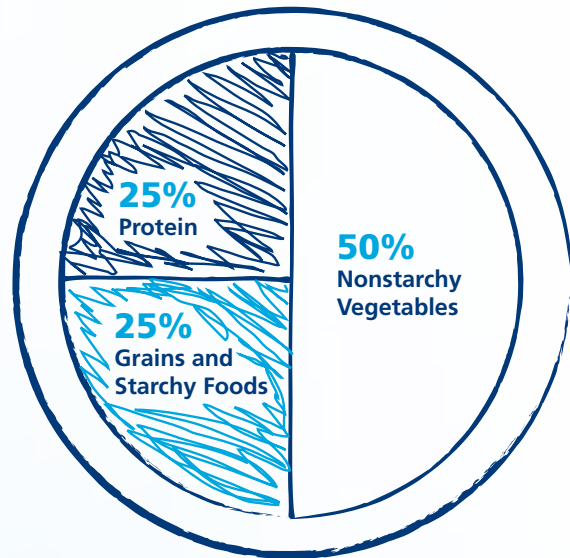
Nutrition Facts	
Serving Size 1 cup (40g)	
Servings Per Container 2.5	
Amount Per Serving	
Calories 150	Calories from Fat 10
% Daily Value*	
<b>Total Fat</b> 3g	4%
Saturated Fat 0.5g	2%
Trans Fat 0g	0%
<b>Cholesterol</b> 0mg	0%
<b>Sodium</b> 10mg	1%
<b>Total Carbohydrate</b> 24g	9%
Dietary Fiber 4g	15%
Sugars 1g	
<b>Protein</b> 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%

\* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

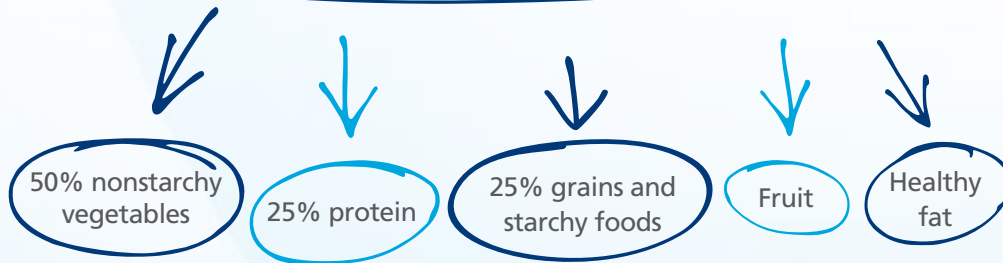
**What is "Gluten-free" All About?** Gluten is a protein found in certain grains (wheat, rye, barley). For most people it is not a problem. But there is a condition called **celiac disease**, where the body cannot properly digest gluten and a gluten-free diet is often necessary. Because it is also an autoimmune disease, celiac disease may happen in people who have type 1 diabetes. Note that while most people with type 1 diabetes will not develop celiac disease, some might, so it is worth knowing about. If you have any concerns about your diet and digestive health, talk to your health care provider.



# Create Your Plate



The ADA recommends using a "Create Your Plate" method for following your meal plan. It divides your plate into:



This is how a healthy meal is balanced. Portion sizes will depend on your meal plan. For more information, go to the ADA website at [diabetes.org](http://diabetes.org).

Talk with your dietitian and other members of your care team to find out which method—or methods—works best for you.

# Serving Size Matters

It's also a good idea to keep an eye on how much you eat. Be sure to check the serving size on the package to confirm that the amount listed is the same as what you are actually eating. Keep in mind, when it comes to serving size, you always have your most important tool with you—your hand.

Your thumb equals about 1 ounce



1 serving of butter, oil, or salad dressing

Your fist equals about 1 cup



1 serving of vegetables, grains, or fruit

Your palm equals about 3 ounces or 1/2 cup



1 serving of protein like chicken, beef, or fish

# MOVING TOWARD A MORE ACTIVE LIFESTYLE

Staying physically active, or becoming more physically active under the guidance of your care team, should be a part of your diabetes care plan. Why? Because physical activity can provide a lot of important health benefits, including improving your overall health, increasing your energy, and helping you to lose weight if you need to. Physical activity also makes muscles and other tissues more sensitive to insulin, so less insulin is needed to move sugar out of the blood and into muscle cells. You will need to work with your diabetes care team to plan for days when you are going to be more physically active, because on those days you may need to eat more or use less insulin.



**Keep it fun.** Anything that gets you moving is a good start. Find activities that you enjoy and work them into your daily routine. Make sure they're in line with what you're physically able to handle. Not ready to train for a marathon? That's okay! Try throwing a Frisbee around with your friends. Walk around the park. Play a laid-back game of basketball. Ride your bike. These are things you can do to stay active that don't even feel like exercise! Here are a few things to keep in mind:

- ➔ **Play it safe!** Be sure to check with your diabetes care team before beginning or changing your physical activity plan. They can find ways to help you keep your blood sugar within your target range during and after your workout
- ➔ **Check your blood sugar before, during, and after exercise.**
  - ✓ If your blood sugar is less than 100 mg/dL, you may need an extra carbohydrate snack, such as a piece of fruit or a few crackers. Then test 15 to 30 minutes later. Don't start exercising until your blood sugar is above 100 mg/dL
  - ✓ If your blood sugar before exercise is more than 240 mg/dL, check for ketones in your urine. Ketones are a type of waste product created when fat cells are burned for energy. If there are ketones, **DO NOT** exercise. In cases where your blood sugar is high and you have a moderate or large amount of ketones in your urine:
    - ▶ Call your health care team right away, or use the plan that you and your health care team have already put in place
    - ▶ You may need to take additional fast-acting insulin right away
    - ▶ Drink plenty of sugar-free fluids to prevent dehydration
    - ▶ Seek emergency help at once if your ketones do not promptly go down or if you are vomiting and can't stop
- ➔ **Prepare for low blood sugar.** With physical activity comes the possibility of low blood sugar (hypoglycemia). Be on the lookout for symptoms, and respond quickly. Keep a sugary snack or glucose tablets nearby in case blood sugar levels drop quickly
- ➔ **Keep a physical activity log.** Before and after starting any physical activity, write down your latest blood sugar readings. By reviewing your written records, you'll learn what works for you

# MEDICINE

If you've had diabetes for any length of time, you know the main medicine that people with type 1 diabetes need to take is insulin. Since your body is no longer making insulin, you need to replace it. You can take insulin by:

- ➔ Injecting with an insulin pen
- ➔ Injecting from a vial using a syringe
- ➔ Infusing it using an insulin pump

While most people taking insulin use insulin pens or traditional vial and syringe systems, insulin pumps are growing in popularity. According to the American Association of Clinical Endocrinologists, about 20% to 30% of people in the United States with type 1 diabetes (an estimated 350,000 to 515,000 people) use insulin pumps.

If you have type 1 diabetes, you will need insulin coverage 24 hours a day, 7 days a week, 365 days a year. In fact, most people with type 1 diabetes need to take multiple daily injections of insulin or multiple doses using an insulin pump. They also need to keep a close watch on their blood sugar. Blood sugar checks throughout the day are the best way to do this.

The goal of your insulin therapy is to provide you with insulin in a pattern that closely mimics the way your pancreas would release insulin if you did not have diabetes. You may also be taking other medicines to treat your type 1 diabetes or for other health conditions that can occur with your type 1 diabetes but are not directly related to it (called coexisting conditions).

Keep in mind that low blood sugar is a common side effect of all insulins. To learn more about low blood sugar, see page 38.

Let your health care provider know about all the medicines you take, even vitamins and herbal remedies, because they may affect how your diabetes medicines work.

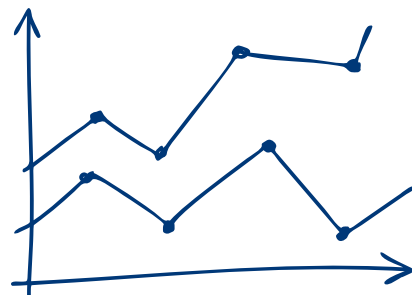


# CHECKING AND TRACKING BLOOD SUGAR

Checking your blood sugar regularly and tracking your results helps you and your diabetes care team to know how your eating and activity plans, as well as your medicine, are affecting your blood sugar.



- ➔ **Check your blood sugar levels as often as your diabetes care team recommends.** They will determine when and how often you should check your blood sugar, based on the details and goals of your treatment plan
- ➔ **Ask your diabetes care team to help you choose a meter and to show you how to use it.** See which ones are covered by your health insurance plan. Be sure to check the cost of testing strips
- ➔ **No one else needs to know that you are checking your blood sugar.** It's only natural to want to keep health issues private. Fortunately, most meters are very small, quick, and quiet
- ➔ **Use reminders.** Set alarms on your phone or write yourself notes to remind you when it's time to check your blood sugar



- ➔ **Another way of checking your blood sugar is to use a “continuous glucose monitor” or CGM.** The CGM has a small sensor probe that is inserted beneath the skin (like a pump infusion set), which measures the fluid between cells (interstitial fluid). This measure can also be used to calculate blood sugar. This sensor communicates through a transmitter, which sits on top of the skin and is attached to the sensor. It communicates wirelessly with a handheld device known as a receiver that can display real-time blood sugar readings at 1- and 5-minute intervals. You can also set alarms to alert you to high or low blood sugar levels. If you are using a continuous glucose monitor, you'll also want to keep a regular blood glucose meter handy, just in case you need it.
- ➔ **Remember, no matter how you measure your blood sugar it's a reading, not an exam.** There is no pass/fail grade attached to blood sugar readings. It's just information. That's why thinking of monitoring your blood sugar as doing “blood sugar checks” rather than “testing your blood sugar” may be a more helpful way to look at things. And make sure you always follow your health care provider's recommendations for checking your blood sugar.

## Your blood sugar tracker

You don't need to use a complicated system. In fact, you can use a simple notebook and pencil to write down the numbers and testing times. You should also make sure to read the instructions that came with your blood sugar meter. Some meters record a digital log of your blood sugar readings that you can download to your computer and/or your health care provider's computer.





# BLOOD SUGAR HIGHS AND LOWS

## Understanding A1C and Blood Sugar Control

This section will be a good review if you have been managing your type 1 diabetes for a while and must-read material if you are recently diagnosed. When it comes to taking care of type 1 diabetes, you probably have been hearing (or will hear) a lot about your A1C numbers. So, what do your A1C numbers really mean?

**An A1C test measures average blood sugar over the past 2 to 3 months,** and the results are shown as a percentage. But what does A1C actually measure?

There is a protein inside red blood cells called hemoglobin that carries oxygen from the lungs to all the cells of the body. Blood sugar (or glucose) enters red blood cells and links up (or glycosylates) with hemoglobin. When more glucose is in the blood, more of it can attach to hemoglobin. When too much glucose is attached to hemoglobin, it's a sign you have too much sugar in your blood. Red blood cells live for about 3 months. So an A1C test shows the level of glucose in the blood during that time. It's like a snapshot of blood sugar levels for the past 2 to 3 months.

While both A1C tests and regular blood sugar checks show how well diabetes is being managed, A1C provides a bigger picture of blood sugar control for the past 2 to 3 months. So your health care provider should measure your A1C levels at least twice a year if your blood sugar goals are being reached. When your treatment plan has changed or your goals are not being reached, your A1C may be tested as much as 4 times a year.

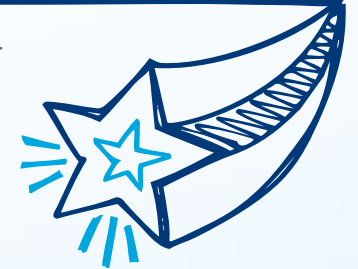


While everyone's goals are going to be slightly different, the ADA does have recommendations for A1C goals and for what blood sugar numbers should be when they are checked throughout the day. This includes your **FPG** (Fasting Plasma Glucose—your blood sugar when you haven't eaten for at least 8 hours) and your **PPG** (Postprandial Plasma Glucose—your blood sugar 1 to 2 hours after you eat).



SUMMARY OF BLOOD SUGAR GOALS FOR CHILDREN AND NONPREGNANT ADULTS WITH DIABETES	
<b>Blood Sugar Goals for Children and Teens (ages 0-18)</b>	
Before meals (FPG)	90-130 mg/dL
Bedtime/overnight	90-150 mg/dL
A1C	Less than 7.5%
<b>Blood Sugar Goals for Nonpregnant Adults (ages 19+)</b>	
Before meals (FPG)	80-130 mg/dL
After meals (PPG)	Less than 180 mg/dL
A1C	Less than 7.0%

Talk to your health care provider about your personal goals.



# HIGH BLOOD SUGAR

With type 1 diabetes blood sugar can sometimes go too high (also called hyperglycemia). This usually happens when the body either has too little or no insulin. A number of different things can cause it, including:

- ★ Not taking enough insulin
- ★ Eating more than planned
- ★ Being less active than planned
- ★ Physical stress from illnesses, such as a cold or the flu
- ★ Emotional stress or excitement



Blood sugar is considered high when it is above your recommended blood sugar target range. Talk to your health care provider about what he or she thinks is a safe target for your blood sugar before and after meals. In order to avoid blood sugar emergencies, you have to know the signs and symptoms of high blood sugar and have a plan for dealing with them. When your blood sugar is too high, you may notice some of the following signs and symptoms:

- ★ Feeling hungry
- ★ Feeling very thirsty
- ★ Feeling tired or exhausted
- ★ Frequent urination
- ★ Blurred vision

It is possible to have high blood sugar without having any symptoms. That's why it's important to check your blood sugar as your doctor directed—to know for sure.

# What to Do About High Blood Sugar

It's important to talk with your health care provider and have a plan in place for dealing with high blood sugar. He or she may want you to adjust your:

## Level of physical activity

One way to lower blood sugar is to do some physical activity. But you should not exercise if your blood sugar is higher than 240 mg/dL and not falling. In fact, if your blood sugar is this high, you should check your urine for ketones.

What are ketones? Ketones are acidic substances that the body creates when it breaks down fat for energy, rather than glucose. When too many ketones build up in the blood, it can lead to serious illness. When ketones are found in the urine, call your health care provider right away and talk about how to safely lower your blood sugar.

## Meal plan

If blood sugar is high, taking a close look at what you're eating can help you determine how different foods may be affecting your blood sugar. Once you know how your body reacts to foods, you can make changes to the meal plan so blood sugar won't rise too high, too quickly.

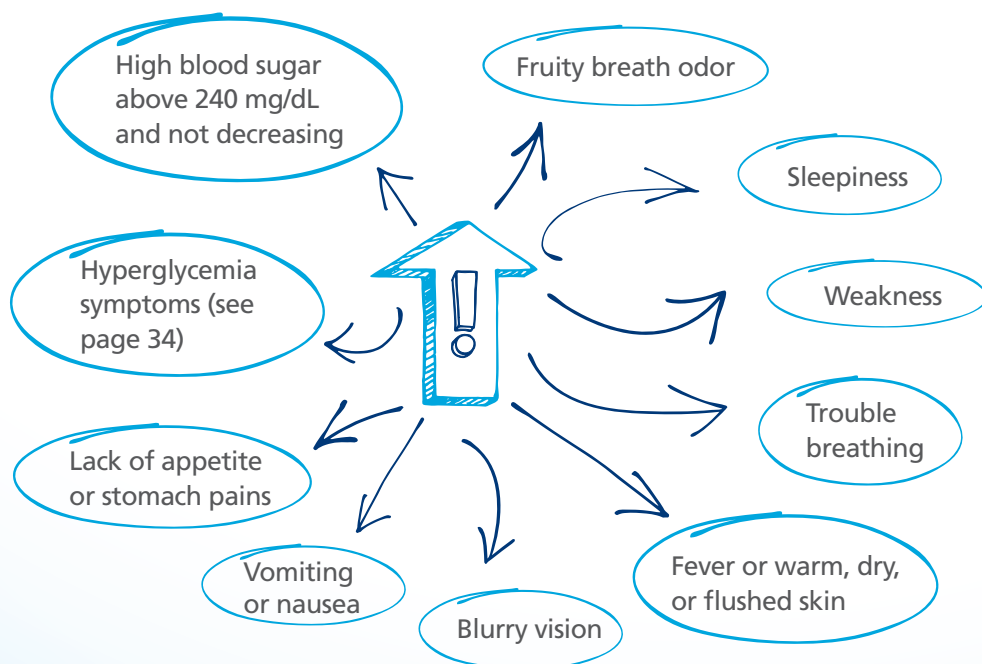
## Insulin dose

Physical activity and changes to a meal plan can help you bring your blood sugar to your target range. If these changes don't work, you may have to make adjustments to your insulin regimen. However, you should talk to a health care provider before making any changes in the amount or timing of your insulin dose.



## Why Is High Blood Sugar a Problem?

High blood sugar can be serious if left untreated. In the long term, it may increase the risk for some diabetes-related problems. In the short term, it could lead to a severe condition called DKA, which stands for diabetic ketoacidosis. DKA can develop when the body doesn't have enough insulin or when your body's insulin needs change due to other conditions. Without insulin, sugar can't get into the body's cells to be used for fuel, so the body breaks down fats instead. But when the body breaks down fats, it produces waste products called ketones. Ketones are acidic and too many of them can change the pH of the blood to unsafe levels. Signs and symptoms of DKA can include:



DKA is an emergency. Untreated DKA can lead to coma and loss of life. If you have any of the above symptoms, contact your health care provider right away.

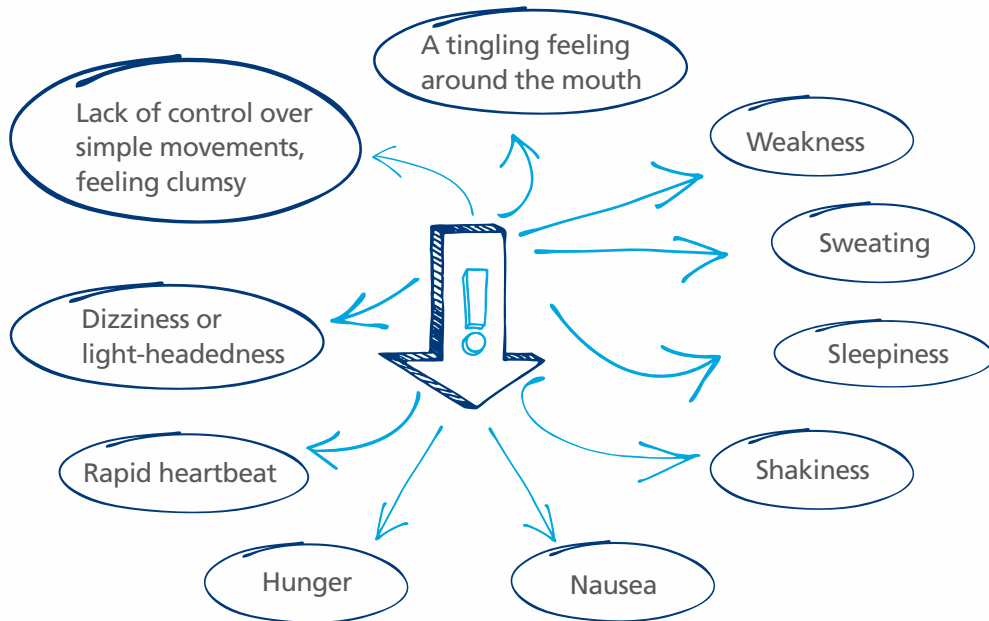
## How and When to Test for Ketones

Ketones can be detected with a simple urine test using a test strip, similar to a blood-testing strip. According to the ADA, urine should be checked for ketones when blood sugar is more than 240 mg/dL and not decreasing or if you feel ill. But you should ask your health care provider when and how you should test for ketones. Call your health care provider if the urine test shows high ketone levels. The sooner, the better!



# LOW BLOOD SUGAR

Low blood sugar (hypoglycemia) happens when blood sugar is lower than normal (usually less than 70 mg/dL) and can be a side effect of insulin. (Ask your health care provider what level is considered low for you.) Low blood sugar can be dangerous if not detected and treated immediately. There are many possible signs and symptoms of low blood sugar, including:



Checking your blood sugar is the best way to find out if it is low. If it's not possible to check your blood sugar right away, but you experience some of the signs or symptoms listed above, play it safe and treat for low blood sugar. If left untreated, low blood sugar can get worse and you can pass out (become unconscious) or have a seizure.

# What to Do About Low Blood Sugar

**The quickest way to raise blood sugar and treat hypoglycemia is with some form of sugar.** Many people with type 1 diabetes carry glucose tablets. You can purchase them at many drugstores. Other foods with sugar or fast-acting carbohydrates (like fruit) also work well to treat low blood sugar. Some examples are fruit juice or nondiet soda (about 4 oz) and hard candies (5 to 7 pieces).

Always ask your health care provider for the best way to treat hypoglycemia. The ADA recommends eating at least 15 grams of sugar or carbohydrates as soon as symptoms of low blood sugar show up. After checking for and treating low blood sugar, wait 15 minutes and check again. If it is still low and symptoms haven't gone away, try another 15 grams of carbohydrates. After you feel better, go back to eating regular meals and snacks as planned to keep blood sugar up.

# Why Is Low Blood Sugar a Problem?

**Sometimes low blood sugar can be severe enough that it can cause you to pass out (lose consciousness).** This is serious, but treatable. In cases where you can't swallow, low blood sugar can be treated with an injection of glucagon. Glucagon does the opposite of what insulin does: it raises blood sugar instead of lowering it.

You should have glucagon emergency medicine around at all times. Most likely, your doctor has already written you a prescription for it. If not, call your health care provider and discuss whether or not a glucagon prescription would be appropriate for you. If you do get a prescription for glucagon, your diabetes care team can give you instructions on how to use it.

If you pass out from low blood sugar, you won't be able to inject glucagon yourself. So you need to teach family and friends who are around the most how to inject it for you and that they should call 911 for you as well because you may need additional assistance. If you experienced a severe low blood sugar event that had to be treated with a glucagon injection, be sure to let your diabetes care team know. This may be a sign that they may need to help you adjust your care plan.

# Nighttime Low Blood Sugar

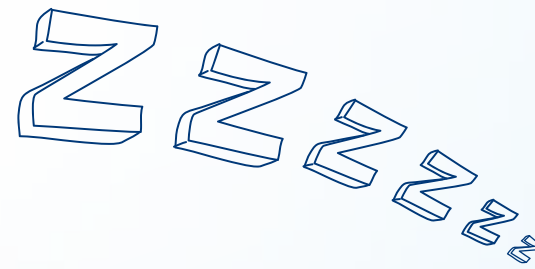


Low blood sugar events that happen in the middle of the night can be scary, because when you are asleep you may not know what's happening. Because it's something you're not usually awake for, it's a good idea to teach roommates or loved ones how to watch out for symptoms of nighttime low blood sugar events. You may need to get up in the middle of the night to check your blood sugar.

**What can cause nighttime low blood sugar?** Sometimes having a very busy day, or being active close to bedtime, can lower blood sugar too much. There are some ways to figure out if you may have had nighttime

low blood sugar. You may sweat so much that you wake up with damp pajamas or sheets. You may wake up with a headache and feel tired, irritable, or confused. It can also cause you to cry out during sleep or have nightmares. A fast heartbeat and anxiety before bed may also be signs.

**If you are having nighttime low blood sugar, talk to your health care provider immediately about how to help prevent and treat it.**



# TALKING TO OTHERS ABOUT YOUR TYPE 1 DIABETES

As you move away from home, enroll in college, or start a new job, you're bound to meet new people along the way. Maybe you're getting to know new roommates, co-workers, or friends. Or you may be getting close to a new boyfriend or girlfriend. Everyone has a different comfort level with new people. Who you talk to about your diabetes and when you do so is up to you. The truth is, as your circle of friends expands, you'll want some of the new people in your life to know you have type 1 diabetes. They can help at times with things like reminding you to check your blood sugar if you forget or by just being there to help you if your blood sugar goes too high or too low.

When you decide to open up about your diabetes, it may help to talk to your new friends about the things they are more likely to notice first. For instance, they may wonder why you're eating certain foods, why you check your blood sugar throughout the day, or how your insulin pump works (if you use one). You may want to show your friends your blood sugar monitor and your diabetes tools. It may also be a good idea to explain to them how you feel when you have high or low blood sugar so they recognize the symptoms. You'll want to tell your friends what they should do in a blood sugar emergency. For instance, you may want to explain how you treat low blood sugar—explain what a fast-acting carbohydrate is, and show close friends how to use your glucagon emergency medicine if a low blood sugar emergency arises.



# DATING AND TYPE 1 DIABETES

Dating and relationships are a fun and exciting part of life. And type 1 diabetes doesn't have to get in the way, if you take a few steps to prepare.

- ➔ **Dining out?** Going on dates usually means dining out. Try to pick a restaurant with healthy choices on the menu. And don't be afraid to talk with your date about your diabetes and why it's important for you to stick with a healthy meal plan
- ➔ **Have a plan for dealing with low blood sugar.** Have emergency snacks or glucose tablets in your pocket or purse. And don't go too long without having a snack or meal
- ➔ **Think about testing, adjustments, or injections.** Check in advance to see if there is a private place to test blood sugar, adjust a pump, or give an injection while out
- ➔ **Plan for physical activity.** An active date is a great idea. But if the date involves playing tennis, taking a hike, or any other rigorous physical activity, it needs to be planned for. You may need to check blood sugar more frequently and have a plan for the increased chance of low blood sugar

**Intimacy and low blood sugar.** This can be a delicate subject to discuss, and it is never wise to rush into inappropriate or irresponsible behavior. However, if things do get to this point, be prepared for the fact that sexual activity can lower blood sugar. If you tend to have low blood sugar when you work out, it's reasonable to expect that you may experience low blood sugar after sexual activity. So you may need to adjust your insulin or have a snack before or after sexual activity. If you use an insulin pump, talk to your health care provider about how best to go about adjusting your basal rate. (If you do adjust your basal setting, remember to set it back.) Always follow your health care provider's recommendations. This may not be the easiest subject to discuss with your health care provider, but it is an important conversation to have.

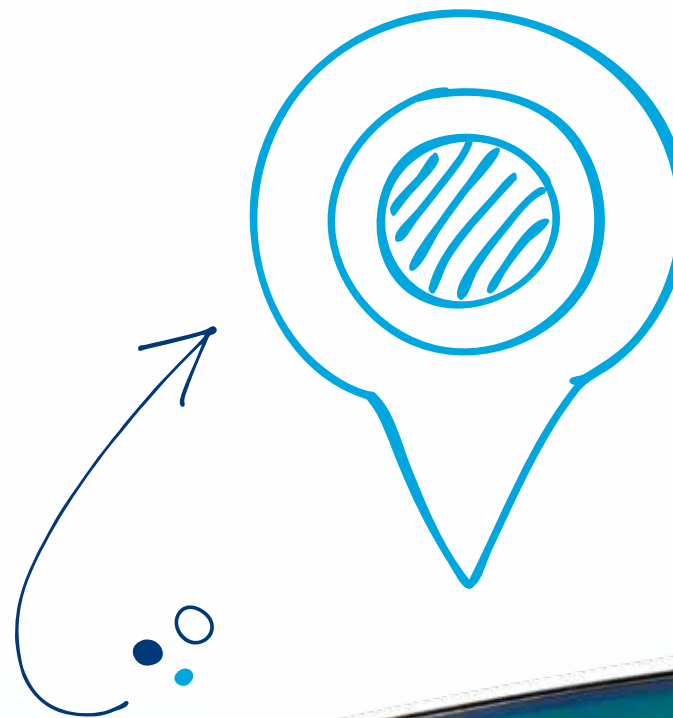
Pregnancy with type 1 diabetes does take careful planning. You should talk to your health care provider if you are pregnant or plan to become pregnant.

# DRIVING WITH TYPE 1 DIABETES

Many people with type 1 diabetes get their driver's license and drive every day. But it's important to remember that your driving can be affected by low blood sugar (hypoglycemia). Low blood sugar may make it harder to focus on the road, or see clearly, and can cause slower reactions to hazards on the road. Remember to always check your blood sugar before getting into the car. Don't drive if your blood sugar is not in your target range. For questions about driving with type 1 diabetes, please speak with your diabetes care team and be sure to follow their recommendations. If you are already driving and low blood sugar happens:

- ➔ **Pull over immediately** if you feel hunger, shakiness, sweating, confusion, or weakness
- ➔ **Do a blood sugar check.** If blood sugar is low, eat or drink something that contains carbohydrates that can be rapidly absorbed into the blood (known as a fast-acting carbohydrate). Wait 15 minutes and then check your blood sugar again
- ➔ **Do not start driving again** until blood sugar is in the target range (generally at 90 mg/dL or above)
- ➔ **When taking a long car trip,** stop often for blood sugar checks and eat snacks as needed to keep blood sugar at 90 mg/dL or above

Tell your family and friends when you need to pull off the road and take care of these issues—even if it causes a delay. Most people will understand and value safety over being on time!



# REDUCING THE RISK OF DIABETES-RELATED HEALTH PROBLEMS

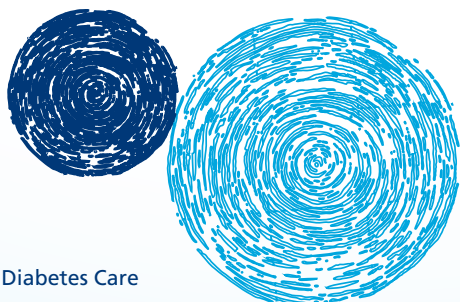
Keeping your blood sugar at goal is a big part of diabetes care. Why? Because high blood sugar can, over time, affect many different parts of the body.

## Nerves (Neuropathy)

Although diabetes doesn't usually damage the brain and spinal cord, it can cause problems with the rest of the nerves in the body (neuropathy). It is not completely clear why this happens. But some people who have had uncontrolled diabetes for a long time are more likely to have some nerve damage. However, not all people with diabetes will have nerve damage.

Some of the symptoms of nerve damage may include pain in hands and feet, trouble digesting food, loss of bladder or bowel control, and lack of strength. These symptoms may come and go and may feel worse at certain times. But they can also be caused by other health problems, so be sure to talk with the diabetes care team if you are having any of them.

➔ **Feet (Peripheral Neuropathy)** High blood sugar can affect nerves in the feet. This can cause painful sensations in some people and numbness in others. If you lose feeling in your feet and legs, an injury there can go unnoticed for a while and may become infected. That's why it's important, at each visit with the diabetes care team, to make sure that your feet are checked. A good way to remind you and your health care provider is to take off your socks and shoes before the examination.



## Eyes (Retinopathy)

Small blood vessels run through the retina of the eye. Uncontrolled diabetes can affect these vessels, leading to a number of eye problems—even blindness over time. That's why it's important for people with diabetes to get their eyes checked regularly. Once a year, get an eye exam where the eye doctor widens (dilates) the pupils to look for problems inside the eye.

## Kidneys (Nephropathy)

The kidneys perform a vital function in the body, so having normal kidney function is important. Uncontrolled diabetes raises the risk of kidney disease. When it is not treated, high blood sugar can damage the small blood vessels in the kidneys over time, and the kidneys can no longer filter out the impurities in your blood. There are tests the doctor will request at least once a year to check for kidney damage, including the urinary albumin test and the serum creatinine blood test.

## Teeth and Gums

Uncontrolled diabetes can cause tooth decay and gum infections. That's because high blood sugar can add more sugar to saliva, which can help harmful bacteria to grow. You should get a dental checkup and cleaning at least twice a year. Let the dentist know that you have diabetes.

**Talk to your health care provider immediately if you are having any of these problems.**





# THE EMOTIONAL SIDE OF TYPE 1 DIABETES

As a person with type 1 diabetes, you are still a person who has the same feelings, stresses, and frustrations as anyone else. Except, of course, for the fact that you have the added burden of managing a chronic disease. Too much stress isn't good for anyone, but when you have type 1 diabetes, it is even more important to control your emotions and your stress level. Why? Because stress can produce hormones that raise blood sugar. Stress can even contribute to unexpected blood sugar swings. So you definitely need to stay on top of your emotional well-being in order to effectively manage your type 1 diabetes.

## Dealing With Feelings of Anger

What does anger have to do with type 1 diabetes? Many times, we get angry or frustrated when things seem beyond our control. For instance, trying to get very high blood sugar under control can be extremely frustrating. This is especially true if you're following your care plan, and it's still not working. A good way to deal with anger and other negative feelings is to recognize that you have them, realize that they are common, and find positive ways to channel your energy.

Are you feeling very angry about your type 1 diabetes? It could be that you haven't completely come to terms with your diagnosis. Some people find that joining a support group helps. Or you could try talking it through with friends. But if this becomes a long-term problem, it may be time to contact a professional counselor or therapist to help you work through the anger. You can also turn to your health care provider for guidance.



# Is It Depression or Something Else?

Everyone feels down once in a while. But when feelings of sadness and hopelessness just won't leave, it could be a sign of depression.

Sometimes with depression, there can actually be physical rather than emotional reasons behind it. For instance, diabetes that is not well controlled may look and feel a lot like depression:

- ➔ **High blood sugar during the day** can make one feel tired or anxious
- ➔ **High blood sugar at night** may cause frequent urination, which could disrupt sleep and lead to feeling tired the next day
- ➔ **Low blood sugar during the day** can lead to hunger and eating too much
- ➔ **Low blood sugar at night** could also cause restless or interrupted sleep

If you feel you're suffering from depression, talk to your health care provider. He or she can help treat or rule out physical causes and may be able to refer you to a mental health professional who can help.



# Avoiding Diabetes Burnout

Some people who have been living with type 1 diabetes for a long time may become overwhelmed by their diabetes from time to time. It's called "burnout."

You may be experiencing diabetes burnout if you're:

- ★ Feeling burdened by diabetes
- ★ Feeling angry and filled with negative thoughts
- ★ Feeling that diabetes controls your life
- ★ Not following your diabetes care plan properly

Diabetes burnout is important to address because it may affect how you take care of yourself. Talk with your diabetes care team about these feelings. If needed, they can provide referrals to other specialists. It's important to remember:

- 1** You are not alone. Diabetes burnout is more common than you might think
- 2** You shouldn't feel guilty. If you're living with type 1 diabetes, feeling pressured or stressed out sometimes is understandable
- 3** You can get through it. It may be hard at times, but you can turn things around. Burnout can be overcome



# PREPARING FOR THE UNEXPECTED

Power outages, fires, floods, blizzards, and hurricanes can turn everyday life upside down. While being prepared for an emergency is important for everyone, it is even more important to be prepared when diabetes is involved. When you were living at home, your parents or caregivers may have been the ones to prepare for such a situation. But if you're living on your own now, it's up to you to be organized and ready if something should happen.

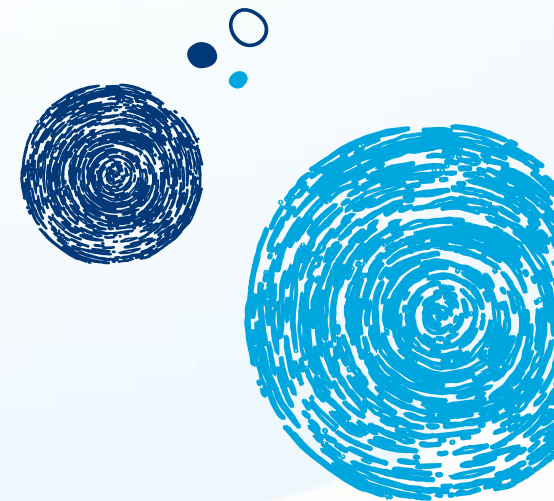
## Pack an Emergency Kit

The ADA recommends packing a clearly labeled emergency kit with at least 3 days' worth of supplies and storing it in a place where it's easy to find in a hurry.



Check off this list of supplies as you gather them:

- Your medications.** This includes insulin, insulin delivery supplies, and any oral medications. Routinely check all medicines and supplies for expiration dates and be sure to follow any storage or refrigeration instructions
- An extra blood sugar meter**
- Lancets, test strips,** and any other testing supplies needed
- Extra batteries** for meters and/or pumps
- Quick-acting carbs** to raise blood sugar if it goes too low
- Glucagon emergency medicine** in case of severe low blood sugar. Make sure someone with you knows how to correctly use it
- A written emergency contact list** (remember, cell phone signals may jam or cell phones may run out of power just when a number is needed, so have a written list of your contacts)



# HANDLING SPECIAL SITUATIONS FOR SCHOOL

There are many things that you have to think about when you have type 1 diabetes that would never occur to people who don't have diabetes. Here are a few that you may encounter in your teens and twenties.

## Taking Standardized Exams

If you are getting ready to graduate high school, you may be taking college admission exams like the AP®, PSAT®, or SAT®. Taking standardized tests can be a challenge for anyone. However, taking care of your type 1 diabetes while taking these tests requires even more planning. You will probably need to formally ask for special permission in advance (often called "accommodations") to do the things necessary to take care of your diabetes during these exams, including:

- ✓ Taking your meter with you
- ✓ Having access to snacks in case of low blood sugar
- ✓ Taking breaks to take medicine
- ✓ Checking your blood sugar

If you already have an active educational plan, such as a 504 Plan, IEP (Individualized Education Program), and/or DMMP (Diabetes Medical Management Plan), it may make it easier to get the accommodations you will need from standardized testing companies. If you're not sure if you have one, ask your parents or guidance counselor. However, these plans don't cover major standardized tests! But having them in place may make applying for (and getting) the accommodations you need quicker and easier.

Most high schools have a faculty member designated as the Services for Students with Disabilities (SSD) coordinator, who can help you. If you don't know who the SSD is in your school, ask your guidance counselor.

- ➔ For more information, on the AP®, PSAT®, and SAT® tests, visit [collegeboard.org/students-with-disabilities](https://collegeboard.org/students-with-disabilities) or call the College Board at (609) 771-7137
- ➔ For more information on the ACT (American College Testing) exam, visit [actstudent.org/regist/disab/](https://actstudent.org/regist/disab/) or call (319) 337-1000, ext 1332

## Help Is Available in College, Too!

If you are in college, get to know your school's disabilities services office. They coordinate assistance for students with disabilities and can be very helpful in making your college experience as smooth as possible. Even though you are not required to register with disability services, it may be a good idea to do so. Having disability documentation on record can be helpful if you ever do need modifications. For example, if you start experiencing severe hypoglycemia for the first time during finals, rescheduling an exam may be easier if you have already registered with your disabilities services office.

Another great resource is the College Diabetes Network. The CDN guides you through the entire college experience with type 1 diabetes. You can learn more about the CDN at [collegediabetesnetwork.org](https://collegediabetesnetwork.org).



# WHAT TO DO WHEN YOU ARE FEELING SICK

If you're feeling sick with an illness like the flu or a stomach bug, it can cause your blood sugar to go high, even if you're eating less. An injury, a surgery, even certain dental procedures (like having a tooth pulled) can cause your blood sugar to go up. Here are a few "sick-day rules" you'll want to follow to make sure your blood sugar stays controlled.

## Check with your doctor about what medications you can take.

Make sure all health care providers treating you know you have type 1 diabetes. Keep taking your diabetes medication (unless your health care provider tells you not to).

## Check your blood sugar often

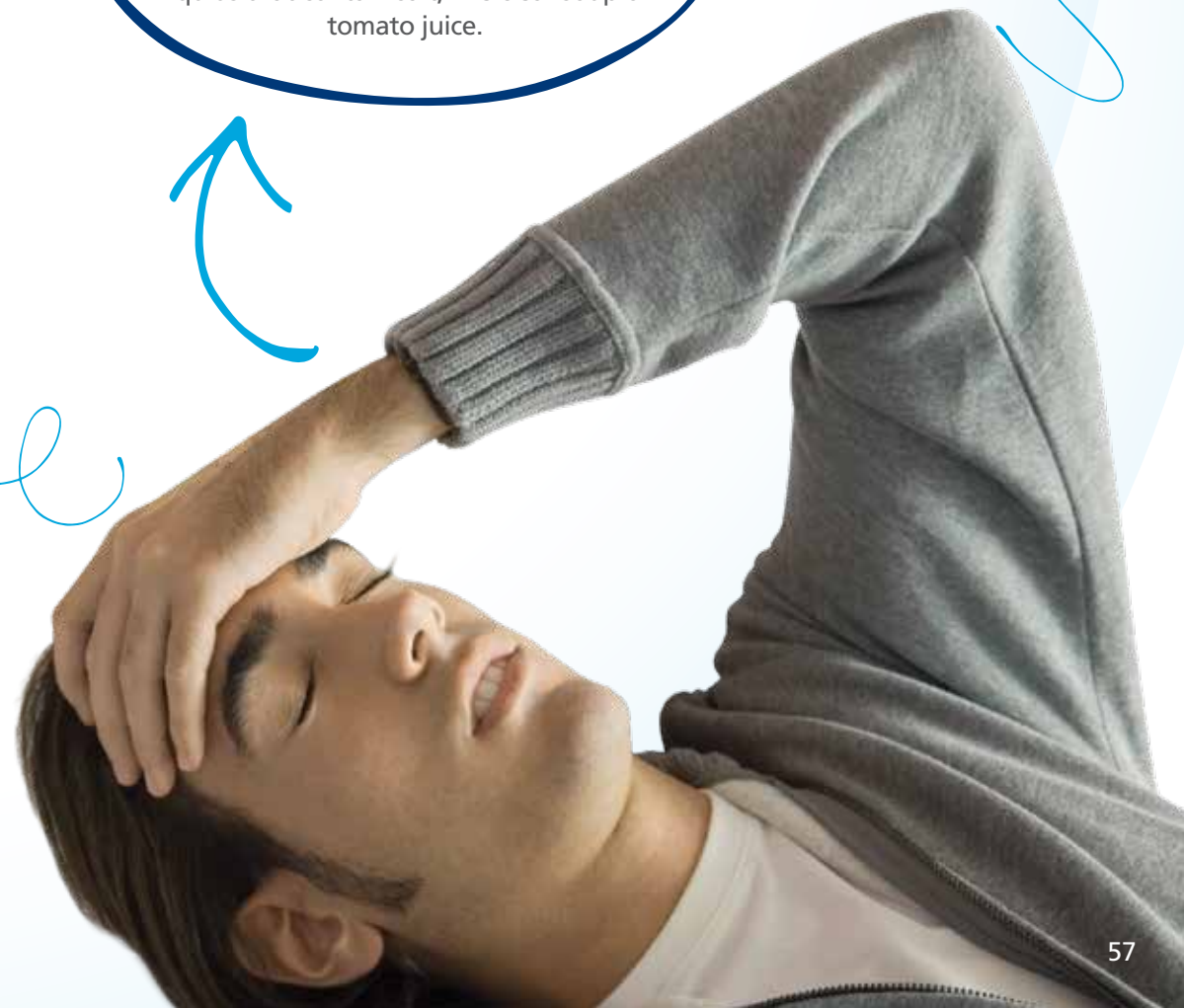
(more frequently for a more severe illness). If your blood sugar is 240 mg/dL or higher, check for ketones every 3 to 4 hours, call your health care provider, and ask about how to adjust your insulin dose.

## Try to follow your meal plan as best as you can.

If you're too sick to eat, drink plenty of fluids (3 to 6 oz every hour). Alternate between drinks that have sugar and drinks that do not. Drink liquids that contain salt, like clear soup or tomato juice.

## Rest and keep warm.

Don't exercise. Make sure you have someone looking after you.



# MANAGING TYPE 1 DIABETES IN THE WORKPLACE

If you're just starting your career, you may be wondering how you can manage your work life and your type 1 diabetes at the same time. But it can be done. In fact, millions of people like you already do it every day. Except in cases where it could cause a safety issue, it's your decision whether or not to tell your bosses and co-workers about your diabetes. But if you're comfortable with letting other people know about your diabetes, your work environment should be no different. Most offices or workplaces will make accommodations for people with diabetes to test their blood sugar, take insulin, or otherwise manage blood sugar.

Some of the common reasonable accommodations for people with diabetes include:

- ➔ Breaks to check blood sugar levels, eat a snack, take medicine, or use the bathroom
- ➔ A place to rest until blood sugar levels become normal
- ➔ The ability to keep diabetes supplies and food nearby
- ➔ The ability to test blood sugar and inject insulin at work
- ➔ If requested, a private area to test blood sugar or take insulin
- ➔ The chance to work a modified work schedule or to work a standard shift instead of a swing shift

These are just a few examples. A more complete list is available on the ADA website, [diabetes.org](http://diabetes.org). You may need other accommodations. You and your employer should meet privately and discuss your needs.



# MANAGING THE COST OF DIABETES CARE

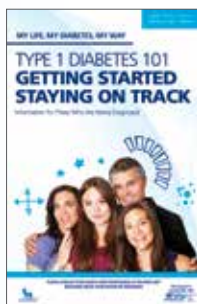
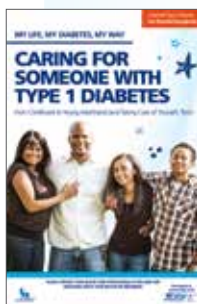
As you start to take a bigger role in your diabetes care, some of the bills that went to your parents or caregivers may now be coming to you. While it can be costly to take care of your type 1 diabetes, there is some good news. Under the Affordable Care Act of 2010 (ACA), people with diabetes are benefitting from additional insurance protections and coverage opportunities. Visit [healthcare.gov](http://healthcare.gov) for more information.

Call the **American Diabetes Association's National Call Center** at 1-800-DIABETES (1-800-342-2383) and ask about health insurance coverage after age 26.



# Here Are Even More Resources for Your Type 1 Diabetes Journey From Novo Nordisk and JDRF

This booklet is part of the "My Life, My Diabetes, My Way" educational series for people with type 1 diabetes. There are other booklets in this series, brought to you by Novo Nordisk and JDRF, that may be of interest to you, your family, and friends.



## ➔ **Caring for Someone With Type 1 Diabetes**

Written especially for busy parents or caregivers of children, teens, and young adults with type 1 diabetes

## ➔ **Type 1 Diabetes 101: Getting Started, Staying on Track**

Recommended for those ages 13 and up newly diagnosed with type 1 diabetes and their family and friends

**Ask your doctor for your FREE copy of these and other type 1 diabetes booklets today!** They are also available online as free PDF downloads at [t1support.cornerstones4care.com](http://t1support.cornerstones4care.com).

Additional type 1 diabetes resources can be found online at:

[jdrf.org](http://jdrf.org)

[diabetes.org](http://diabetes.org)

[type1.cornerstones4care.com](http://type1.cornerstones4care.com)

[typeonenation.org](http://typeonenation.org)

Remember, these booklets and resources are for educational purposes only. If you have any questions about your diabetes care, be sure to ask your diabetes care team.



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