# YOUR DIGESTIVE SYSTEM



Module 1.3

# DIABETES COMPLICATIONS

### **Nerves**

**Neuropathy** (New-Rop-Path-ee) is a term that refers to nerve damage. The nerves in your hands and feet allow you to feel objects and temperature. When you have neuropathy, your hands or feet may tingle or feel numb. This may keep you from feeling pain when you need to. Without the ability to feel pain, we may hurt ourselves without knowing it. For example, if you put your hand over a flame, you may not be able to feel the heat and you may burn your hand. Other times, neuropathy may cause pain and discomfort, making it hard to use your hands and feet.

Module 1.4

Visual

### Feet

- **Calluses** are areas of skin that become thick and hard. Calluses occur more often and grow faster on people with diabetes. If calluses are not trimmed, they get very thick, break down and eventually turn into open sores (foot ulcers). Make sure to let your doctor or nurse trim your calluses. Never try to cut them yourself as it may lead to infection.
- Foot Ulcers usually show up over the ball of the foot or on the bottom of your big toe. They look like a sore. Sometimes an ulcer can form under a callus.

### Eyes

Eye problems like cataracts (cloudy vision) or glaucoma can occur, which can cause blurred vision or even blindness.

### Heart

The heart pumps our blood. Diabetes makes it harder for the heart to pump blood throughout the body, increasing the chances of heart disease or a stroke.

**Kidneys** 

Kidneys filter our blood. Kidney disease can develop when there is too much sugar in our blood over time, making the kidneys work too hard and eventually collapse. If the filters collapse, waste products start to build up in the blood and can make you very sick.

# **GROUP EXERCISE COMPLICATIONS**

Match the name of the diabetes complication with its description

### COMPLICATION

Neuropathy

**Cataract** 

**Heart Disease** 

DESCRIPTION

Blood does not flow well through the body

Module 1.4

Visual

Thick, hard skin that can become foot ulcers

Hands or feet tingle

**Callus** 

**Cloudy vision** 



# SETTING YOURSELF UP FOR SUCCESS

Here are some things that help people make healthy changes:

### **KNOWLEDGE**

Knowledge about healthy changes, benefits of changing, and risks of not changing can help people make good choices for their health.

Module 1.5

Visual

For example, it is important to know how much and what kind of foods to eat if you want to change your eating habits to be healthier.

## CONFIDENCE

It is important that people feel confident that they can make a change.

For example, someone who feels very confident that they can eat 5 fruits and vegetables a day is more likely to eat them than someone who believes that it would be impossible to eat that much.

## **BELIEFS**

Beliefs about what good will come from healthy changes help us make a commitment to leading a healthy lifestyle.

For example, people who believe that getting just 15 minutes of walking a day can help manage weight tend to take more walks.

## CHOOSING OUR CHAPTERS FOR DIABETES GROUPS

Module 1.6

Visual

#### **Diabetes Basics**

- Symptoms of High/Low Blood Sugar
- Importance of Glucose Monitoring
- Taking Care of Your Feet
- · Staying on Track with Medication/Treatment
- · Personal Goal Setting

#### **Problem Solving and Talking to Your Doctor**

- Problem-Solving Skills
- IDEA Approach to problem Solving Skills
- · Challenges in Communicating with Health Care Providers
- Tools for Communication with Healthcare Providers
- Personal Care Plan

#### For All Diabetes Populations: Coping with Stress and Getting the Support You Need

- · Stress and Diabetes
- Coping with Stress and Emotions
- Your Support System
- Talking with Your Supports and the Plus-Minus-Alternative Strategy

#### **Nutrition and Healthy Eating**

- Nutrition for Physical and Emotional Health
- Reading Food Labels
- · Carbohydrate Counting: A method to control your blood sugar and weight
- Portion Control and the Plate Method
- Problem Solving to Feed Your Body in a Healthy Way

#### Lifestyle Change - Physical Activity, Sleep, and Good Habits

- Physical Activity Benefits and Recommendations
- Making Physical Activity Part of a Healthy Lifestyle
- Getting Physical Activity in Your Community (Optional)
- The Importance of a Daily Routine and Good Sleep Habits

#### Module 2

## SETTING A Personal goal

#### **Home Practice**



#### **ACTION PLAN – HANDOUT**

Long-term goal:

Short-term goals need to be:

- **S** = Specific
- M = Measurable
- **A** = Achievable
- R = Realistic
- T = Time-bound

Write your short-term goal here:

#### **Barriers**

List the barriers that you are likely to encounter in your effort to reach your goal, as well as some potential ways to overcome these barriers.

| Barriers | What can I do? |
|----------|----------------|
|          |                |
|          |                |
|          |                |

#### Confidence

Circle a number on the scale of 1–10 that represents how confident you are that you can achieve the above goal. If you record lower than 7, you might want to discuss with your peers ways of increasing your confidence.

| 1          | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9  | 10            |
|------------|---|---|---|---|---|---|---|----|---------------|
| Not at all |   |   |   |   |   |   |   | Ve | ery Confident |

#### Importance

Circle a number on the scale of 1–10 that represents how important this goal is to you. If you record lower than 7, you might want to increase your chances, by choosing a more "heartfelt" goal.

|                 | 12          | 3            | 4         | 5          | 6          | 7   | 8 | 9  | 10           |   |
|-----------------|-------------|--------------|-----------|------------|------------|-----|---|----|--------------|---|
| Not             | at all      |              |           |            |            |     |   | Ve | ery Confiden | t |
| What are the ex | pected bene | fits for you | ı when yo | ou achieve | e your goa | ?   |   |    |              |   |
|                 |             |              |           |            |            |     |   |    |              |   |
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Engel, L. (2010). In B. Oldenburg & P. Reddy (Eds.).

Australasian Peers for Progress Diabetes Project – Facilitator Handbook. Melbourne: Monash University.

#### **Home Practice**

## CHECKING YOUR Blood Sugar at Home

Optional Home Practice

Module 2

Please complete the following chart over the next week and bring to class. Try to check your blood sugar at least two times each day (or as often as recommended by your doctor).

## **HOME PRACTICE | Daily Log**

Week starting

| DATE                        | BREAKFAST                                      | LUNCH                               | DINNER | BEDTIME | COMMENTS |
|-----------------------------|--|-------------------------------------|--------|---------|----------|
|                             |  |                                     |        |         |          |
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## SIGNS OF HIGH Blood Sugar

How will I know if my blood sugar is too high?

The easiest way to tell if your blood sugar is too high is to do a small blood test. Several warning signals may also tell you if your sugars are too high and include:

#### Increased Thirst Nausea

Blurred Vision Increased Hunger Increased Urination Headache

If you have these symptoms, it is a good idea to test your blood sugar and take appropriate action.

## SIGNS OF LOW Blood Sugar

Nodule 2.1 Visual

Module 2.1

Visual

#### How will I know if my blood sugar is too low?

There are several warning signals that may tell you if your sugars are too low. However, the easiest way to tell if your blood sugar is too low is to do a small blood test.

Anxiety Rapid Heartbeat Sweating Irritability Blurred Vision Hunger Dizziness Weakness Shakiness Headache

If you feel that your blood sugar is low you should TEST IT!!! If you are unsure, but feel like your blood sugar may be low, PLAY IT SAFE!!! Check a finger-stick blood sugar. *Use the 15:15 rule.* 

# THE 15:15 RULE

What to do when you have low blood sugar

If you believe you are having symptoms of a low blood sugar test your blood sugar level using your glucometer. If your sugar is below 70 you should eat 15 grams of carbohydrates (sugar). Wait 15 minutes and re-test your blood sugar using your glucometer to be sure that your sugar level has come back up above 70. If it has not come up above 70 eat 15 more grams of carbohydrates (sugar), wait another 15 minutes and test your sugars again. If you do not have your glucometer with you it is okay to treat yourself as if you are having a low without testing your sugar.

## Examples of 15 grams of carbohydrates

#### **Best choices:**

- 1 medium banana
- 1/2 apple or 1/2 cup applesauce
- 1/2 cup of fruit juice (100% grape juice is a very good choice)
- 1 small box of raisins

#### Good choices in an emergency:

- 2-3 packets of sugar
- 1 tablespoon of honey
- 8-10 LifeSavers
- 1/2 cup of soda pop (not diet)
- 1 cup of non-fat milk

It's important to realize that 15 grams of carbohydrates will only work to stabilize your blood sugar for about 30 minutes.

After your sugar level returns to a safe level, you should either:

#### Eat a meal within 30 minutes; or Eat a snack like crackers with peanut butter or a slice of cheese.

Try to figure out why your blood sugar was low so that you can make changes in your eating habits or activities that will prevent low blood sugar next time!







Module 2.1

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# BLOOD SUGAR TESTING

#### Module 2.2

# Visual

### Steps for blood sugar testing

To get the most accurate results when measuring blood sugar levels follow these easy steps:

- **STEP 1:** Gather all needed items:
  - Test strips
  - Lancet-needle and lancing devices (sterile)
  - Glucose meter
  - Record or log book
- STEP 2: Wash your hands with soap and water.
- **STEP 3:** Remove the cap from the lancing device. Insert a new lancet into the lancing device and put the cap back on.
- STEP 4: Insert a strip into the meter (this will turn the meter on).
- **STEP 5:** To get a drop of blood to test, place the lancing device against the side of your clean finger. Pull back the trigger. Press the button on the lancing device. Touch the test drip to the blood drop.
- **STEP 6:** The meter will say how much sugar is in your blood. Write that number in your log book.
- **STEP 7:** Wash your hands again.
- **STEP 8:** Remove the cap from your lancing device. Remove the lancet and place in a sharps container.

## BLOOD GLUCOSE TESTING SELF PRACTICE

### Self-practice:

Put a number next to the item to indicate its appropriate step. For example, place a number 1 in the space next to "gather all needed items" because that is the first thing that should be done!

Module 2.2

Handout

\_\_\_\_\_ Gather all needed items.

- Remove the cap from the lancing device. Insert a new lancet into the lancing device and put the cap back on.
- \_\_\_\_\_ Wash your hands with soap and water.
- Insert a strip into the meter (this will turn the meter on).
  - To get a drop of blood to test, place the lancing device against the side of your clean finger. Pull back the trigger. Press the button on the lancing device. Touch the test drip to the blood drop.

\_\_\_\_\_ Wash your hands again.

- \_\_\_\_ Remove the cap from your lancing device. Remove the lancet and place in a sharps container.
- \_\_\_\_ The meter will say how much sugar is in your blood. Write that number in your log book.

## BLOOD GLUCOSE TESTING SELF-PRACTICE (ANSWERS)

Module 2.2

## **SELF PRACTICE ANSWERS**

- 1. Gather all needed items.
- 2. Remove the cap from the lancing device. Insert a new lancet into the lancing device and put the cap back on.
- 3. Wash your hands with soap and water.
- 4. Insert a strip into the meter (this will turn the meter on).
- 5. To get a drop of blood to test, place the lancing device against the side of your clean finger. Pull back the trigger. Press the button on the lancing device. Touch the test drip to the blood drop.
- 6. Wash your hands again.
- 7. Remove the cap from your lancing device. Remove the lancet and place in a sharps container.
- 8. The meter will say how much sugar is in your blood. Write that number in your log book.

# HEMOGLOBIN A1C TESTS

#### **Glycosylated Hemoglobin (A1C):**

Hemoglobin is the part of a red blood cell that carries oxygen to the cells of the body. When glucose or sugar in the blood sticks to the hemoglobin it is called glycosylated hemoglobin or A1C. Glucose stays attached to the hemoglobin for the life of the red blood cell, which is about 2 to 3 months.

Module 2.2

Visual

Your health care provider will likely be checking the results of an "A1C" test at least every few months to see how well your blood sugar is being controlled long term.

Hemoglobin is the part of a red blood cell that carries oxygen to the cells of the body. When glucose or sugar in the blood sticks to the hemoglobin it is called glycosylated hemoglobin or A1C. Glucose stays attached to the hemoglobin for the life of the red blood cell, which is about 2 to 3 months.

## FOOT CARE FOR PEOPLE WITH DIABETES

- Check your feet daily.
- Wear shoes or slippers at all times.
- Shop for shoes in the afternoon or evening when feet are often a bit swollen.
- Wear shoes and socks that fit well and do not squeeze.
- Protect your feet from heat and cold.
- Keep your feet in good condition. Wash them daily if possible.
- Check the temperature of bath water with your elbow before getting in the tub.
- Apply lotion to the tops and bottom of feet but not between toes.
- Avoid heating pads and electric blankets.

### Follow these steps to check your feet

- 1. Remove your shoes and socks.
- 2. Check your socks for blood stains.
- 3. Feel feet for calluses.
- 4. Look for any scratches or changes in color.
- 5. Feel feet for temperature changes.
- 6. Check between the toes for tears or fungus.
- 7. Use pressure to detect painful areas in foot.







Module 2.3

## TYPES OF DIABETES MEDICATIONS

**Generic Names Brand Names Class** Sulfonylureas (increase Glyburide Glipizide Diabeta Micronase insulin release) Amaryl Glucotrol Glimepiride Biguanide (decreases glucose Metformin Glucophage production by liver, decreases glucose absorption by gut, increases insulin sensitivity) Alpha-glucosidase inhibitors Precose Acarbose (delay carbohydrate Miglitol Glyset absorption in gut) Pioglitazone Actos **Thiazolidineones** (Decrease Rosiglitazone Avandia insulin resistance) Saxagliptin Onglyza **DPP-IV** inhibitors (increase Sitagliptin Januvia insulin secretion, delay Vildagliptin Linagliptin Galvus Tradjenta gastric emptying) Exenatide **GLP-1** Mimetics (increase Dulaglutide Byetta, Bydureon (longinsulin production, decrease acting) Saxenda (for wt loss), Victoza Trulicity glucose production) Liraglutide Semaglutide Ozempic Amylin analogs (slowed gastric Pramlintide Symlin emptying, decreased glucagon, decreased food intake) Rapaglinide Prandin Meglitinide analog (Increased insulin secretion) Nateglinide Starlix Insulin Short-acting Intermediate/ Humalog, Novolog Lantus, Levemir, NPH Long-acting

Module 2.4

| MORNING | NOON                                  |   |  |   |
|---------|---------------------------------------|---|--|---|
| •       |                                       | EVENING                                       | BEDTIME  | SPECIAL +<br>INSTRUCTIONS<br>(i.e. take with food)  |
|         | 1.<br>2.<br>3.<br>4.<br>5.            | 1.<br>2.<br>3.<br>4.<br>5.                    | 1.<br>2.<br>3.<br>4.<br>5.   | 1.<br>2.<br>3.<br>4.<br>5.  |
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## PERSONAL GOAL SETTING

Module 2.5 Visual

**Personal Goals: Set Yourself Up For Success!** 

### Have a plan that is **SMART**

1. S p e c i f i c – what do you want to do and how will you do it?

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- 2. Measurable how often are you going to work on this goal?
- **3.** A c h i e v a b l e it must be something that is possible to do or accomplish
- 4. R e a l i s t i c it must be something you feel you can do and that you can commit to
- 5. **I** i m e b o u n d when do you want to reach your goal?

#### EXAMPLES

**Specific long-term goal:** In one year I want to lose 30 pounds and take less diabetes medication. I will do this by being active every day for at least 30 minutes.

Measurable: How will you keep track

Short-term Goal: This week I will walk to the mailbox every day

Achievable: Is it possible (for people like you in general) to get 30 minutes of activity per day?

Realistic: Is this realistic for you? Is this something you can do?

**Example of an unrealistic goal:** I will go to the gym every day and work out for 2 hours.

Time-bound: When will you start working on this goal? When will you reach the goal?

## When you finish one short-term goal, think about setting another one until you are able to reach your long-term goal.

| Mo | rks | she | et |
|----|-----|-----|----|
|    |     | ыс  | σι |

Module 3.2

**Home Practice** 

## THE IDEA APPROACH TO PROBLEM SOLVING

|--|

Step 1. Problem: IDENTIFY the Problem

| 1.              |  |
|-----------------|--|
| 2               |  |
| <u></u> 2.<br>ງ |  |
| J.              |  |
| 4.              |  |

#### Step 3. EVALUATE each of the Possible Solutions

|         | Pros:                                |
|---------|--------------------------------------|
|         |                                      |
|         | Cons:                                |
|         |                                      |
| Step 4. | ACT on one of the Possible Solutions |
|         | Which solution did you choose?       |
|         |                                      |

## PROBLEM SOLVING AND TALKING TO YOUR DOCTOR

#### **IDEA steps**

## **STEPS TO SOLVING PROBLEMS: IDEA**

The steps to solving problems can be remembered by thinking of the word **IDEA**. **IDEA** stands for:

Module 3.2

- 1. **I d e n t i f y** the problem
- 2. **D** e f i n e possible solutions (list as many as possible)
- 3. **E v** a **i u** a **t** e the solutions (list ALL the pros and cons)
- 4. A C t on the best solution

# THE IDEA APPROACH

### **STEP 1: IDENTIFY THE PROBLEM**

What is the problem? What is keeping you from doing or getting what you want? **PROBLEM**: I forget to take my morning medication for bipolar disorder.

### **STEP 2: DEFINE POSSIBLE SOLUTIONS**

Think of all of the possible ways to solve the problem. Do not judge them. Just write them down.

#### **POSSIBLE SOLUTIONS:**

- 1. I could take all my medication at bedtime.
- 2. I could talk to my doctor about giving me a medication that only needs to be taken once a day.
- 3. I could just give up on the medication entirely since I am still depressed.

### **STEP 3: EVALUATE THE POSSIBLE SOLUTIONS**

Here you list the pros and cons of each possible solution:

| Possible Solution  | Pro  | Con  |
|--|--|--|
| I could take all my medication at bedtime.   | Easier to remember.                            | Too tired in the morning.<br>Will probably make me oversleep.  |
| I could talk to my doctor about<br>giving me a medication that only<br>needs to be taken once a day. | Easier to remember.<br>Might work even better. | Do not have a doctor's appointment<br>for 2 months (but could probably get<br>one sooner if I called). |
| I could just give up on the medication<br>entirely as I am still depressed.                          | Least hassle.                                  | Might get even more depressed.<br>Ended up in the hospital last time I did this.                       |

### **STEP 4: ACT ON THE BEST SOLUTION**

Your best solution may be the one with the most important pros and the fewest, or least bothersome cons. Solution number 2 looks like it might have the best trade-off in pros and cons. So this may be the solution that you try first.

Module 3.2

## Module 3.3 Handout

## SCENARIOS FOR INTERACTION WITH CARE PROVIDERS

### Scenario 1 — Medication-related side effects

"Maria is prescribed the medication Glucophage (metformin) for treatment of her diabetes. While she has found that Glucophage is helping her manage her blood sugar level better, she has been feeling increasingly tired and dizzy and is having nausea and stomach pain since starting this medication. Maria notes that these symptoms are getting worse and at times she doesn't take her Glucophage because her stomach hurts too much. Her primary care provider has told her that she is doing well with controlling her diabetes with Glucophage but she is worried about continuing on this medication. She plans to discuss this with her primary care MD, who has been prescribing Glucophage, but is concerned that he will refuse to make a change or will brush off her concerns."

### Scenario 2 — Financial hardship

"Eric is a 67 year old man on Medicare who has recently been prescribed Abilify (aripiprazole) by the psychiatrist who manages his mental health treatment. Eric has been taking an antidepressant medication (Zoloft) also prescribed by this clinician. While the Zoloft has helped Eric's depression some, he still has some symptoms which prevent him from functioning at his best. His clinician has told him that the Abilify may further improve his depression if he takes it in addition to the Zoloft.

When Eric gets to the pharmacy to fill his prescription he finds out that the even with his Medicare the new medication will cost him about \$300/month. He cannot afford this and does not fill the prescription. A month later he goes in to see his clinician for a regularly scheduled appointment. He is a little embarrassed to say that he did not take the medication, but wonders if maybe there are some other treatment choices that would work as well but that are more affordable."

#### Handout #2

## QUESTIONS AND CONCERNS TO DISCUSS WITH HEALTH CARE PROVIDERS

Visual 4 Home Practice

Module 3.3

When we visit the health care provider, several topics commonly discussed include:

- Home glucose monitoring results
- Problems with hypoglycemia (low blood sugar)
- Problems with hyperglycemia (high blood sugar)
- Test results and what they mean
- Options for treatment
- Physical activity
- Meal planning
- Immunizations
- Tests that have not yet been completed
- Referrals to other health care providers
- Community resources
- Medication questions:
  - What should I do if I forget to take an insulin or diabetes medication dose? What should I do if I get a cold or the flu?
- Mood or anxiety symptoms
- Pain or discomfort
- Energy levels
- Medication side effects
- Problems with using drugs or alcohol

What are your top questions or concerns to bring up with your health care provider?

## TOOLS FOR EFFECTIVE COMMUNICATION WITH HEALTHCARE PROVIDERS

Tool #1: **Prepare** for your visit by thinking about what concerns or questions you would like to discuss. Write your questions or concerns down to help remember them during your visits and make sure they are covered. Some people find it helpful to bring a support person to the visit.

Module 3.3

Visual

Tool #2: **Take notes** during or right after the visit, or ask your support person to keep notes. Writing down what your provider tells you can help you go back and remember what they said.

Tool #3: **Share information.** Tell your health care team what you are experiencing with your health and your treatments. They may have solutions or alternatives you haven't thought of!

Tool #4: **Ask questions.** If you realize that something they said doesn't make sense, you can ask them to clarify, slow down and say it again, or write it down for you.

Tool #5: **Repeat back** what the health care provider has told you. You can say, "Let me make sure I got this right."

Tool #6: **Take a copy of your care plan home.** Ask if the clinic can print out your care plan, such as an explanation of your health concern, medication lists, or referrals (this is sometimes called an "after visit summary")

Tool #7: **Schedule your next visit** before leaving. Bring your calendar or appointment book with you to schedule your next visit.

## PERSONAL CARE PLAN

## Module 3.4 Handout

### A Personal Care Plan for a Healthy Mind and a Healthy Body

| Name:  | Address:     |  |  |
|--|--------------|--|--|
| Cell phone:                                  | Home phone:  |  |  |
|  |              |  |  |
| Person to contact in case of emergency:      |              |  |  |
| Name:  | Contact tel: |  |  |
|  |              |  |  |
| My Health Care Team:                         |              |  |  |
| Primary care provider name and phone number: |              |  |  |
| Other health care providers:                 |              |  |  |
|  |              |  |  |

#### **My Health Goals:**

What is my goal? When do I want to achieve my goal? *What can I do to help reach my goal?*  *Example:* Get physical activity two days/week Work on this over the next month *Ask a friend to walk with me for 30 minutes after dinner* 

#### **Questions for my Health Care Team:**

#### Handout #1

# USING THE Idea approach

Visual

Module 3.4

Worksheet: Using the IDEA approach to solving problems

## STEP 1: <u>I</u>DENTIFY THE PROBLEM STEP 2: <u>D</u>EFINE POSSIBLE SOLUTIONS

(list as many as possible)

### STEP 3: EVALUATE THE POSSIBLE SOLUTIONS

(list ALL the pros and cons) Pros:

Cons:

### STEP 4: ACT ON THE BEST SOLUTION

# 20 TIPS FOR Managing Stress

Module 4A.1

Visual



Adapted from https://www.cdc.gov/diabetes/prevention/pdf/t2/Participant-Module-9 Manage Stress.pdf

## MY STRESS Action plan

- 1. Figure out what the main sources of stress are for me:
- 2. Talk to support people who know about my situation:
- 3. List activities I want to do that help me deal with stress:
  - a. \_\_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_ d.
- 4. When can I find time to relax most days? \_\_\_\_\_
- 5. Make it a priority to get the right amount of sleep most nights (about 7-8 hours).

What time do I want to try to go to bed? \_\_\_\_\_

What time do I want to try to go up? \_\_\_\_\_

What can I also do to get better quality sleep?

6. <u>Inform</u> my health provider(s) if I am experiencing too much stress or depression. They may suggest a medication or other type of treatment.

Module 4A.2

Home Practice

- 7. Avoid alcohol and other medications or drugs, which can cause problems later.
- 8. <u>Share</u> with others in my support system if I am feeling like life is not worth living or I am feeling hopeless. It is possible that I may have a clinical depression, which is a treatable condition through therapy and/or medication.

## PLANNING OUT COPING Strategies for Stressful Situations



Module 4A.2

Handout

Module 4A.2

# DEEP BREATHING

Visual

Deep breathing is a form of relaxation you can learn and practice at home using the following steps. It's a good skill to practice as you start or end your day. With daily practice, you will soon be able to use this skill whenever you feel stress.

- 1. Sit in a comfortable position with your feet on the floor and your hands in your lap. Close your eyes.
- 2. Picture yourself in a peaceful place. Perhaps you're lying on the beach, walking in the mountains or floating in the clouds. Hold this scene in your mind as you are able.
- **3.** Begin to breathe in and out slowly and deeply. Go at whatever pace is comfortable for you.



- 4. Continue to breathe slowly for 1 minute.
- 5. Try to take at least 5 to 10 minutes every day for deep breathing or another form of relaxation.

# YOUR SUPPORT SYSTEM

Module 4A.4 Handout

## The Plus/Minus/Alternative Strategy (PMA)

| Problem:     | <br> |      |
|--------------|------|------|
| Person:      |      | <br> |
| Plus:        |      |      |
| Minus:       |      |      |
| Alternative: | <br> | <br> |

## HOW MY MENTAL HEALTH TREATMENTS AFFECT MY DIABETES

#### **HOME PRACTICE:** How my mental health treatments affect my diabetes

Module 4B

**Home Practice** 

1. What (if any) are the effects of my mental health treatments on my diabetes?

2. Have I had a weight change since I began taking my current mental health treatments?

**3.** Have I had a change in my diabetes treatments since I last saw my psychiatrist or mental health professional? If so, what was that?

For Serious and Persistent Mental Health Populations: COPING WITH STRESS, MENTAL HEALTH CONDITIONS (MHCS), AND DIABETES Module 4B.1

**Visual** 

# DIABETES

MENTAL

HEALTH

## FACTS ABOUT MENTAL HEALTH CONDITIONS (MHCs)

1. MHCs such as schizophrenia, bipolar disorder (manic-depressive illness), and depression are PHYSICAL illnesses that are a result of a problem in how the brain works.

Module 4B.1

- 2. Schizophrenia and Bipolar disorder (manic-depressive illness) occur in about 10 of every 100 people.
- 3. Major Depression occurs in about 16 of every 100 people.
- 4. MHCs are a leading cause of disability in the U.S. and in the world.
- 5. Begin to breathe in and out slowly and deeply. Go at whatever pace is comfortable for you.
- 6. BMHCs are often long-lasting (chronic) and individuals may get better for a while, and then have a relapse.
- 7. While there is no "cure" for most MHCs, there are many things that can help such as medications, counseling, healthy life style and not using drugs and alcohol.
- 8. Some people with MHCs can hear voices (hallucinations) or have extreme fear (paranoia). This is called "psychosis" by medical professionals and is not uncommon among those with MHC. In most cases periods of psychosis are brief.
- **9.** A lot of people experience negative attitudes and discrimination because of their mental illness. This is called stigma.
- **10.** Many people with a MHC do not discuss it. But lots of people are living a good life with a MHC and are ok with it.

UNTRUE THINGS THAT PEOPLE MIGHT SAY ("MYTHS") ABOUT MENTAL HEALTH CONDITIONS (MHCs)

- 1. MHCs are caused by immoral behavior or using drugs or alcohol.
- 2. People with MHCs are unable to make important decisions about their healthcare.

Module 4B.1

Visual

3

### 3. People with MHCs are not very smart.

- 4. A person who has experienced psychosis is not able to manage their own life or affairs.
- 5. Medications for MHCs are a "crutch" and should be avoided in order to not get addicted.

# WAYS TO COPE WITH STIGMA

1. Search out and stay connected with people who provide support and do not judge me for having a mental illness.





FAMILY MEMBERS



#### SUPPORT/SELF-GROUP



Module 4B.2

Visual

MENTAL HEALTH PROVIDER: Therapists, psychiatrists, Social Worker, case manager

- 2. Continue to learn about my illness and improve on ways to manage and cope.
- 3. Help teach others about the illness in order to minimize misunderstandings and gain support.
- 4. Do not share illness-related symptoms and problems with individuals who will judge me or treat me badly because of it.

Other ways I can cope with stigma:

## PERSONAL TRIGGERS OF MHC RELAPSE

#### Check all those that have triggered mental illness relapse for you:

Module 4B.3


# PERSONAL **SYMPTOM PROFILE**

### Check any symptoms that you have experienced:

## THOUGHTS

- Concentration or memory problems
- Things are bad and are not going to get better
- Racing thoughts A sense that others are plotting against me Hearing things (voices) or seeing things (visions) Difficulty making decisions

Module 4B.4

Visual

## **BEHAVIOR**

- Rapid or loud speech
- Using drugs or alcohol
- \_\_\_\_ Trouble sleeping or sleeping too much
- Stopping/reducing work or usual activities
- \_\_\_\_ Frequently crying with little or no reason
- \_\_\_\_ Not taking my medications

- Involvement in dangerous or risky activities
- Restlessness and pacing
- Isolating myself from others
- Fighting without good reason
- Preparing a suicidal plan

#### Other:

### **FEELINGS**

- Feeling "high", overly optimistic or euphoric Feeling depressed \_\_\_\_ Feeling unusually irritable or impatient Feelings change quickly Feeling worthless Feeling guilty without cause \_\_\_\_ Less energy **Changes in appetite** Feeling less enjoyment or interest in
  - previous enioved activities
- Other:

# MY STRESS Action plan

(How to handle stress and symptoms of MHC)

- 1. <u>Inform</u> my mental health provider(s) that I see early warning signs of MHC or potential triggers for MHC.
- 2. <u>Discuss</u> potential medication changes with my provider rather than taking matters into my own hands.
- **3. Avoid** alcohol use and other medications or street drugs that might seem to help in the short run but cause problems in the long-term management of my illness.

Module 4B.5

- 4. Have a daily routine/plan/structure for my day; allow for rest breaks/down time.
- 5. Minimize sleep loss and stay with sleep routine. Discuss with provider any difficulties with sleep or significant changes in ability to sleep or need for sleep.
- 6. Utilize support persons who know about my illness.

| List of coping response | s/activities that help me deal with sym | ptoms:    |
|-------------------------|---|-----------|
| e                       | f                                       |           |
| g                       | h                                       |           |
| List of coping response | s/activities that worsen or prolong my  | symptoms: |
| a                       | b                                       |           |
| C                       | d                                       |           |
| Suicide prevention:     |   |           |
| a                       |   |           |
| h                       |   |           |

# MEDICATIONS TO TREAT MHC

There are basically three groups of medications used to treat MHCs. They are:

Module 4B.6

Visual

- 1. Mood stabilizers
- 2. Antipsychotics (also known as neuroleptics or major tranquilizers)
- 3. Antidepressants.
- 1. Mood stabilizers include lithium and anticonvulsants or antiepileptic medications. These are the basis of treatment for bipolar disorder (also called manic-depressive disorder), and also may be used in other mental disorders such as schizoaffective disorder, schizophrenia and even in major depression. They are good for treating mania and are often given long-term to prevent future manic episodes. Some mood stabilizers, such as lithium, depakote, and tegretol require regular blood tests to determine the level of medication. Your doctor will determine the best therapeutic level of the mood stabilizer for you. It is different for each person and does not necessarily relate to the specific dose of the medication.
- Antipsychotics. These medications are called antipsychotics, neuroleptics or an older name major tranquilizers. In the past these medications were only used to treat schizophrenia or mania but now, with newer types of antipsychotics, these medications are used in all phases of bipolar disorder and in major depression.
- 3. Antidepressants. They may be used to treat depression in all types of MHC including major depression, bipolar disorder in people with schizophrenia when they are depressed. Some antidepressants are sedating and are used to help with sleep. Others are more energizing, for people who are slowed down by their depression.

\*\*\*\*Some people are prescribed other medications to treat anxiety or to help them sleep. While these are not core treatments for MHC, they can be very important in maintaining mental health.

\*\*\*\*\*\*Some people take complementary or alternative medication treatments on their own (herbs or supplements that they may buy at the health food store or online. These treatments may impact the other medications that you take. Although they are natural, they are considered medications. Thus, it is important to let your prescribing doctor know if you are taking these other medicines, even if they do not ask you.

# ANTIDEPRESSANTS

## **Examples of Antidepressant Medications**

- Amitriptyline (Elavil® [DSC])
- Bupropion (Wellbutrin<sup>®</sup>, Wellbutrin SR<sup>®</sup>, Wellbutrin XL<sup>™</sup> – depression, Zyban<sup>®</sup> – smoking cessation)
- Citalopram (Celexa<sup>™</sup>)
- Desipramine (Norpramin<sup>®</sup>)
- Duloxetine (Cymbalta<sup>®</sup>)
- Escitalopram (Lexapro<sup>™</sup>)
- Fluoxetine (Prozac<sup>®</sup>, Prozac<sup>®</sup> Weekly<sup>™</sup> depression, Sarafem<sup>™</sup> – premenstrual disorder)

- Imipramine (Tofranil<sup>®</sup>, Tofranil-PM<sup>®</sup>)
- Mirtazapine (Remeron<sup>®</sup>, Remeron SolTab<sup>®</sup>)

Module 4B.6

Visual

- Nortriptyline (Aventyl<sup>®</sup> HCI [DSC], Pamelor<sup>®</sup>)
- Paroxetine (Paxil<sup>®</sup>, Paxil CR<sup>™</sup>, Pexeva<sup>™</sup>)
- Sertraline (Zoloft<sup>®</sup>)
- Trazodone (Desyrel<sup>®</sup>)
- Venlafaxine (Effexor®, Effexor® XR)

### **Examples of Mood Stabilizers**

- Carbamazepine (Carbatrol<sup>®</sup>, Epitol<sup>®</sup>, Equetro<sup>™</sup>, Tegretol<sup>®</sup>, Tegretol<sup>®</sup> – XR)
- Lamotrigine (Lamictal<sup>®</sup>)
- Lithium (Eskalith<sup>®</sup>, Eskalith CR<sup>®</sup>, Lithobid<sup>®</sup>)
- Valproic Acid and Derivatives (Depacon<sup>®</sup>, Depakene<sup>®</sup>, Depakote<sup>®</sup> Delayed Release, Depakote<sup>®</sup> ER, Depakote<sup>®</sup> Sprinkle<sup>®</sup>)
- Oxcarbazepine (Trileptal®)
- Topiramate (Topamax<sup>®</sup>)

### **Examples of Antipsychotic Medications**

- Aripiprazole (Abilify<sup>™</sup>)
- Chlorpromazine (Thorazine<sup>®</sup> [DSC])
- Clozapine (Clozaril<sup>®</sup>, FazaClo<sup>™</sup>)
- Fluphenazine (Prolixin<sup>®</sup> [DSC], Prolixin Decanoate<sup>®</sup>)
- Haloperidol (Haldol<sup>®</sup>, Haldol<sup>®</sup> Decanoate)
- Loxapine (Loxitane<sup>®</sup>)
- Olanzapine (Zyprexa<sup>®</sup>, Zyprexa<sup>®</sup> Zydis<sup>®</sup>)

- Paliperidone (Invega<sup>™</sup>)
- Perphenazine (Trilafon<sup>®</sup> [DSC])
- Quetiapine (Seroquel<sup>®</sup>)
- Risperidone (Risperdal<sup>®</sup>, Risperdal Consta<sup>™</sup>)
- Trifluoperazine (Stelazine<sup>®</sup> [DSC])
- Ziprasidone (Geodon<sup>®</sup>, injectable formulation)

# MY MEDICATION PROFILE

|    | Generic/chemical name (for example, escitalopram):  |
|----|---|
| 2. | Medication brand name (for example, Lexapro):   |
| 3. | What the medication typically is intended to treat (may be different for me — I have to discuss this with my doctor):   |
| 4. | What the purpose of the medication is in my situation.<br><i>Complete this information after discussion with my doctor or individual that is writing my prescriptions.</i>  |
| 5. | My response to this medication.   |
|    | GOOD Effects:   |
|    | Bad Effects:  |
| 6. | How bothersome this side effect or problem is for me (check one). Decide what the overal problem or hassle is <b>when compared to the benefit.</b>  |
|    | Mild Problem:   |
|    | Moderate Problem:   |
|    | Severe Problem:   |
| 7. | Suggestions from my doctor or treatment provider about how it would be best to try to manage these bothersome side effects.<br><i>Complete this information after discussion with my doctor or individual that is</i> |

Module 4B.6

**Visual** 

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# PSYCHOLOGICAL TREATMENTS FOR MHC

There are many types of psychological treatments that are available. You may have had experience with all or some of these in the past. Psychological treatments include:



1. INDIVIDUAL (ONE-TO-ONE) THERAPY

The therapist meets with the individual alone. The approach and style depends on the therapist and the patient.

Module 4B.6

Visual



**2. GROUP THERAPY** 

This is the TTIM format!! Group members generally have something in common (for example, people who have both mental illness and diabetes) and can talk about their problems and how they are working to solve their problems. Group members can learn from each other.



### **3. FAMILY THERAPY**

Similar to group therapy, but group members consist of family members. This can be helpful because family members can learn about mental illness and how best to cope with the effects on the family.



### 4. ADVOCACY (SELF-HELP) ORGANIZATIONS

These are groups that advocate and support efforts to support individuals with mental illness on both a local and national level. For example, groups like the National Alliance for the Mentally III (NAMI) and the Depression and Bipolar Support Alliance (DBSA) have local chapters and a national headquarters. They both have websites that provide education and information on local groups and events. One important thing that these groups do is to, battle stigma and discrimination against people with mental illnesses.

NAMI: <u>www.NAMI.org</u> DBSA: <u>www.dbsalliance.org</u> HAVE YOU HAD EXPERIENCE WITH ANY OF THESE THERAPIES OR SUPPORTS?

# THE EFFECTS OF DRUG/ALCOHOL ABUSE ON MHC

## MENTAL HEALTH Conditions

Module 4B.9

Visual

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• Mood Instability

**SUBSTANCE** 

ABUSE

- Irritability/Paranoia
- Increased Symptoms
- More Severe Episodes
- Poorer Medication Response
- Decreased Medication Adherence

### Handout #2

Module 4B.9

**Visual** 

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# LOCAL SUBSTANCE USE AND ALCOHOL RESOURCE

**Note to practices:** Provide a list of local resources for substance use, alcohol, detoxification and other mental health services and supports in your area.

# PURPOSE OF MACRONUTRIENTS

## **CARBOHYDRATES**

- Provides energy is your body's main source of fuel
- Aids digestion
- Protects against disease
- Can help control weight
- ~50% (half) of calories should be from carbs (150-300g per day for a 2000 calorie diet)

## FAT

- Acts as a messenger, helping proteins do their job
- · Carries vitamins and aids in vitamin and mineral absorption
- Protects against disease
- Regulates blood sugar
- Provides long-term energy
- 20-35% of calories should be from fat (44 to 78g per day for a 2000 calorie diet)

## PROTEIN

- Functions as a building block for the body muscle tissues , bones, skin, hair, blood
- Builds and repairs muscle tissues
- Helps make enzymes, hormones, and other body chemicals
- Can be broken down for energy
- 10-35% of calories should be from protein (50-175g per day for a 2000 calorie diet)









# TYPES AND SOURCES OF MACRONUTRIENTS

## CARBOHYDRATES

#### **Simple Carbs**

• Sugar

#### **Complex Carbs**

- Starches
- Fiber

#### **Carbs Come From**

- Simple carbs from sugars and syrups
- Complex carbs from grains, fruits, vegetables
- Fiber comes from the husk, bran, and germ of grains or the skin, pulp, or seeds of fruits and vegetables
- Processing or milling grains to make white flour or white rice removes husk, bran, and germ, reducing fiber



## FAT

#### **Bad Fats**

Sugar

#### **Good Fats**

- Polyunsaturated Fats (Omega-3 and Omega-6 fatty acids)
- Monounsaturated Fat

#### **Fats Come From**

- Trans and saturated fats from fried foods (doughnuts) and prepackaged baked goods (biscuits, pizza, cakes, cookies)
- Saturated fats from animal products (butter, cheese, regular fat milk, fatty cuts of meat) and plants (margarine, coconut and palm oil)
- Unsaturated fats from olives, nuts, seeds, fish, soybeans (including tofu), corn oil, flax



## PROTEIN

#### **Essential Amino Acids**

- 22 types of amino acids needed to stay healthy
- Complete proteins have all 22 essential amino acids
- Incomplete proteins have only some of the essential amino acids (eat a variety to get all amino acids)

#### **Protein Comes From**

- Complete protein from animal products (meat, poultry, fish, eggs, dairy)
- Complete proteins from plants: quinoa and soy (soybeans, tofu)
- Incomplete proteins from plants: beans and legumes, nuts, grains, fruits, vegetables



#### <u> Module 5.1</u>

# **LIMITING BAD FATS**

### Tips on limiting the amount of bad fats you get from your food:

- 1. To limit saturated fats, get most of your calories from plant foods like grains, fruits, and vegetables.
- 2. Avoid stick margarine with high trans fats (soft margarines are usually lower in trans fats).
- 3. Limit use of cooking oils high in saturated fat, like coconut oil, butter, and bacon grease.
- 4. Use olive oil or other vegetable oil when cooking or in salad dressing.
- 5. Steam vegetables and flavor with lemon juice and herbs.
- 6. Grill or bake meat, fish, and poultry.
- 7. Trim fat from meat and take the skin off poultry (e.g., chicken, turkey).
- 8. Limit your intake of high-fat processed meats such as bacon, sausages, and lunch meats.
- 9. Limit fried food.



10. Limit use of butter and cream. In a restaurant, ask for vegetables to be prepared without butter, or scrape some of the butter or cream off your food.







Module 5.1

# HOW MUCH SUGAR IS IN MY FOOD?

### How much sugar is in...?

- **T12 oz cola** = 39 g sugar
- 1 small slice white cake without icing = 15g
- 1 small slice pumpkin pie = 25g
- 1 half cup of chocolate ice cream = 17g
- 1 medium chocolate chip cookie = 9g
- **1 oz candy bar** = 12g
- **T1 medium orange** = 7g
- 1 cup orange juice = 21g
- **1 packet honey** = 17g
- 2 tablespoons of frosting = 20g
- 1 cup chopped carrots = 6g
- 1 fist-size meatball = 2g
- **16oz pumpkin spice latte** = 49g





Module 5.1

# **GLYCEMIC LOAD**

## DEFINITIONS

**Blood Sugar (blood glucose)** = carbohydrates that are broken down into sugar and absorbed by your bloodstream

**Glycemic Index** = ranks carbs based on how guickly they are digested and get into the bloodstream, which effects blood sugar

**Glycemic Load** = the amount of carbohydrates a food contains based on a serving of that food and its glycemic index

## THE TAKEAWAY:

- Foods with a low glycemic load (<10) have less impact on your blood sugar levels</li>
- Foods with a high glycemic load (>20) can cause your blood sugar to spike
- If you have high blood sugar, decrease the amount of carbohydrates you eat and choose carbohydrates with a lower glycemic load
  - Remember that glycemic load is based on 1 serving of that food so the more you eat of that food. the greater load you will have and the more impact it will have on your blood sugar

## FOODS WITH HIGH AND LOW GLYCEMIC LOAD

#### High Medium GL = 11-19GL>20 Soda Whole grain pasta Apple juice Sweet potatoes **Brown Rice** Candy White pasta Pineapple White bread Banana White rice Grapes White potatoes Corn tortillas Pancakes Gatorade Instant oatmeal Dried fruits like raisins and dates Sweet corn on the cob Special K cereal Ice cream Quinoa

Unsweetened orange juice Unsweetened oatmeal **Raisin Bran cereal** Whole grain breads (varies by brand)

#### Low GL<10

Module 5.1

Visual

Orange Apple Pear Watermelon **Berries** Grapefruit Carrots Peas Nuts Beans Whole grain breads (varies by brand) Couscous Milk Popcorn

FOOD LABELS

**Note:** This is just an example. You may use any materials you prefer to demonstrate food labels. A food label with ingredients listed can help patients figure out healthy or unhealthy sources of carbohydrates.

Module 5.2

Visual

Source: https://www.fda.gov/food/labelingnutrition/ucm114155.htm

| Nutrition Fac<br>Serving Size 1 cup (228g)<br>Servings Per Container about 2   | Serving Size              |
|--|---------------------------|
| Amount Per Serving   |                           |
| Calories 250 Calories from Fa  | at 110 Amount of Calories |
| % Daily V  | Value*                    |
| Total Fat 12g  | 18%                       |
| Saturated Fat 3g   | 15%                       |
| Trans Fat 3g   | Limit these Nutrients     |
| Cholesterol 30mg   | 10%                       |
| Sodium 470mg   | 20%                       |
| Total Carbohydrate 31g   | 10%                       |
| Dietary Fiber 0g   | 0%                        |
| Sugars 5g  |                           |
| Proteins 5g  | Get Enough of             |
| Vitamin A  | these Nutrients           |
| Vitamin C  | 2%                        |
| Calcium  | 20% 5 Percent (%)         |
| Iron   | Daily Value               |
|  |                           |
| Your Daily Values are based on 2,000 calor<br>Your Daily Values may be higher or lower depend<br>your calorie needs: | ading on                  |
| Calories: 2,000 2,50   | Daily Values (DVs)        |
| Iotal Fat Less than 65g 80g<br>Saturated Fat Less than 20g 25g   | g<br>q                    |
| Cholesterol Less than 300mg 300  | Omg                       |
| Sodium Less than 2,400mg 2,40<br>Total Carbohydrate 300g 375   | 500mg                     |
| Dietary Fiber 25g 30g  | g                         |

For educational purposes only. This label does not meet the labeling requirements described in 21 CFR 101.9

| N | lu | tr | iti | on | <b>Facts</b> |  |
|---|----|----|-----|----|--------------|--|
|   |    |    |     |    |              |  |

Serving Size 1 cup (228g) Servings Per Container about 2

| Amount Per Serving   |                          |                           |                     |                    |   |
|--|--------------------------|---------------------------|---------------------|--------------------|---|
| Calories 250   | Calo                     | ories from                | m Fa                | t 110              | ÷ |
|  |                          | % Da                      | ily V               | alue*              |   |
| Total Fat 12g  |                          |                           |                     | 18%                |   |
| Saturated Fat  |                          | 15%                       |                     |                    |   |
| Trans Fat 3g   |                          |                           |                     |                    |   |
| Cholesterol 30m  |                          | 10%                       |                     |                    |   |
| Sodium 470mg   |                          | 20%                       |                     |                    |   |
| Total Carbohydr  |                          | 10%                       |                     |                    |   |
| Dietary Fiber 0  |                          | 0%                        |                     |                    |   |
| Sugars 5g  |                          |                           |                     |                    |   |
| Proteins 5g  |                          |                           |                     |                    |   |
| Vitamin A  |                          |                           |                     | 4%                 |   |
| Vitamin C  |                          |                           |                     | 2%                 |   |
| Calcium  |                          | 20%                       |                     |                    |   |
| Iron   |                          | 4%                        |                     |                    |   |
| * Percent Daily Values<br>Your Daily Values may<br>your calorie needs: | are based<br>y be higher | on 2,000 (<br>or lower de | calorie<br>epend    | e diet.<br>ling on |   |
| Total Cat  | Calories:                | 2,000                     | 2,50                | 0                  | V |
| Saturated Fat  | Less than                | 65g<br>20g                | 80g<br>25g          |                    |   |
| Cholesterol  | Less than                | 300mg                     | 300                 | ng                 |   |
| Total Carbohydrate<br>Dietary Fiber                                    | Less thân                | 2,400mg<br>300g<br>25g    | 2,40<br>3750<br>30g | umg<br>J           |   |

For educational purposes only. This label does not meet the labeling requirements described in 21 CFR 101.9

#### Serving Size

This section is the basis for determining number of calories, amount of each nutrient, and %DVs of a food. Use it to compare a serving size to how much you actually eat. Serving sizes are given in familiar units, such as cups or pieces, followed by the metric amount, e.g. number of grams.

#### **Amount of Calories**

If you want to manage your weight (lose, gain, or maintain), this section is especially helpful. The amount of calories is listed on the left side. The right side shows how many calories in one serving come from fat. In this example, there are 250 calories, 110 of which come from fat. The key is to balance how many calories you eat with how many calories your body uses. *Tip: Remember that a product that's fat-free isn't necessarily calorie-free.* 

### **Limit these Nutrients**

Eating too much total fat (including saturated fat and trans fat), cholestorol, or sodium may increase your risk of certain chronic diseases, such as heart disease, some cancers, or high blood pressure. The goal is to stay below 100%DV for each of these nutrients per day.

#### Get Enough of these Nutrients

Americans often don't get enough dietary fiber, vitamin A, vitamin C, calcium, and iron in their diets. Eating enough of these nutrients may improve your health and help reduce the risk of some diseases and conditions.

#### Percent (%) Daily Value

This section tells you whether the nutrients (total fat, sodium, dietary fiber, etc.) in one serving of food contribute a little or a lot to your total daily diet.

The %DVs are based on a 2,000-calorie diet. Each listed nutrient is based on 100% of the recommended amounts for that nutrient. For example, 18% for total fat means that one serving furnishes 18% of the total amount of fat that you could eat in a day and stay within public health recommendations. Use the Quick Guide to Percent DV (%DV): 5%DV or less is low and 20%DV or more is high.

### Footnote with Daily Values (DVs)

The footnote provides information about the DVs for important nutrients, including fats, sodium and fiber. The DVs are listed for people who eat 2,000 or 2,500 calories each day

 The amounts for total fat, saturated fat, cholesterol, and sodium are maximum amounts. That means you should try to stay below the amounts listed

Adapted from http://www.fda.gov/Food/LabelingNutrition/PrintInformationMaterials/ucm114155.htm

### Foods that contain about 15 grams of carbohydrates

# CARBOHYDRATES

**Carbohydrates** (carbs) are measured in grams. **15 grams** of carbohydrates are **one serving.** 

## **STARCHES**

- 1/4 bagel
- 1 slice bread (1 ounce)
- 1 small dinner roll
- 1/2 of a hamburger or hot dog bun
- 1/2 of an English muffin
- 1 (6 inch) tortilla
- 3/4 cup, cold, unsweetened cereal
- 1/2 cup unsweetened cooked cereal, like oatmeal
- 1/3 cup rice or pasta
- 1/2 cup starchy vegetables, like potatoes, corn, lima beans, winter squash
- 1/4 of a large baked potato (3 ounces)
- ½ cup plain cooked beans or lentils



## **FRUITS**

- Fruit 1 small whole piece of fresh fruit
- 1/2 banana
- 1/2 cup canned or frozen fruit
- 1/4 dried fruit
- 17 small grapes
- 1 cup melon or whole berries



Module 5.3

Visual

## DAIRY

- 1 cup white milk
- 1/2 cup chocolate milk
- <sup>3</sup>⁄<sub>4</sub> cup (6 ounces) plain yogurt
- 1/2 cup vanilla ice cream



## **SWEETS**

- 2 inch square of brownie or cake without frosting
- 1 tablespoon of regular syrup, jam, jelly, sugar, or honey
- 2 tablespoons of light syrup



## COMBINATION FOODS

- 1/2 cup casserole
- 1 cup soup



# HOW TO KEEP CARBOHYDRATES IN CHECK

What are some ways to keep your carbohydrates in check?

## Know which foods are high in carbohydrates

- Read food labels how many total carbs? How much sugar? How much fiber?
- Keep track of your carbs using a food diary (on paper or a tracking app on a smartphone)

Module 5.3

Visual

## **Limit foods with ADDED SUGAR**

- Avoid sugary drinks like soda, fruit juices, sweet tea, and coffee drinks
- Avoid added sweeteners like sugar, honey, syrup, jam, and jelly
- Limit sweets and desserts like candy, sweet rolls, regular Jell-0, cake with icing, and pie
- Choose fresh fruit instead of canned
- Use the glycemic load list to make choices

## Avoid highly processed or prepackaged foods

• Eat whole foods

# HEALTHY PLATE

### Module 5.4

Visual 9

### **Healthy Plate for Everyone**

## Fill 1/2 the largest section with non-starchy foods

These foods include:

Spinach, carrots, lettuce, greens, cabbage, bok choy, green beans, broccoli, cauliflower, tomatoes, vegetable juice, salsa, onions, cucumbers, beets, okra, mushrooms, peppers, turnips.





Add an 8.oz. glass of non-fat or low-fat milk. If you don't drink milk, you can add another small serving of a carbohydrate such as a 6 oz. container of light yogurt or a small roll

#### Fill 1/4 plate with starchy foods

- a piece of fruit or a 1/2 cup fruit salad (fresh, frozen or canned in juice or frozen in light syrup
- whole grain breads (whole wheat or rye)



- whole grain, high-fiber cereal
- cooked cereal (oatmeal, grits, hominy, cream of wheat)
- brown rice, whole grain pasta, tortillas
- cooked beans and peas (pinto beans, black-eyed peas)
- potatoes, corn, lima beans, sweet potatoes, winter squash
- low-fat crackers and snack chips, pretzels and fat-free popcorn – best if high fiber



- chicken or turkey without the skin
- fish (tuna, salmon, cod, catfish)
- other seafood (shrimp, clams, oysters, crab, or mussels)
- lean cuts of beef and pork (sirloin or pork loin)



• tofu, eggs, low-fat cheese

# HEALTHY PLATE INSTRUCTIONS

A simple and effective way to manage your diabetes—and lose weight-- is to create a healthy plate. Creating your plate lets you still choose the foods you want, but changes the portion sizes so you are getting larger portions of non-starchy vegetables and a smaller portion of starchy foods. When you are ready, you can try new foods within each food category. Try these 6 simple steps to get started:

Module 5.4

Visual



and meat or a high protein food in the other (yogurt and milk are also high protein foods to consider for breakfast).

# **PORTION CONTROL**

(Note: you may use any preferred materials for explaining or demonstrating portion size)

## **Keeping Portions under Control**

### **Problem = Everyday Objects**

1 cup of cereal = a fist  $\beta$ 

1/2 cup of cooked rice, pasta, or potato = 1/2 baseball  $\bigwedge$ 

1 baked potato = a fist  $\int$ 

1 medium fruit = a baseball ()

1/2 cup of fresh fruit = 1/2 baseball  $\bigwedge$ 

1 1/2 ounces of low-fat or fat-free cheese = 4 stacked dice

A

Module 5.4

Visual

1/2 cup of ice cream = 1/2 baseball  $\bigwedge$ 

2 tablespoons of peanut butter = a ping-pong ball

# PROBLEM SOLVING TO FEED YOUR BODY IN A HEALTHY WAY

### The "IDEA" steps to solving problems

The steps to solving problems can be remembered by thinking of the word IDEA.

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## What does IDEA stand for?

- 1. **I d e n t i f y** the problem
- 2. **D** e f i n e possible solutions (list as many as possible)
- 3. **E v a i u a t e** the solutions (list ALL the pros and cons)
- 4. A C t on the best solution

### Handout #1

## PROBLEM SOLVING TO FEED YOUR BODY IN A HEALTHY WAY

Worksheet: Using the IDEA approach to solving problems

Module 5.5

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### **IDEA Step Your Answers**

## STEP 1: IDENTIFY THE PROBLEM

## STEP 2: <u>D</u>EFINE POSSIBLE SOLUTIONS

(list as many as possible)

## STEP 3: EVALUATE THE POSSIBLE SOLUTIONS

(list ALL the pros and cons) Pros:

Cons:

## STEP 4: ACT ON THE BEST SOLUTION

# PROBLEM SOLVING TO FEED YOUR BODY IN A HEALTHY WAY

## HOME PRACTICE | Making Meals Healthier

Please write the date and mealtime when you make a healthy change, followed by a short description of what you did. Keep track as many times during the next week as you can – try at least twice!

Module 5.5

| DATE               | MEAL/SNACK TIME                                   | WHAT I DID                                |
|--------------------|---|---|
| Example:<br>6/1/18 | XX Breakfast<br>Lunch<br>Dinner<br>Snack<br>Other | Ate whole wheat toast instead<br>of white |
|                    | Breakfast<br>Lunch<br>Dinner<br>Snack<br>Other    |   |

# MEAL PLANNING

# Visual

## HOME PRACTICE 2 | Meal Planning

| DAY       | MEAL                         | SHOPPING LIST |
|-----------|------------------------------|---------------|
| Sunday    | Breakfast<br>Lunch<br>Dinner |               |
| Monday    | Breakfast<br>Lunch<br>Dinner |               |
| Tuesday   | Breakfast<br>Lunch<br>Dinner |               |
| Wednesday | Breakfast<br>Lunch<br>Dinner |               |
| Thursday  | Breakfast<br>Lunch<br>Dinner |               |
| Friday    | Breakfast<br>Lunch<br>Dinner |               |
| Saturday  | Breakfast<br>Lunch<br>Dinner |               |



# FOOD LOGS

| Day:                                  | Time | Total Carbs | Sugar | Protein | Total Fat | Saturated Fat |
|---------------------------------------|------|-------------|-------|---------|-----------|---------------|
| Breakfast Foods and Drinks            |      |             |       |         |           |               |
| ·<br>•<br>•                           |      |             |       |         |           |               |
|                                       |      |             |       |         |           |               |
| 0<br>0<br>0                           |      |             |       |         |           |               |
| •<br>•<br>•                           |      |             |       |         |           |               |
| Lunch Foods and Drinks                |      |             |       |         |           |               |
| 0<br>0<br>0<br>0                      |      |             |       |         |           |               |
| 6<br>9<br>9                           |      |             |       |         |           |               |
| 0<br>0<br>0<br>0                      |      |             |       |         |           |               |
|                                       |      |             |       |         |           |               |
| Dinner Foods and Drinks               |      |             |       |         |           |               |
|                                       |      |             |       |         |           |               |
| ·<br>•<br>•<br>•                      |      |             |       |         |           |               |
| 0<br>0<br>0<br>0                      |      |             |       |         |           |               |
| · · · · · · · · · · · · · · · · · · · |      |             |       |         |           |               |
| Snack Foods and Drinks                |      |             |       |         |           |               |
| •                                     |      |             |       |         |           |               |

## LIFESTYLE CHANGE – Physical Activity, Sleep, AND GOOD HABITS

**Physical Activity Benefits** 



Module 6.1

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### Healthy Eating + Physical Activity = Benefits for General Health, Diabetes and Mental Health

### How can physical activity help you?

- 1. Helps keep your blood sugar in control
- 2. Helps keep your heart healthy
- 3. Helps keep your weight in control
- 4. Helps keep your bones strong
- 5. Helps you do the activities that you enjoy doing
- 6. Helps you feel more energetic
- 7. Helps reduce stress
- 8. Helps reduce feelings of depression and anxiety
- 9. Helps improve sleep

# HOW MUCH PHYSICAL ACTIVITY SHOULD | GET?



\* Each minute of vigorous intensity counts as two minutes!

Module 6.1

Visual

2

# MOVE MORE, SIT LESS



Visual

Module 6.1

# PHYSICAL ACTIVITY TYPES



Module 6.1

Visual

### Handout #1

# TYPES OF ACTIVITIES REVIEW

Module 6.1

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What is an example of aerobic activity or "cardio"?

What is an example of muscle strengthening activity?

What is an example of balance or flexibility activity?

What should you do if you feel dizzy during physical activity?

What should you do if you feel chest pain during physical activity?

Module 6.1 Visual 5

# **PHYSICAL ACTIVITY INTENSITY (optional)**

| TALK TEST  | FEELING METHOD   | HEART RATE METHOD   | LIST METHOD  |
|--|--|---|--|
| <ul> <li>Moderate: can talk<br/>but not sing</li> <li>Vigorous: can only<br/>say a few words<br/>before taking a<br/>breath</li> </ul> | <ul> <li>0 (sitting) to 10<br/>(highest effort)<br/>rating scale</li> <li>Moderate = 5 or 6 <ul> <li>Feels like walking<br/>quickly to catch<br/>the bus</li> </ul> </li> <li>Vigorous = 7 or 8 <ul> <li>Feels like<br/>climbing stairs<br/>with a laundry<br/>basket</li> </ul> </li> </ul> | <ul> <li>Based on your<br/>"target heart rate"<br/>for your age:<br/>206.9 - (0.67 * age)</li> <li>Requires a heart rate<br/>monitor or checking<br/>your pulse</li> <li>Moderate = 60-70%<br/>of target heart rate</li> <li>Vigorous = 75-85%<br/>of your target heart rate</li> </ul> | <ul> <li>Activities listed as<br/>moderate in the<br/>Activity Examples list</li> <li>Activities listed as<br/>vigorous in the<br/>Activity Examples list</li> </ul> |

## LIST OF EXAMPLES OF MODERATE AND VIGOROUS PHYSICAL ACTIVITY (optional)

Module 6.1

Handout



## BUILDING PHYSICAL ACTIVITY INTO THE WEEK

Module 6.2

**Home Practice** 

2

## **HOME PRACTICE 2** | Building physical activity into the week

Please choose an activity or combination of activities that you can do on 3 separate days this week.

Do not start a new physical activity until you get an OK from your doctor.

What activities will you choose?

Is this activity practical? YES NO

Do you have knee, back, or other joint problems? YES NO

If you do, do you think this activity could make them worse? YES NO

If yes, why?

When can you do this activity? For how long will you do the activity each time?

# **GETTING STARTED WITH PHYSICAL ACTIVITY**

### **Getting Started: My Physical Activity Plan**

1. Before starting any new physical activity program (except for walking), you need to discuss it with your doctor. .

Module 6.2

- 2. Select activities that you enjoy. Begin by asking yourself: Do you like doing physical activity alone? Do you like doing physical activity with a group or a friend? Do you like indoor or outdoor activities?
- **3.** Choose the time of day that best fits your schedule. If you are not a morning person, then you could try to be active in the afternoon or evening.
- 4. You do not have to buy expensive equipment. You can get started with a comfortable pair of walking shoes, or use common household items to lift weights (like soup cans).
- 5. Choose shoes with proper balance and support to protect your knees and back. Make sure shoes do not rub or cause blisters. Check your feet regularly for calluses or injury.
- **6.** Listen to your body. Physical activity should not be painful.
- 7. Make a commitment to 8 weeks. Your body may respond in 2 weeks, but it may take 8 weeks to notice the benefit in your life.
- 8. If you do not enjoy the activity or have trouble getting going, try another type of activity, time or place.
- 9. Keep a log of your physical activity so you know how much you're getting. A step counter or app like My Fitness Pal can help you track your physical activity. Just like monitoring your blood sugar, monitoring physical activity can help you stay on track.

# PRECAUTIONS DURING PHYSICAL ACTIVITY

### **Precautions during Physical Activity**

- Physical activity should be something that you enjoy.
- Do not listen to the old saying "no pain, no gain." Physical activity should not hurt! Listen carefully to your body and treat it well.

Module 6.2

Visual

- Start off easy until your body gets used to physical activity. Try more gentle activities such as easy walking, leisurely bike rides, etc. Then, as you start getting stronger, you can try more difficult activities like brisk walking or hiking.
- Physical activity can lower your blood sugar levels, but this is not a concern for most people with diabetes.
  - However, if you take insulin or a sulfonylurea, it is important to check your blood sugar levels before you do physical activity. If your blood sugar is below 100, have a small snack, wait 15 minutes, and then recheck your blood sugar to ensure it is above 100 prior to activity.

## There are several precautions that you should take if you have the following symptoms:

| SYMPTOM                             | PRECAUTION  |
|-------------------------------------|---|
| Blood sugar is below 70             | Do not do physical activity. Eat instead. Figure out why your blood sugar is so low. Did you forget to eat? |
| Eye problems from diabetes          | Do not do intense weight lifting.   |
| Hypertension                        | Do not do intense weight lifting.   |
| Dizziness during physical activity  | Stop doing physical activity. Tell your doctor.   |
| Feel sick during physical activity  | Stop doing physical activity. Tell your doctor.   |
| Chest pain during physical activity | Stop doing physical activity. Tell your doctor. If severe, call 911.  |
| Feel too out of breath              | Slow down. If really bad, call doctor. If severe, call 911.   |

## HOW TO DISCUSS Physical Activity With Your Provider

Module 6.2 Visual

### HOME PRACTICE 2 | Discussing physical activity with your health care provider

Plan to discuss recommended types of physical activity you can safely do. Ask the following questions:

- 1. What kinds of physical activity are best for me and what do you recommend?
- 2. For how long should I do physical activity?
- 3. Are there any precautions for me?
- 4. Are there any restrictions on physical activity for me?
#### Handout #2

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Module 6.2

### PHYSICAL ACTIVITY I ENJOY



### COMMUNITY PHYSICAL ACTIVITY RESOURCES

#### Note: This is an example only. Provide a list for your area.

Module 6.3

Handout

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| Alta House<br>12510 Mayfield Rd.<br>216.421.1536     | Recreation center with gymnasium, weight room, senior center and outdoor bocce ball courts.  |
|--|--|
| Camp Forbes<br>25440 Harvard Ave.<br>216.831.5910    | Residential camp for City of Cleveland youth between the ages of 9 and 13.<br>Applications for summer camp provided at the recreation centers.                     |
| Central<br>2526 Central<br>216.664.4241              | Recreation center with indoor pool, weight room, gymnasium, indoor track and meeting rooms   |
| Clark<br>5706 Clark<br>216.664.4657                  | Recreation center with indoor pool, meeting space, gymnasium, game room, and art room  |
| Collinwood<br>16300 Lakeshore<br>216.420.8323        | Recreation center with gymnasium, weight room, fitness center, water slide, aqua playground, lap pool, track, computer room, art room, game room and meeting rooms |
| Cory<br>10510 Drexel<br>216.664.3389                 | Recreation center with indoor pool, weight room, gymnasium, racquetball courts, dance studio, indoor track   |
| Cudell Recreation<br>1910 West Blvd.<br>216.664.4137 | Recreation center with indoor pool, sundeck, weight room, gymnasium, meeting space, sauna, and game room   |
| Earle B. Turner<br>11300 Miles<br>216.420.8358       | Recreation center with indoor pool, outdoor waterslide, gymnasium, meeting room, sauna and game room   |
| Estabrook<br>4125 Fulton<br>216.664.4149             | Recreation center with indoor pool, outdoor waterslide, gymnasium, meeting room, sauna, and game room  |
| Fairfax<br>2335 East 82nd<br>216.664.4142            | Recreation center with indoor pool, sundeck, meeting space, sauna, gymnasium and game room   |
| Glenville<br>680 East 113th<br>216.664.2516          | Recreation center with indoor pool, gymnasium, meeting space, and sauna  |

# ROUTINE DAILY ACTIVITIES

### **My Daily Activities**

1. What are the things that you include on the list of activities that you do on a daily basis?

Module 6.3

Visual

- 2. What personal care activities do you have every day? (For example, showering/dressing/shaving?)
- 3. When do you have your daily meals? Daily snack time?
- 4. When do you routinely have contact with family, friends or co-workers?
- 5. When do you do physical activity?
- 6. When do you relax?
- 7. What time do you go to bed?
- 8. What time do you get up?
- 9. What kinds of things disrupt your daily routine?
- 10. What are things you can do to keep your routine on track?

# **SLEEP HYGIENE**

- 1. Plan to go to bed around the same time every day even on weekends or when you are not at work/in school.
- 2. Limit naps (unless you have sleep apnea\*).
- **3.** Try to "wind down" with relaxing activities before you get into bed. Do not get into bed until you are tired.
- **4.** Do not have caffeine (coffee, tea, sodas with caffeine) within 6-8 hours of your bedtime. For most people this means no later than 3:00 in the afternoon.
- 5. Do not drink alcohol or smoke within 2 hours of bedtime a drink may make you fall asleep, but may cause you to sleep less well.
- 6. Limit fluids within 2-3 hours before bedtime. Empty your bladder before going to sleep.
- 7. Take bedtime medications within 1 hour before going to sleep.
- 8. Use your bedroom only for sleeping or intimacy. Avoid watching TV or using your phone, tablet, or computer in bed.
- 9. Keep your room dark.
- **10.** Use an alarm clock to wake up when you intended if you oversleep this is likely to delay the time your body wants to sleep the following night.
- **11.** Get some physical activity during the day.

Follow the above guidelines closely—you should start to see improvement within 2-3 weeks.

\* Sleep apnea is a breathing condition that causes individuals to have trouble breathing when they sleep. Individuals with sleep apnea (who often snore and often have headaches) should consult with their doctor.









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# **SLEEP DISORDERS**

Module 6.3

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### Sleep Disorders: When good sleep hygiene is not enough

If you are very tired even after sleeping all night or wake up repeatedly even after following sleep recommendations, you may have a sleep disorder. Two common sleep problems that can interfere with both blood sugar and blood pressure control are:

- 1. <u>Sleep Apnea:</u> As many as 1 in 3 people with diabetes may have a sleep problem called sleep apnea. If you are tired during the day even after you have slept all night, if you snore, frequently fall asleep when sitting still, or gasp and choke in your sleep, you may have sleep apnea. You are more likely to have sleep apnea if you are male, over 40 years of age, overweight, have a large neck or have a family member with sleep apnea. Untreated sleep apnea is associated with car accidents, high blood pressure, stroke and heart failure. Your primary care provider can talk with you about getting tested for sleep apnea. If you have sleep apnea and have difficulty using the machine to treat it, you can also talk with your provider about other sleep apnea treatments.
- 2. <u>Restless Legs Syndrome</u>: Another common condition that can prevent quality sleep is restless legs syndrome which can cause people to awaken through the night. If you have had unpleasant leg sensations and an uncontrollable urge to move legs for relief you may have this disorder. Simple steps like reducing or avoiding caffeine, alcohol, and tobacco may improve symptoms. Your primary care provider may need to check for vitamin deficiencies. Your provider can recommend both testing and treatment for restless t syndrome.

### REFLECTION AND ACKNOWLEDGMENT OF PROGRESS

Module 7.1

Handout

Illness Management as a Lifestyle

Things I learned in Diabetes Group:

Ways I feel more confident in managing my:

**Stress/Mental Health:** 

**Diabetes:** 

Do you have any suggestions on how this program could be improved?

## **DIPLOMA TEMPLATE** SUGGESTION

## **CONGRATULATIONS!**

This document hereby certifies

Module 7.1

Handout

that \_\_\_\_\_ has participated in and completed the **Targeted Training for Illness Management Program** 

at \_\_\_\_\_ Practice

You have made great progress towards achieving your health goals.

On behalf of the \_\_\_\_\_ Practice Team

(Health Educator)

(Primary Care Provider)

(Behavioral Health Specialist)

(Peer Mentor)

## PREFERENCES FOR FOLLOW-UP

#### **Diabetes Group Follow-up Plans**

In the next four to six weeks, someone in the practice will be contacting you to see how you are doing with your Personal Care Plan.

Module 7.3

Handout

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| Name:   | Date:                                |
|---|--------------------------------------|
| 1. What is the best time day to call you?                                   |                                      |
| Morning between 9 and 12  |                                      |
| Afternoon between 12 and 5  |                                      |
| Evening   |                                      |
| 2. What is the best way for us to reach you?                                |                                      |
| Phone (call or text)  |                                      |
| Email address:  |                                      |
| 3. What is the best number for us to reach you?                             |                                      |
| Home:   |                                      |
| Cell:   |                                      |
| Work:   |                                      |
| 4. How would you prefer to talk with someone from                           | n your care team?                    |
| In person at my PCP's office  |                                      |
| On the phone  |                                      |
| 5. If we are unable to reach you, is there another p<br>their phone number: | erson we can contact? Please include |