

The Diabetes Team – A Three Tier Network

One of the truths about diabetes is that people with diabetes cannot fight this disease successfully on their own! Without tight control and successful personal and professional management of this medical condition, diabetes becomes a slow death sentence that marches through many complications, misery and suffering before finally taking the life of its victims – usually through heart disease and kidney failure.

These facts mandate the involvement of a team of helpers which can make the process of diabetes a safe and happy journey through a wonderful life of relative good health. Your diabetic team serves an important role in helping you stay healthy. This is true for the new diabetic as well as for the long-time diabetic patient.

New diabetics often feel overwhelmed with the totality of information and compliance measures necessary to adequately control their diabetes and avoid complications. Even seasoned diabetics can forget or overlook the importance of paying attention to the many subtle issues related with diabetes.

Emerging science along with modernized technology and improved medical practices create new opportunities for people with diabetes to achieve stability and control. Thus – the most important “truth” about diabetes is that people with diabetes can live long and healthy lives provided they have good glycemic (blood sugar) control and are quick to manage complications.

The Diabetic Team:

For diabetics to effectively control their diabetes it requires three tiers of team involvement. Like a well functioning sports team, each person or element of the team must perform their role well and work in concert with the other team members. Most of all, the person with diabetes must be willing and able to involve themselves with all team members and implement a life game plan involving the health interests which each team specialist brings with them.

The three tiers of the Diabetic Team include:

- A. The diabetic patient
- B. Family & friends
- C. Health professionals

A. The Diabetic Patient:

The most important person on the diabetic team is the person with diabetes themselves! It is vital that the diabetic patient “own” their disease condition and is willing and able to play an active role in treating and managing their condition.

Often it is tempting to disown or to deny bad things which happen to us. The “three monkey - hear no evil, see no evil, talk no evil” method of getting along in life does not serve diabetics well at all! To pretend, ignore, deny, or dismiss diabetes, insulin resistance, obesity, sleep apnea, periodontal disease, altered sensations, or diminished health capacities in any degree, is for diabetics a de facto death sentence preceded by months/years of suffering.

This “denial” phenomenon is especially prevalent in newly diagnosed diabetics and in young diabetics. It is important to remember that diabetes isn’t right or wrong; it’s a fact of life! Being

proactive and positively engaged in this diabetic way of life is a matter of life or death! Other people aren't going to control your diabetes for you, which is why you are at the center or leader of this team. You must be the one to control your diet, your weight and activity levels, and your medication and insulin usage. Often special counseling is helpful in accepting this condition and gaining a resolve to do all things necessary to stay health and avoid its complications.

One of the most difficult aspects of this issue is when the diabetic patient is a young person, or is elderly. Diminished capacity to understand the disease condition or undue fear or rejection of its treatments (i.e. needles, diets, activity levels, weight control etc), requires the patient involvement of caring family and health professionals.

Simply put, the diabetic patient must be involved! If this describes you, and you are having problems fully accepting your condition, you owe it to yourself and those who care most about you, to get on with accepting this condition (including the many pre-clinical manifestations preceding it). In the 'modern vernacular' we might say "get over it!" It really is a matter of life and death, and a sufficient amount of posture must be taken so that this condition is not unduly feared or taken personally. When the diabetic patient can separate themselves somewhat from the condition, and put it in front of them and then effectively deal with it, they can and will enjoy a much higher degree of "normal" life and lifestyle.

B. Friends & Family:

Each person with diabetes is naturally surrounded by people who care about them. Family members and close friends can provide a wonderful support network which will serve to encourage, uplift, and provide comfort and support.

It almost goes without saying that if a diabetic finds themselves surrounded by or confronting "friends" who do not and will not support them, it is time for new friends. The costs and consequences are too high to have friends tempting and persuading you to not tend to your diet or insulin requirements, whether it is willful or through innocent ignorance.

While we can't necessarily choose our family members, we can exert strong posture in asking that they do those things which are supportive and understanding, and that they don't do those things which are a detriment to your successful control of your condition.

Asking friends and family to support you emotionally and to encourage you when times get tough, is an important aspect of your diabetic journey. Hopefully, while this should come voluntarily, it is okay to "set the stage" and inform those close around you just how you need to be supported.

Your family and friends can be trained and expected to be your 'first responders' when they see you tempted to eat what you shouldn't be eating, or not taking medications or insulin as needed, or succumbing to diversions which threaten your good health, and especially how to assist when a life-threatening problem presents. It helps to pave the way by giving these people permission so they and you don't feel like anyone is overstepping or over-reaching, creating resentment and defensiveness.

In summary, those people who are around you most serve an important supportive role. These people should know how to deal with sudden elevations or drops in your blood sugar, and should be encouraged to be supportive of you in your food choices and medical needs. Emotional support and encouragement is always important and appreciated from those you love and who care about your health and well being.

C. Health Professionals

No diabetic can successfully manage their diabetes condition by themselves without some degree of professional supervision and support. The degree or stage the diabetes is at will determine how many or which of these health professionals become involved in your care.

As a group they are all united in the common goal of helping to assure optimum blood sugar control, as well as the prevention and/or treatment of diabetic complications if and when they come about.

The primary members of your professional diabetic team include:

- Primary care physician
- Endocrinologist (diabetes specialist)
- Cardiologist (heart doctor)
- Nephrologist (kidney doctor)
- Podiatrist (foot doctor)
- Ophthalmologist (eye doctor)
- Dentist and dental hygienist
- Pharmacist
- Diabetes educator & Dietitian
- Psychologist or counselor
- Exercise trainer

1. Physician:

Your medical doctor is responsible for diagnosis and treatment of your diabetes. Periodic evaluations, lab tests, and medication management allow your doctor to supervise your diabetes. Your doctor will refer you to other health professionals for help in managing diabetic complications in your eyes, feet, mouth, kidneys, cardiovascular system, etc.

2. Endocrinologist:

An endocrinologist is a physician who specializes in diabetes and other matters of the endocrine system. They are specially trained in dealing with diseases of the pancreas and the diabetic condition.

3. Cardiologist or Internist:

A cardiologist is a physician who specializes in diseases of the heart and its related vascular system. Controlling damage to heart and brain blood vessels (atherosclerosis) and preventing heart attacks and strokes is their primary responsibility. An

4. Nephrologist:

A nephrologist is a kidney specialist. Because of the tendency of diabetes to damage small blood vessels, the kidney is prone to become damaged with the diabetic condition. Once signs begin that the kidneys are affected, your physician will likely refer you to a nephrologist for treatment and/or dialysis as needed.

5. Podiatrist:

Because of the potential for decreased sensations and blood flow in the feet, diabetics require special foot care to prevent serious infections and impaired healing which can lead to chronic skin ulcers and ultimately foot amputation.

6. Ophthalmologist:

Chronic elevations in blood sugar can cause a breakdown of the small retinal blood vessels. Diabetic retinopathy is a diabetic complication in the eyes which can produce blindness. Annual dilated eye exams are necessary to prevent vision problems.

7. Dentist:

Due to lowered resistance to infections and poor wound healing, diabetics with poor blood sugar control often have more gum disease and tooth loss than those with good sugar control. The presence of gum disease also causes increased blood sugar control problems for diabetics. Regular professional care and good oral hygiene are important for diabetics to have good oral health. Physicians and diabetic educators should counsel their diabetic patients to have regular dental and periodontal care, often as frequently as every three months, to assure that gingival and oral health remains unchallenged and to treat periodontal disease as it occurs.

8. Pharmacist

The pharmacist is an invaluable member of the team due to the use of diabetic oral medications and insulin. If or when complications present they will also be able to guide you with advice on the many supportive and adjunctive treatments and supportive devices that create and maintain quality of life.

9. Diabetes Educator / Dietitian:

A registered nurse and/or dietitian can prove to be a valuable resource in helping diabetics learn to understand and control their diabetes. It is important for diabetics to have a working understanding of how to live with and regulate their diabetic condition, diet, and all the many side issues that can present with diabetes. They work closely with your physician to monitor, train, and assist you in living successfully and healthily with your diabetes. Because of food's ability to influence glucose levels in the blood stream, diabetics must closely regulate their food intake. A dietitian can be very helpful in helping regulate the diet and in optimizing dietary control of blood sugars.

10. Psychologist / Mental Health Counselor:

There is no question that chronic diseases can create emotional and mental health problems. Accepting one's condition is important but can be challenging. Depression is common with protracted and serious disease conditions such as diabetes. It is entirely appropriate to consider supportive help in learning to deal with diabetes from qualified and experienced counselors.

11. Exercise Trainer:

Exercise has been shown to strengthen the mind as well as to maintain a healthy body. Higher activity levels make for better glucose control, lower weight, less mental fatigue, and better dietary control. It is often helpful to formally hire a trainer or coach to help develop exercise practices and methods safe for your body type and health condition, and to keep you disciplined and committed and motivated.