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Hi, everybody. Welcome to our November webinar, Diabetes Basics and Beyond. My name is Christy Garth and I'm a registered dietitian with Pacific Medical Centers. I'm so sorry, I can't be there in person, but I hope you enjoy this recording.

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There'll be some resources at the end as well as my email if you have any follow up questions. So as I mentioned, I work for Pacific Medical Center and I run a research based prevention program for employees around Workplace Wellness.

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I also do some individual counseling at the Lynwood, Northgate, Beacon Hill and Federal Way clinics. So let me know if you have any questions about individual counseling or Pacman in general. So today I want to review common myths about diabetes, define different types of diabetes, identify symptoms and labs that you should look for if you are worried

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about prediabetes or currently have diabetes. We're going to look at the risk for developing diabetes. You can take a test. So I encourage you to do so and then discuss how to prevent and manage diabetes. So the format today will be looking at certain types of myths and then following that up with different facts.

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All right, let's get started. So Myth one Diabetes is caused by eating too much sugar. I hear this one a lot, and I want to just go over the physiology of diabetes and what it's actually doing. It's a little bit to do with our diet, but there's also a lot of other things going on in the body

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that will cause diabetes. So what is diabetes? Diabetes is a problem with how your body uses food, specifically carbohydrates for energy. So as we digest carbohydrates, they get broken down into individual glucose molecules. So this is a step by step.

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Looking at the process, we start to eat the glucose enters our bloodstream and the blood glucose level goes up. And when once that blood glucose starts heading upwards, your hormone insulin kicks in, which is made by our pancreas and acts as a key to unlock the body's cells and let that glucose in.

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So essentially, it's helping with the receptors it attaches to your cell and lights up that receptor so that glucose can just passively transport into the cells for energy. This is where we burn calories. This is how we get energy for all of our cells in the body, specifically the brain.

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The brain is going to use this the most, and it's one of the hardest things when someone has while c type one diabetes is just not getting enough energy to all these organs. All right. So let me know again, if you have any questions about it, there are some videos at the end that will go into this

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and a little bit more detail on. So you've probably heard that there's different types of diabetes, there's type one, type two gestational diabetes and prediabetes, so prediabetes often is the precursor to type two diabetes. You don't necessarily get prediabetes when you have type one or gestational diabetes.

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So let's go through these real quick. Type one is actually an autoimmune disease where the body immune system attacks itself, and specifically it's attacking our pancreatic cells. So they're called the beta cells and these are destroyed. So no insulin or very little insulin is being produced at all.

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This typically happens in our younger children. Although you can get type one diabetes at any age, they're not sure exactly what the risk factors are. But there could be a genetic component, and sometimes it's because of a virus or something else going on inside the body.

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Autoimmune diseases are a little bit unknown still for why they're happening to so many people. But about 10% of all people with diabetes have the type one version. So a small segment and then 90% are going to have type two diabetes.

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So this is probably the one that you'll be screened for at your doctor's office more regularly. The symptoms aren't as extreme as type one diabetes, and it's classified as having insulin resistance, so your body is still producing insulin.

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There's nothing attacking that pancreatic cell. However, the insulin that you are producing is a little bit broken. They're attaching to the cell, but there's no allowance of that glucose to go into the cell, so it gets stuck in the bloodstream and therefore your blood sugar start to rise.

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So when we call insulin resistance, I'll be using that today a lot. It basically means that the cells are unable to use insulin effectively. There's definitely some diet and exercise suggestions that can help boost our insulin resistance. However, in general, this is a progressive disease that our insulin resistance typically gets worse as we get older and more

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into the disease state. We know a little bit more about what causes diabetes, so these are the common risk factors, your age. So as you get older, you get more and more likely to have type two diabetes. I see a lot of my patients getting diagnosed in their sixties, so that is definitely a higher risk for getting

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that diabetes diagnosis. Genetics. So looking at your parents, your siblings, your uncle. How prevalent is type two diabetes in your family? Ethnicity So type two diabetes is more common than African-Americans, Hispanics, Native Americans, Asian Americans and then Native Hawaii Hawaiians and Pacific Islanders.

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Also, we take into account your activity factor and your weight. So these are all risk factors. The two last types of diabetes are prediabetes and gestational diabetes. So first, prediabetes is essentially a precursor to, again, type two diabetes.

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So you're starting to get some insulin resistance. There is some accumulation of sugar in the blood, but it's not high enough to be categorized as type two. So this is where we can have a lot of impact with our diet and exercise choices.

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If we know we have prediabetes, we can do a lot to manage and actually reverse diabetes in general if we continue on the project of eating the same things that we're eating and not exercising too much. Sometimes this can turn into type two diabetes and then it wouldn't be reversible.

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So we'll always have that even if we get our blood sugars and range and A1 C and range now. Gestational diabetes is diabetes during the pregnancy, so a lot of women will get tested around 28 weeks of gestation for their insulin resistance.

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So some women, again, when they're trying to fuel their baby, they need more insulin to do so, and their insulin resistance piece can come out in this time in pregnancy. Again, it's not always what the woman has been eating during her pregnancy.

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It's more of just a phenomenon that's putting her at risk for that insulin resistance and potentially getting type two diabetes later in life in about five to ten years most, most of the time. Gestational diabetes is mostly managed with food and exercise.

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However, there are certain times where the woman will need extra insulin to make sure the baby isn't growing too big because that can have problems in the birthing and then also puts the baby at risk for type two diabetes later on as well.

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The good news is with gestational diabetes is that it goes away, most likely after your baby is born. So once that energy need has decreased, most women do not have gested or doesn't have diabetes right away, but it is more likely to come back in the future, so it is a risk factor.

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So diabetes fact one, right, it's not always just about how much sugar we're eating. The actual causes are could be autoimmune, could be genetic or certain risk factors in our life. We could have a pregnancy with insulin resistance and then prediabetes again is just a nice wake up call so that we can do something about it before

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we have to be on potentially medication and long term intervention. All right. So we're onto Myth two, this is symptoms

of type two diabetes are easy to spot. What do you guys think? Not all the time. So we may have some symptoms of type two diabetes, but nearly 28% of people don't even realize they have it.

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So although in the extreme cases, people would feel very thirsty, they would need to urinate fairly often. They could have blurry vision, extreme hunger, dry skin. They could get really tired and sleepy after eating. And some people experienced slow healing or infection as a result.

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Again, this is when your blood sugars are fairly high. So if they're just slightly elevated, like the beginning of type two diabetes, people may not feel any symptoms at all. This is why it's so important to go to your regular primary care appointments every year to get those labs tested and see what might be going on.

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Some of these symptoms are things that were like Maybe they're just normal. Maybe I'm just tired from work and stress. Maybe I just have been drinking too much. So that's why I have to go to the bathroom. So often I see a lot of patients that when they first get diagnosed, they just express how thirsty they were

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and that water wasn't quenching their thirst, so they would go for even more sugary beverages to try to get back. There's quenched. So although they didn't know they have diabetes, they're probably making it even worse by doing a lot of those sugary beverages.

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So if any of these sound like something that you've been experiencing, definitely go check, check yourself out at your doctor's office. It's better to catch it early on so that you don't get some of these symptoms and that we can treat it and start to get care that you might need.

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Type one symptoms are more abrupt, so they would have more of these symptoms and they would come on really quickly, so suddenly that person could be losing weight, starving, eating everything in sight because their body is essentially not able to uptake glucose for energy.

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So they're just so hungry and tired. So that's often why a lot of type ones get diagnosed early on. If they're losing weight, they might have to go to the hospital for that. So in general, when we want to know our risk for developing type two diabetes, there's a seven question survey from the American Diabetes Association that

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will add up your points of risk. And this is great because it just keeps you from year to year acknowledging the fact that we need to keep up on this and make sure we're aware of them. I know it can be scary to go to the doctor and maybe find out about these things, but again, always early

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intervention is going to be better than waiting too long until you've already had it, so we can catch it up, even

prediabetes. You're going to be a lot better off as far as complications go. So the quiz again looks at seven questions, the first one is how old are you?

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So if you wanted to take a piece of paper and jot down, you give yourself points for how many years old you are. So unfortunately, this is something we cannot change, but it doesn't necessarily make the risk go away just because we don't want to acknowledge that we can't change it, right?

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So you're either zero points under 41 point between 40 and 50, two points, 50 and 60, and then 343 points for 60 or older. It's more common for men to be diagnosed with diabetes. So the second question is just asking your biological sex, and this will determine again a little bit more increase risk.

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If you've ever had gestational diabetes during a pregnancy, you'll get another point for a risk. If you have a mother, brother and sorry, mother, father, brother, sister with diabetes, so your immediate family only we're looking at again, give yourself another point for risk.

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All these things is a lot that we cannot control. So what can we control? This is the last three questions on your list. Have you ever been diagnosed with high blood pressure? So blood pressure is something that we can keep in control, usually with medication, diet and lifestyle.

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Also, if you're physically active, so I usually say this is a very vague question. But if you're getting about 150 minutes or more per week of exercise, then you can say yes, you're physically active. So that would be every day moving about 20 minutes or so.

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If you are more than that, you don't get extra points, but that's going to be great as well. If you're not quite at that, give yourself a one point risk factor. The final one is looking at your weight categories, so you find your height.

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You look at what your weight, your last weight was. And then you give yourself a zero if you're not on the chart at one point, if you're in that first column, two second column and three third third column.

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So take a minute to add those points up. If you scored a five or higher, this indicates an increased risk for developing diabetes. Now this does not mean you have diabetes, so don't worry, it's just meaning that we should check you out every year your doctor for your fasting, blood glucose and your A1.

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See what we're going to go over next. If you want to revisit this test or take it for another family member, you can go to the Diabetes Network slash risk test and then it will again tell you your score for you.

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So a nice one to utilize, and that's what we use in a lot of health screenings when I used to go out to companies to do this as well. So a couple of labs that you'll want to know are first, your fasting blood glucose lab.

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This one is usually done every year when you get your general metabolic panel done. So with that, we'll look at your kidney health, your liver health, but also look at your glucose. Usually this is fasting, meaning we haven't eaten that morning and it will be taken at least eight hours from eating.

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So if you happen to have it, maybe later in the day, if you've gone at least eight hours, that would be considered fasting again. The numbers are indicating prediabetes or diabetes as a result, but know that to get diagnosed with diabetes, you need two separate tests for the fasting blood glucose and the random blood glucose test.

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So these are important to know because one test could just be reflective of an abnormality of what you've been doing the night before or the day of the random blood sugar test is less used. But this one could be taken at any time they do that, sometimes at health screenings as well.

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If you have a blood sugar over 199, that indicates a possibility for diabetes. But again, we'd probably have you come back and do the fasting blood sugar as well as our next lab, which is the glycosylated hemoglobin A1 C test or also known as HbA1c.

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This is a percentage of how much sugar has been attached to your red blood cells over the last two to three months. So a point your attention to that nice diagram at the bottom of your screen. A normal red blood cell will have some amount of sugar on it.

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However, in diabetes or even pre-diabetes, there's more sugar that's attaching. So that just indicates that there's been sugar floating around your blood getting attached to these blood vessels. I'm sorry blood cells last about two to three months.

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So this is why it's an average of how much, how much blood sugar has been in your body in that amount of time. It's always a percentage, so these are the lab values. If you're less than 5.7 indicates that you don't have any problem with your blood sugar and then it's in a normal range.

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Prediabetes is 5.7 to 6.4%. Again, a lot of us will not even be indicated if we have a higher sick. So this is your due diligence to ask questions if you see a number that's not in the appropriate range.

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Diabetes is if you extend over that 6.4% up to sometimes as high as 18%, right? So we want to keep it as close to the five range and the six range as possible to prevent complications. And there's a couple tests that we would do for people that are higher risk, including the ANC.

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But if you're fairly low risk, they usually will just test your fasting blood glucose unless you advocate for yourself. So again, if you've had some family history or you're just really curious, you can probably ask for a ANC test.

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However, most of us would just get the fasting blood glucose. OK. So to summarize, the best way to identify type two diabetes, take the risk assessment test, be on the lookout for abnormal symptoms or even symptoms that you feel like are kind of normal.

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Have your labs done every year, ideally again, if you had normal results, you could maybe and you have low risk, you could go a couple of years before you test again. But everyone over the age of 45 should be tested every year, as well as those that have genetic disease.

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Genetic markers that might indicate diabetes. All right. So we're on to Myth three, herbal supplements can help manage diabetes, get a lot of questions around cinnamon or apple cider vinegar to either people that already have diabetes or that have prediabetes.

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There's not much evidence that these herbal supplements can, can cause, cure or cause a reduction in blood sugar. So again, they are very weakly supported by the scientific community, but there's other things that you can do that are much more supported.

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So let's go through those real quick. So the first one is to prevent and manage. You want to focus on lifestyle factors. So increasing that exercise as much as possible when we exercise our glucose uptake in by the muscles as opposed to the need for insulin, so it can help with our insulin resistance, as well as make

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our insulin more sensitive and work better. Pretty cool. So I'll keep advocating for that as we go along. Then having a balanced meals or snacks, so having more vegetables can be huge and decreasing some of the processed foods that we eat that have hidden sugars or really simple carbs.

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And we'll go over this in the next slide. Also, if you have diabetes or pre-diabetes, you might want to start monitoring your blood sugar at home, so you'll get usually a prescription for a glucometer, which is basically a device that you stick a little bit of blood on a strip and you can see exactly what your blood

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sugar is in real time. So we would go over that in a counseling session of when the best times to test are. You could do it

after meals or fasting just to indicate how high your blood sugars are going at various times of day.

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If you don't have diabetes, it's not recommended to test your blood sugar. This would just be if you've already entered that prediabetes or diabetes stage. Again, there's a lot of medications out there that can support diabetes and help manage it because of that insulin resistance piece.

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A lot of our diet and lifestyle factors only work to a certain degree. So sometimes medication is needed to get you back into that controlled range, even if you're doing everything, quote unquote perfectly. So again, it's not something to be shameful about.

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There's some great medications now that can protect the heart and the kidney, those two organs that get a lot of influence from having diabetes. There's pills, oral medication, there's non insulin injectables. So one that we use a lot is called Felicity.

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And you will do it into your abdomen once a week as a way to help with reducing appetite and helping manage blood sugars and then insulin. You can actually inject insulin into your body. It's the same insulin that we produce in the pancreas, but we're just giving it outside of the body.

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So I love this diagram because it really shows how food affects your blood sugar and blood glucose is just the other need for that. So if you look at the carbohydrates, this green dashed line within two hours, our body and the blood sugar will rise and then insulin kicks in and it will fall back down.

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So there's more simple the carb is the faster this process happens. If it's juice or soda or candy that process your blood sugar will go high and then it will kick in and come back down. If you have more of a complex carb, this process is a little bit slower and the blood glucose might not get as

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high. It might go halfway up instead. And that's because of the digestion speed. So carbs will differ between complex carbs and simple carbs. And we encourage everyone to try to do more of these complex carbs to better these blood sugar spikes.

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You'll notice that protein and fat have a small effect on blood sugar, but not very much at all. So these are also encouraged to eat with our carbohydrates. Per can slow down the spike of blood sugar when we eat protein, fat and carbs altogether.

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We see that this spike again is reduced in height. But also it takes longer, so it will be spread out over a period of time, which is a good thing. It will give us energy for longer and our body can actually handle that amount of glucose all at



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This is another diagram showing the food that we want. So there's not a specific diabetes diet or pre-diabetes diet. However, we want to be monitoring how many carbs we're eating at each meal. So this side over here is all of our carbohydrates.

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We want to include a lot of non-starchy vegetables because those are going to help fill us up and slow down the digestion with all the fiber that we're getting from that and then making sure we have adequate protein at each meal.

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Again, these two things digest slower. And when in combination with carbs, your blood sugar is much more stable and much less of a spiky sensation, so to speak afterward. Certain things that have carbs are your general breads, cereals, pastas, rice, starchy vegetables like corn, potatoes and peas.

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Juice dairy products have some amount of carbohydrates and then fruits, too. So typically I'll have people choose one carb that they want per meal and almost budget it. So if they really want fruit, they're going to sub out some of the other carbs so they can have more fruit if they want a little bit of chocolate for

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dessert. Maybe they take out most of the pasta and just do a little bit so that they have room for their chocolate at night. So it's a lot of playing around with how your body responds to the food that you're eating most of the time.

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We encourage testing if you have prediabetes or diabetes and then if you don't for preventing preventative purposes. This is also an extremely healthy way to eat, having a manageable amount of carbs and then having more of these vegetables and protein along with it.

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So in your PDF that you can get after you watch this presentation, you can download this sugar tracking challenge. So basically kind of monitoring how much sugar you're actually eating. Now, carbohydrates are anything that's going to affect blood sugar, but those plain simple sugars are going to affect it the most.

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So these are usually the first line of defense to pull out of the diet for the prevention piece. So if you track it for even a couple weeks and just see if you can get your added sugar amounts down, this is going to be huge for prevention as well as exercising and eating those balanced meals so you

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can find sugar amounts by going to that website on the bottom of your screen. A lot of times you can just google it too, which is nice. So to summarize, diabetes is managed not by herbal supplements, but by meals, movement and medication.

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And again, medications would be used sparingly if someone has diabetes already or potentially if they have pre-diabetes and really want to make sure they're getting their blood sugar under control sooner. OK. Diabetes Myth four, if you don't take care of your diabetes, you'll end up on insulin again, a lot of fear for people because they have to

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inject it, not taking it orally. However, your pancreas sometimes isn't producing enough insulin in type two diabetes. So not only is that insulin that is producing resistant to working, but you might not just be producing the amount that you need, even when you're restricting carbohydrates and exercising regularly.

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So this does not mean you've done a bad thing. It's not a failure to go on insulin. It just means your pancreas needs more support and it could be a natural progression of the disease. Not everyone has to be on insulin that has type two diabetes, and there's a lot of medications out there now that can help

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prolong the need for insulin. But again, it's not a failure. Sometimes it can really help better that blood sugar control for some folks that other medications cannot do. So we need a combination of effort. But insulin isn't isn't a failure, basically.

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All right, our last myth is all about those different types of sugar. So honey, it's better than sugar for someone with diabetes. What do you think? Unfortunately, no. So all types of sugar and carbohydrates will raise blood sugar in everyone's body.

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There are more extreme rises and falls, typically in those people that have diabetes. But if you look at actually how much carb or sugar are in all these different natural versus maybe more processed sugars, it's amazing how similar they are.

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And honey actually has more sugar than your typical cane sugar. So I know that honey seems natural and there is some a little bit of extra nutrients in honey that you might not get with the other thing, but it's almost negligible when we're talking about blood sugar.

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So they'll all effect it. The only thing that does not raise blood sugar is your artificial sweeteners, and those sorbitol type sugar alcohols will raise it much less. So it still raises your blood sugar a tiny bit. But typically not as much as regular sugar.

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So if you have any other questions or myths that you feel like we forgot to mention today, feel free to email me as well. And we can. We can have a conversation about that. So let's summarize what we learned today.

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Type one diabetes is that autoimmune disorder where the body stops making insulin. This affects about 10% of anyone that has diabetes. Type two is a problem with insulin resistance and also insulin production. So they typically have some production left and it's a progressive disease.

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So even if we're doing all the right things, it could get worse as we go. But no, there's a lot that we can do to manage it. Know your risk for type two diabetes or prediabetes by taking last survey that's going to that was earlier in the program.

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Ask your doctor to do some lab tests. So if you've never gotten an A1c, see, you can get it every five years if there's no diagnosis. But if you have any of these high risk factors, it's worth doing and checking in because again, the earlier we catch it, the better intervention we get.

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If you have pre-diabetes or diabetes, we want you to get your A1c checked at least every year. If you're new, we'll do it every three months to see if there's some improvement with either lifestyle management or medication usage.

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And then we can extend that if your blood sugars seem like they're in range and not moving around too much too every six months, and then maybe every year. So it will be different for all the individuals. Remember that balanced meals and physical activity can prevent help prevent and manage prediabetes and type two diabetes, so this is

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usually where we start and we'll add medications as needed. But again, those are not a sign of failure. It's just a sign that you need a little bit more support with insulin production, even if we're doing everything appropriately with our meals and our activity level.

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So I hope you got some great information about ways to prevent and manage diabetes. We also have really in-depth diabetes classes with Pacific Medical Center and the link is on the bottom there. So if you're interested in that, they are virtual this year, next year, they're hopefully going to be back in person.

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But check out those classes. It's a three part series for people that have diabetes, and it goes into anything that you want to know about it. So it's very more, much more detailed and interactive than our presentation today.

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But if you just want to learn a little bit more, I encourage you to check out the diabetes dot org website. Diabetes Food Hub has great recipes for anyone, not people, not even just with people with diabetes. And then the Joslin Center is a great resource as well, especially for those that might have type one or are

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curious more about that. If you're a visual learner like me, I would check out that video on YouTube, and this will just go over the different types of diabetes again and a visual representation of what might be going on in the body.

00:32:38:23 - 00:32:57:24

Unknown

And then that last resource, diabetes every day, is a dietitian that also has type one diabetes, and she does a lot of myths and kind of debunking of what diabetes is and especially focusing on food. So if you would like to check that out, I encourage it as well.

00:32:58:18 - 00:33:16:12

Unknown

Again, my name is Christy, and if you have additional questions, you can email me at the web at the link below. Christine G. Pac-Man Dawg. No, I'll be on maternity leave until January, so I may not get to it right away, but I hope to see you again soon.