

Chapter 1

Dealing with Diabetes

In This Chapter

- ▶ Meeting others with diabetes
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 - ▶ Upholding your quality of life
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As a person with diabetes, you're more than the sum of your blood glucose levels. You have feelings, and you have a history. The way that you respond to the challenges of diabetes determines whether the disease will be a moderate annoyance or the source of major sickness.



One of my patients told me about working at her first job out of college, where each employee birthday was celebrated with cake. She came to the first celebration and was urged to eat a slice. She refused and refused, until finally she had to say, "I can't eat the cake because I am diabetic." The woman urging her said, "Thank God. I thought you just had incredible willpower." Twenty years later, my patient clearly remembers being told that having diabetes is better than having willpower. Another patient told me the following: "The hardest thing about having diabetes is having to deal with doctors who do not respect me." Several times over the years, she had followed her doctor's recommendations exactly, but her glucose control had not been satisfactory. The doctor blamed her for this "failure."

Unless you live alone on a desert island (in which case I'm impressed that you got your hands on this book), your diabetes doesn't affect just you. How you deal with your diabetes affects your family, friends, and coworkers as they desire to help you. This chapter shows you how to cope with diabetes and how to understand its impact on your important relationships.

Achieving Anything . . . Or Everything!

Are you as pretty as Nicole Johnson, the 1999 Miss America? Are you as funny as Jackie Gleason or Jack Benny? Do you have the inventive powers of Thomas Alva Edison? You have at least one thing in common with all of these famous people — diabetes — and you may have even more. The fact is, many

people — from athletes to actors and politicians to painters — have found success despite the fact that they have had diabetes. Just take a look at the following sections. Perhaps you can find not only inspiration from the names mentioned, but also the same greatness and strength that motivated these successful individuals even though they wrestled with diabetes.

Keeping good company

Diabetes is a common disease, so it's bound to occur in some very extraordinary people. The list of people with diabetes is long, and you may be amazed at the caliber of the company you keep. The point is that every one of these people lives or lived with this chronic illness, and every one of them was able to do something special with his or her life.

Many politicians have diabetes — perhaps the result of eating too many fundraising dinners full of alcohol, starchy foods, and calorie-rich desserts. (See Chapter 4 for the role diet plays in the onset of diabetes.) Mike Huckabee, former governor of Arkansas and recent presidential candidate is a prime example of an outstanding politician with type 2 diabetes (T2DM). Another former governor, Charles “Buddy” Roemer of Louisiana, also has T2DM. He has the distinction of being the first sitting governor in modern history to switch parties while in office. James Lloyd, who served in the U.S. Congress from 1975 to 1981 did not let his T2DM interfere with his political career. Marion Barry, who overcame not only T2DM but a drug habit, was mayor of Washington, D. C. for four separate terms.

Among actors and comedians with diabetes, Jackie Gleason is memorable for his motto, “How sweet it is!” (Could he have been referring to his diabetes or his blood glucose?) Jerry Lewis, who seems to go on and on, raising millions of dollars every year for children with muscular dystrophy, is another comedian who does not let diabetes ruin his sense of humor. Elizabeth Taylor, one of the most beautiful actresses in movies, never let her diabetes keep her from a great performance.

Walt Kelly, who drew the *Pogo* comic strip, joins Paul Cézanne in the category of artists with diabetes. Writers Mario Puzo, author of *The Godfather*, Ernest Hemingway, and H. G. Wells all made their marks despite their diabetes. In the business world, Ray Kroc founded the McDonald's chain while dealing with diabetes.

The list of singers and musicians with diabetes contains some of the greatest voices. Blues singer .B. B. King, soul singer Pattie Labelle, and jazz singer Peggy Lee are all great additions to the people with diabetes who are sterling entertainers. Neil Young is no slouch in the music department, either. His

diabetes has not stopped him from recording some of the great albums of the last decades.

Diabetes doesn't prevent the achievement of great records in sports. Athletes tend to develop T2DM when they are no longer in great physical shape, but there are exceptions. Diabetes didn't stop Mike Sinclair from becoming a three-time Pro Bowler in the National Football League during eleven seasons. Joe Frazier could box like few others despite his diabetes mellitus. Billie Jean King put women's tennis on the map when she beat Bobby Riggs; diabetes certainly didn't slow her serve. (To read about the role of sports and exercise in your life, see Chapter 9.) Gary Hall is a swimmer with diabetes who won ten Olympic medals in 2000 and 2004. Adam Morrison is a professional basketball player with diabetes.

Realizing your potential



The names in the preceding paragraphs are just a few examples of people with diabetes who have achieved greatness. Here is my point: *Diabetes shouldn't stop you from doing what you want to do with your life.* You must follow the rules of good diabetic care, as I describe in Chapters 7 through 12. But if you follow these rules, you will actually be healthier than people without diabetes who smoke, overeat, and/or don't exercise enough.

Perhaps the many people with diabetes who have achieved greatness used the same personal strengths to overcome the difficulties associated with diabetes as they did to excel at their particular callings. Or maybe their diabetes forced them to be stronger and to persevere more, which contributed to their success. Chapter 15 shows you a few areas (such as piloting a commercial flight) in which certain people with diabetes can't participate — (due to the ignorance of some legislators). Those people with diabetes will achieve complete freedom of choice when they show that they can safely and competently do anything that a person without diabetes can do.

Reacting to Your Diagnosis

Do you remember what you were doing when you found out that you had diabetes? Unless you were too young to understand, the news was quite a shock. Suddenly you had a condition from which people can die. In fact, many of the feelings that you went through were exactly those of a person learning that he or she is dying. The following sections describe the normal stages of reacting to a diagnosis of a major medical condition, such as diabetes.

Experiencing denial

Your first response was probably to deny that you had diabetes, despite all of the evidence. Your denial mindset may have begun when your doctor tried to “sugarcoat” (forgive the pun) the news of your condition by telling you that you had just “a touch of diabetes,” (an impossibility equivalent to “a touch of pregnancy”). You probably looked for any evidence that the whole thing was a mistake.

Perhaps you even neglected to take your medication, follow your diet, or perform the exercise that is so important to maintaining your body. Ultimately, you had to accept the diagnosis and begin to gather the information you needed to help yourself.



When you accepted the diabetes diagnosis, I hope you also shared the news with your family, friends, and people close to you. Having diabetes isn't something to be ashamed of, and you shouldn't hide it from anyone. You need the help of everyone in your community: your coworkers who need to know not to tempt you with treats that you can't eat; your friends who need to know how to give you *glucagon*, a treatment for low blood glucose, if you become unconscious from a severe insulin reaction (see Chapter 4); and your family who needs to know how to support and encourage you to keep going.

Your diabetes isn't your fault — nor is it a form of leprosy or some other disease that carries a social stigma. Diabetes also isn't contagious; no one can catch it from you.



When you're accepting and open about having diabetes, you'll find that you're far from alone in your situation. (If you don't believe me, read the section “Keeping good company,” earlier in this chapter.) One of my patients told me about experiences she had that helped her feel part of a community. She arrived at work one morning and was very worried when she realized that she had forgotten her insulin. But she quickly found a source of comfort when she remembered that she could go to a diabetic coworker and ask to borrow some insulin. Another time, she was at a party and stepped into a friend's bedroom to take a shot of insulin, and she found a man there doing the same thing. Borrowing someone else's insulin is probably not a good idea because it may be contaminated, but you get the point.

Feeling anger

When you've passed the stage of denying that you have diabetes, you may become angry that you're saddled with this “terrible” diagnosis. But you'll quickly find that diabetes isn't so terrible and that you can't do anything to rid yourself of the disease. Anger only worsens your situation, and being angry about your diagnosis is detrimental in the following ways:

- ✔ If your anger becomes targeted at a person, he or she is hurt.
- ✔ You may feel guilty that your anger is harming you and those close to you.
- ✔ Anger can prevent you from successfully managing your diabetes.



As long as you're angry, you are not in a problem-solving mode. Diabetes requires your focus and attention. Use your energy positively to find creative ways to manage your diabetes. (For ways to manage your diabetes, see Part III.)

Bargaining for more time

The stage of anger often transitions into a stage when you become increasingly aware of your mortality and bargain for more time. Even though you probably realize that you have plenty of life ahead of you, you may feel overwhelmed by the talk of complications, blood tests, and pills or insulin. You may even experience depression, which makes good diabetic care all the more difficult.

Studies have shown that people with diabetes suffer from depression at a rate that is two to four times higher than the rate for the general population. Those with diabetes also experience anxiety at a rate three to five times higher than people without diabetes.

If you suffer from depression, you may feel that your diabetic situation creates problems for you that justify being depressed. You may rationalize your depression in the following ways:

- ✔ Diabetes hinders you as you try to make friends.
- ✔ You don't have the freedom to choose your leisure activities.
- ✔ You're too tired to overcome difficulties.
- ✔ You may dread the future and possible diabetic complications.
- ✔ You don't have the freedom to eat what you want.
- ✔ You are constantly annoyed with all of the minor inconveniences of dealing with diabetes.

All of the preceding concerns are legitimate, but they also are all surmountable. How do you handle your many concerns and fend off depression? The following are a few important methods:

- ✔ Try to achieve excellent blood glucose control (see Part III).
- ✔ Begin a regular exercise program (Chapter 9).
- ✔ Tell a friend or relative how you are feeling; get it off your chest (Chapter 20).
- ✔ Recognize that every abnormal blip in your blood glucose is not your fault (Chapter 7).

Moving on

If you can't overcome the depression brought on by your diabetic concerns, you may need to consider therapy or antidepressant drugs. But you probably won't reach that point. Or you may experience the various stages of reacting to your diabetes in a different order than I describe in the previous sections. Some stages may be more prominent, and others may be hardly noticeable.



Don't feel that any anger, denial, or depression is wrong. These are natural coping mechanisms that serve a psychological purpose for a brief time. Allow yourself to have these feelings — then drop them. Move on and learn to live normally with your diabetes.

Here are some key steps you can take to manage the emotional side of diabetes:

- ✓ **Focus on your successes.** Some things may go wrong as you find out all there is to know about managing diabetes, but most things will go right. As you concentrate on your successes, you will realize that you can cope with diabetes and not let it overwhelm you.
- ✓ **Involve the whole family in your diabetes.** A diabetic diet is a healthy diet for everyone. For instance, the exercise you do is good for the whole family. By doing it together, you strengthen the family ties while everyone benefits from a healthier lifestyle. Also, should you need your family to help you, for instance, during a particularly severe low blood glucose, their early involvement will give them the peace of mind to know they are helping, not hurting you (Chapter 20).
- ✓ **Develop a positive attitude.** A positive attitude gives you a can-do mindset, whereas a negative attitude leads to low motivation preventing you from doing all that is necessary to manage your diabetes.
- ✓ **Find a great team, pinpoint problems, and set goals.** Determine the most difficult problems that you have with your diabetes and how to solve them by yourself or with the great team of supporting players like the diabetes specialist, the diabetes educator, the dietitian, the eye doctor, the foot doctor, and so forth. Set realistic goals to get you past your problems (Chapter 11).
- ✓ **Don't expect perfection.** Although you may feel that you're doing everything right, you may find that your blood glucose levels are off. This situation happens to every person with diabetes and this unpredictable, uncontrollable feature is one of the most frustrating of the disease. Don't beat yourself up over something you can't control. Keep doing the things I suggest in the treatment section and you will be very gratified at the end.

Maintaining a High Quality of Life

You may assume that a chronic disease like diabetes leads to a diminished quality of life. It's true that the percentage of people with diabetes who are depressed is greater than the percentage in the nondiabetic population. But do you have to settle for a lower quality of life just because you have diabetes? Of course not! A study reported in *Diabetes Care* in September 2007 showed that people with T2DM who were depressed adhered to their diet, exercise, and testing regimens far less often and missed medication much more often. However, those who were not depressed tended to act in the opposite way.

This study as well as several others have evaluated the quality of life question, and the following sections not only describe what these studies found, but they also describe the hope: that you can take control and ensure that you maintain a high quality of life.

The importance of regular exercise

Most of the other studies of quality of life for people with diabetes have been long-term studies. In one study of more than 2,000 people with diabetes receiving many different levels of intensity of treatment, the overall response was that quality of life was lower for the person with diabetes than for the general population. But several factors separated those with the lower quality of life from those who expressed more contentment with life.



One factor that contributed to a lower quality of life rating was a lack of physical activity, one negative factor that you can alter immediately. Physical activity is a habit that you must maintain on a lifelong basis. (See Chapter 9 for advice on exercise.) The problem is that making a long-term change to a more physically active lifestyle is difficult; most people become more active for a time but eventually fall back into inactive routines.

Another study demonstrated the tendency for people with diabetes (and for people in general) to abandon exercise programs after a certain period of time. This information was reported in the *New England Journal of Medicine* in July 1991. In this study, a group of people with diabetes received professional support for two years to encourage them to increase physical activity. For the first six months, the study participants responded well and exercised regularly resulting in improved blood glucose, weight management, and overall health. After that, participants began to drop out and not come to training sessions. At the end of the two-year study, most participants had regained their weight and slipped back into poor glucose control. However, it's noteworthy that the few who didn't stop their exercise maintained the benefits and continued to report an improved quality of life.

The (minimal) impact of insulin treatments

Perhaps you're afraid that intensified insulin treatment, which involves three or four daily shots of insulin and frequent testing of blood glucose, will keep you from doing the things that you want to do and will diminish your daily quality of life. (See Chapter 10 for more information about intensified insulin treatment.)

When you're having trouble coping

You wouldn't hesitate to seek help for your physical ailments associated with diabetes, but you may be reluctant to seek help when you can't adjust psychologically to diabetes. The problem is that sooner or later, your psychological maladjustment will ruin any control that you have over your diabetes. And, of course, you won't lead a very pleasant life if you're in a depressed or anxious state all the time. The following symptoms are indicators that you're past the point of handling your diabetes on your own and may be suffering from depression:

- ✔ You can't sleep.
- ✔ You have no energy when you're awake.
- ✔ You can't think clearly.
- ✔ You can't find activities that interest or amuse you.
- ✔ You feel worthless.
- ✔ You have frequent thoughts of suicide.
- ✔ You have no appetite.
- ✔ You find no humor in anything.

If you recognize several of these symptoms in your daily life, you need to get some help. Your

sense of hopelessness may include the feeling that no one else can help you — simply not true. First, go to your primary physician or endocrinologist for advice. He or she may help you to see the need for some short-term or long-term therapy. Well-trained therapists — especially therapists trained to take care of people with diabetes — can see solutions that you can't see in your current state. You need to find a therapist whom you can trust, so that when you're feeling low you can talk to this person and feel assured that he or she is very interested in your welfare.

Your therapist may decide that you would benefit from medication to treat the anxiety or depression. Currently, many drugs are available that are proven safe and free of side effects. Sometimes a brief period of medication is enough to help you adjust to your diabetes.

You can also find help in a support group. The huge and continually growing number of support groups shows that positive things are happening in these groups. In most support groups, participants share their stories and problems, helping everyone involved cope with their own feelings of isolation, futility, or depression.

In *Diabetes Care* in November 1998 a study explored whether the extra effort and time consumed by such diabetes treatments had an adverse effect on people's quality of life. The study compared people with diabetes to people with other chronic diseases, such as gastrointestinal disease and hepatitis (liver infection), and then compared all of those groups to a group of people who had no disease. The diabetic group reported a higher quality of life than the other chronic illness groups. Interestingly, the people in the diabetic group were not so much concerned with the physical problems of diabetes, such as intense and time-consuming tests and treatments, as they were concerned with the social and psychological difficulties.

Other key quality of life factors

Many other studies have examined the different aspects of diabetes that affect quality of life. These studies show some useful information on the following topics:

- ✓ **Family support:** People with diabetes greatly benefit from their family's help in dealing with their disease. But do people with diabetes in a close family have better diabetic control? One study in *Diabetes Care* in February 1998 addressed this question and found some unexpected results. Having a supportive family didn't necessarily mean that the person with diabetes would maintain better glucose control. But a supportive family did make the person with diabetes feel more physically capable in general and much more comfortable with his or her place in society.
- ✓ **Insulin injections for adults:** Do adults with diabetes who require insulin shots experience a diminished quality of life? A report in *Diabetes Care* in June 1998 found that insulin injections don't reduce the quality of life; the person's sense of physical and emotional well-being remains the same after beginning insulin injections as it was before injections were necessary.
- ✓ **Insulin injections for teenagers:** Teenagers who require insulin injections don't always accept the treatment as well as adults do, so teenagers more often experience a diminished quality of life. However, a study of more than 2,000 such teenagers in *Diabetes Care* in November 2001 showed that as their diabetic control improved, they felt like they were in better health, experienced greater satisfaction with their lives, and therefore believed themselves to be less of a burden to their families.
- ✓ **Stress management:** A study described in *Diabetes Care* in January 2002 showed that lowering stress lowers blood glucose. Patients were divided into two groups, one of which received diabetes education alone and the other diabetes education plus five sessions of stress management. The latter group showed significant improvement in diabetic control versus the former group, who received only diabetes education.



- ✓ **Quality of life over the long term:** How does a person's perception of quality of life change over time? As they age, do most people with diabetes feel that their quality of life increases, decreases, or persists at a steady level? The consensus of several studies is that most people with diabetes experience an increasing quality of life as they get older. People feel better about themselves and their diabetes after dealing with the disease for a decade or more. This report shows the healing property of time.

The bottom line

So what can you do to maintain a high quality of life with diabetes? Here are the steps that accomplish the most for you:

- ✓ Keep your blood glucose as normal as possible (see Part III).
- ✓ Make exercise a regular part of your lifestyle (Chapter 9).
- ✓ Get plenty of support from family, friends, and medical resources (Chapter 20).
- ✓ Stay aware of the latest developments in diabetes care.
- ✓ Maintain a healthy attitude. Remember that someday you will laugh about things that bug you now, so why wait?