

ADA: Ask the Experts Access Live Event  
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Carla Cox:

Hello, and thank you for joining us. Welcome to the 2023 American Diabetes Association, Living With Diabetes Ask the Experts Series. Today's topic is how to take the lead in your healthcare; what to discuss with your diabetes team.

My name is Carla Cox, diabetes care and education specialist, registered dietician/nutritionist, and your host for today's program.

Our Ask the Expert series is all about answering questions from our listeners. So start getting your questions ready now. For those of you on the phone, press star three, that's star three, on your keypad and an operator will collect your question and place you in the queue so that you may have the opportunity to ask your questions live. To participate online, type in your name and question in the field below the streaming player, press the submit question button, and your question will come directly to us.

Stay with us through the hour and you'll learn useful tips to help you live well on your journey with diabetes. In addition, we invite you to provide us with your feedback in a survey at the end of the event. So please stay with us.

Okay. Now, a little bit about why we're here today. Because of the link between diabetes and heart health, the American Diabetes Association in collaboration with the American Heart Association has launched Know Diabetes by Heart. With support from founding sponsor Novo Nordisk, as well as national sponsor Bayer, the Know Diabetes by Heart Initiative provides tools and resources for people living with Type 2 diabetes to learn how to reduce their risk of cardiovascular disease. As part of the initiative, the ADA is holding this free educational Q&A once a month. We'll cover information and tips to help you take charge of your health.

When you have diabetes, it increases your risk of heart disease and stroke. Make sure when you see your doctor, you talk about your risk and work towards prevention.

Okay, I am very happy to introduce our guest speaker today, Amy Hess Fischl. She has been on before and she's awesome. Amy is an advanced practice dietician and diabetes care and education specialist for the last 20 years. She works at the University of Chicago Kovler Diabetes Center with both adult and pediatric endocrinologist, sharing the same clinic to more effectively allow transition care throughout the lifespan. She helped create In Transit, the teen transition program at the Kovler Diabetes Center, and has overseen transition care at the clinic for the past 15 years. And she strongly supports being a self-advocate for your diabetes care.

So Amy, do you have anything to add to that?

Amy Hess Fischl:

No, I think you covered it all. It's just such a pleasure to be here today and hear some of the things that is the struggles that all of you folks are dealing with.

Diabetes is a marathon, not a sprint. So we know that there's so many things that go into self-management. And I am, as Carla said, I'm a really big advocate for everyone to be the cheerleaders of their own care, and that there is a collaboration when it comes to diabetes self-management.

Carla Cox: And I really think it's become more and more so as the years have gone on. It used to be we sat back and listened to what we were supposed to be doing, which we still need to do, but I think the collaborative approach is so much stronger now.

Amy Hess Fischl: No, so it's interesting... Oh, I'm sorry. Go ahead.

Carla Cox: Go ahead.

Amy Hess Fischl: Oh, no, I was going to say that when we think of that collaboration or patient-centered care, we've actually been talking about it since the late nineties. But I think that it's becoming more mainstream over the last decade. So it's interesting because when I think of, I take my mom to her doctor appointments. And I'm the one that's asking the questions because again, she's of that age of, again, yes, we listen to what our healthcare provider is telling us instead of engaging in that conversation. And then I think that we really do need to really move forward for all of us to be engaging more often into that discussion because it's a more rich collaboration because it's about you.

I don't ever want somebody leaving after they see me and are like, Well, I'm not going to do that. I'm just going to go back and do whatever. I would prefer that someone says, I'm not really comfortable with that. Can we do something else? Can we talk about something else that may take the place of what you're proposing? So I think that it takes practice to do that. But again, it's important that you're very honest and having those discussions with your healthcare provider. And remember that we're all professionals, that again, no one's going to be mad at you for voicing your opinion. Because you are the one that's living with this 24/7.

Carla Cox: And if they are mad at you for voicing their opinion, it's time to think about another care provider because you want them to be engaged in your care with you, right? So thank you.

Amy Hess Fischl: Yeah.

Carla Cox: Okay. So thank you.

If you're just joining us, welcome to today's Ask The Experts Q&A self-advocacy, taking your lead in your diabetes care. As a reminder, for those of you on the phone, press star three, that's star three on your keypad, and an operator will collect your question and place you in the queue so that you may have the opportunity to ask your questions live. To participate online, type in your name

and question the field below the streaming player. Press the submit question button and your question will come directly to us. Remember, today's topic is how to take the lead in your healthcare, what to discuss with your diabetes team. Let's remember to focus on that topic today.

So let's go ahead and take our first question. We have some interesting questions here, but I'm going to start with this one right here. This is Annemarie, and this is a perfect one for a dietician working in the field. So here we go. Well, except, there we go. So Annemarie, you're on.

Annemarie: Yes. Hello?

Carla Cox: Yes, hello.

Annemarie: Hi. I just asked the question just to someone who was on the other line. Anyway, my problem is my sugar go up and down. Like yesterday, it was 137 at 11 o'clock, 11:00AM. I barely ate yesterday. I had breakfast, and then I had a yogurt at around six o'clock and some corn with some tomatoes. But this morning when I check it at six o'clock, it was 158. Seeing that I didn't eat, well, not a whole lot, how come it went up that high?

Amy Hess Fischl: Great question, and happy New Year.

Annemarie: Thank you. Healthy, happy, and blessed one to you too.

Amy Hess Fischl: Likewise. You bring up a really, really important concept, that so many people really just think that what they eat is the only thing that impacts their blood sugars. And that's actually not true. One thing that we have to think is that yes, food itself does impact blood sugars, but only for a short period of time. And when we eat, it's going to impact our numbers just over the next few hours. So it's not going to have an impact on your numbers 24 hours later. That is the beautiful thing about diabetes, that there's so many things that are happening in your body that's causing your blood sugars to vary.

One really important thing that we do see in Type-2 diabetes is that the liver, which stores all of our sugar for use throughout the day, overnight, it tends to give people with diabetes a little too much. And so that may very well be contributing to your rise in the morning. But just lots of the different physiologic things that are going on in your body with diabetes are contributing to that, not your food that you ate before.

But I do want to impress on one thing that you just said, is that you didn't eat that much. And I certainly want to discourage people from just starving themselves, because that's not necessarily going to impact their blood sugars in the long term. You want to be eating healthfully. But again, just remember that when we eat a meal, it's only going to be affecting our numbers for a short period of time.

Now, this kind of rolls into our topic today of what should you be talking to your doctor about? And I think, my dear, this is a very, very good conversation that you should be having and saying, Doctor, what should my blood sugars be before meals? What should they be before I actually eat for the day? Why might my numbers be in this range or outside of the range that you are recommending for me at these times? And what can I do or what medicines am I taking, or should I be taking, that may be affecting my blood sugars overall?

So again, these are just some nice specific questions that you can be asking your doctor focusing on this specific question. Because again, remember, diabetes is a very individualized condition and we know that everyone is going to have different needs. But those are some really big questions that I do want you to ask your healthcare provider. But thank you so much for that question.

Carla Cox: Thank you.

We have a question coming in from Jane. Jane is from Texas.

Jane: Yes, I'm here.

Amy Hess Fischl: Hello, Jane.

Carla Cox: What is your question?

Jane: Okay. As I said to the lady I'm Jane, I am 76 years old. I've been a diabetic for about five or six years. I'm on Metformin and I take a thousand with my evening meals. But it seems now that my numbers are never what they used to be, even taking meds with my meals. My doctor did tell me my last visit; I asked him, I said, Now let me ask you this. Are my numbers supposed to be right where they should be? I know what that is. I say, But they're not that anymore. I say, Metabolism, what it has to do with it at a person my age? And he says, Well, you know what, your number's probably never going to be what they used to be at your age. Don't look for them to be from 88 to 120 or whatever that is. I know those, I used to work healthcare.

So my question is this, do you think it's time for my meds to be changed to something else? Maybe Metformin is not working as well. And then, I have a problem with changing because I want to know what is happening to my body when I get something that is so different. I have an appointment next month and we'll have a good discussion then too, but if there's any light that can be shed on this situation. Age, he tells me not to deny myself of anything. Now, it doesn't mean that I'm going to eat a whole cake, which I'd love to do, but I do eat some things that I wouldn't normally eat. So can you give me some advice or tell me something?

Amy Hess Fischl: Of course, Jane. First, of course, as I said before, happy New Year. And you are indeed a youngster. So again, I think that having diabetes for five or six years,

and even at your age, when we think of what are the recommendations of where your blood sugar should be, under 133 mgs. And when we think of the A1C, that average glucose, that is blood draw or point of care that's done every three months, we want that A1C under seven. So again, when you have that discussion with your doctor, and as he said, your numbers may not necessarily be non-diabetes anymore, but they should be within that general range of everyone else. But I would say I take that one step further and ask him what are the ranges that you need to be in to reduce your risk of long-term complications? Because again, like I said, you're young. We want to make sure that you don't have any long-term complications over the next 10 years. Again, I'm foreseeing you're going to be living well into your eighties. So again, I think that that's important that you have that discussion.

But to your question, the longer that someone has diabetes, the more help your body needs. And so I think you answered your own question of do you need additional medications? And we do tend to see that people with diabetes, if they're not within their goal ranges, and their A1C is not within 7%, again, there is going to be a higher likelihood that you're going to need more medicine. But you did mention something, that Metformin, that you're only taking a thousand milligrams once a day. That's actually not maximum dose. So I think that some questions that I see coming, and I'm so happy that you have your appointment soon, is asking, Doctor, am I on the maximum dose of Metformin? And do you think that even taking maximum dose is going to help? So that's going to be question number one that you can ask.

But I do think that finding out the other questions that I said, what should your blood sugar goals be on pre-meals, and what should your A1C goal be? And how does he see what medication changes need to be made to get you to that? So there are a lot of medicines that are available, and I am not going to pretend to be your doctor, because again, since I don't know everything about you, I don't want to give any specific recommendations. Because again, I want to make sure that's left for your doctor. But again, there's a lot of different options. Cost is a factor that we have to think about, copays, all of those things. So I do think that you want to have a conversation with your doctor of what are the current medications that we should be considering, and what side effects could be part of those medications? And again, what else should I be doing?

Now, certainly it goes without saying that, as you said, we all are not going to eat a hundred percent healthfully every single moment of every day. Again, life is meant for living, and we want to make sure that we are including some little indulgences every once in a while. And again, that's important. Like you said, you're not going to eat a whole cake but having a piece of cake for your birthday or your family's birthdays, again, that there's nothing wrong with that. We just have to balance all of those things out and making sure that we're being active.

But I think that it is important that having that discussion with your doctor about the other medications that you could be taking, especially if you are already being active, and 75 to 80% of the time you are following healthful meal

planning recommendations and making sure that you're not having too many carbohydrates at one time to affect your blood sugars.

So again, I'm going to stop there, but I think that you do have a wonderful robust conversation that you're going to be able to have with your doctor. And it sounds like you do such a wonderful job of really collaborating with your doctor as well. So I want to commend you for that, because it's really important that you're having these discussions, these honest discussions, with your healthcare provider.

Carla Cox: Thank you.

So I have a question coming in online. I am an adult diagnosed with Type-3 diabetes a year ago. My endocrinologist has 15-minute appointments every three months, mostly focused on my exercise and diet, and if I want to move to a pump, but not much else. What else should I ask? Especially since she's mostly treats people with Type-2 diabetes.

Amy Hess Fischl: Okay. So it's sounding like you're someone with Type-1. And again, 90% of the people I work with are Type-1. And so again, near and dear to my heart, and it takes a lot of time to really have these discussions. Carla and I are diabetes care and education specialists, working with people with diabetes, and this is one of my biggest jobs. I'm working with folks and helping them navigate things of what they want to talk about. So I do strongly encourage that you talk with your endocrinologist to find out if there's a diabetes care and education specialist who works with Type-1 diabetes that you can collaborate with on a regular basis. Again, I want to be clear that for Medicare, when we think of the coverage of diabetes, self-management education and support, two hours of DSMES every year, two hours of medical nutrition therapy, most commercial insurances are the same. So again, these are covered benefits that I do strongly encourage that you take advantage of.

But again, I think that you are in the same boat as a lot of people. The providers don't have as much time to be able to really delve into some of these things. And so that's where, again, it is great to be able to collaborate with a diabetes care and education specialist. So again, I think your number one question for your endocrinologist is, I'd like to be able to spend a little more time talking about some of these topics that are important to me. And can they refer you to a diabetes care and education specialist?

But certainly you're more than welcome to ask these questions of, what is it that's important to you? And those are the questions that I want you to be posing to your endocrinologist. If you're not ready for a pump, again, this is a personal preference for people with diabetes. I know that there's a value in pumps, continuous glucose monitors. But again, it's really important that you voice your concerns, what your opinions are about where you are in your diabetes journey at year one. So again, that's where I would start. But again,

certainly being able to collaborate with diabetes care and education specialist who focuses on Type-1 is going to be a really valuable thing for you as well.

Carla Cox: I agree with that, Amy. I think the other thing is, you mentioned that your provider, I'm not sure it's an endocrinologist, but if it is, great. But I think when you have Type-1 diabetes, it is truly a little different than Type-2. It's actually a lot different than Type-2. And I think it's important to have a provider that understands Type-1. So you might consider that as well, is saying to your provider, I really want to talk to someone that knows a lot about type one diabetes in general. So, just another thought is you could do that as well.

Amy Hess Fischl: Yeah, sounds great. Thank you so much.

Carla Cox: Yeah. There are a lot, are quite a few providers that specialize in Type-1, and I do think that's the place to go. And I think it's challenging when you're diagnosed as an adult too, because so often it's considered almost like a Type-2, and it's not. It's a very different disease.

So we have a question.

Amy Hess Fischl: I'm sorry, Carla. I wanted just to comment on, right now, at least for a little while longer, we know that healthcare providers, physicians, nurse practitioners, still are able to do telehealth. And depending on where you live in the country, there may be some rules that allow you to see another healthcare provider across state lines. So I'm not saying I want you to jump ship and leave your state and see another endocrinologist somewhere else, but again, this is really a great opportunity to take a look at like JDRF, ADA, some of the support groups that are for Type-1. Find out who some of those Type-1's, who they're seeing. But also, again, maybe doing a virtual visit with a healthcare provider who handles Type-1 may be a really great opportunity right now. But again, definitely talking with your current provider and finding someone who's going to be able to be a better fit and maybe spend a little more time with you.

Sorry, Carla, go ahead. Next question.

Carla Cox: No worries. No worries.

Okay, we have June on. June is from Georgia. And June, you're on the line.

June: All right. Can you hear me?

Amy Hess Fischl: Yes.

June: Okay. My question is, I am a Type-2 diabetic for the past, I think two years. And my question is about pasta. I have this recipe that I love to make, it's called macaroni casserole, but I noticed that pasta, you can't eat pasta. Can you eat it?

Some say that you can. What can I substitute in this recipe for pasta? Instead of using pasta, what can I use?

Amy Hess Fischl:

Well, hello, June, happy new Year. Welcome. There is a misconception that pasta isn't allowed with someone with diabetes. One thing that's really important, it's not the what, it's the how much. So again, remember carbohydrate, the volume of carbohydrate that you're consuming is going to have the biggest impact on blood sugars. But I want to step back and say everyone is very different as to how much their body can actually tolerate. So it's important that you take a look at, this macaroni casserole sounds delicious, assessing how it impacts your blood sugars, looking at what your blood sugar before you start eating. Again, like I said, the goal for most people is under 130 at that time. And then what's your blood sugar say two, three hours later? The current recommendations for one hour after a meal, under 180, around two hours later, under 140ish, somewhere in that range.

Like I said, everyone is going to be different. But that might be a really good way for you to assess, all right, you have a scoop of your macaroni casserole on your plate. Like I said, it's about the whole meal that you have. So macaroni and/or any pasta is not taboo. But again, we need to really focus on how much that you're having.

There are some alternatives, they're just not going to taste the same. Again, there are alternative pastas that you can have. But I would maybe pose taking a closer look at your recipe. Can you add more vegetables to it? Because it's all about, like I said, the volume. Again, you can have a bigger scoop with less pasta in that scoop, but more vegetables and some meat and all of those things. So I would really take a closer look at, can you adjust the recipe to include a little more non-starchy vegetables in there? That's going to literally help it be a little more healthful as well. But there are other alternatives that you can use. They just may not taste the same.

Carla Cox:

Thank you.

We have a question coming in from Debbie, and Debbie is from Wisconsin.

Debbie:

Happy New Year everybody.

Amy Hess Fischl:

Happy New Year, Debbie.

Carla Cox:

Same to you.

Debbie:

Thank you. My question is this, I am a Type-2 diabetic. I've been diagnosed, just like the lady in the previous call, for about two to three years, and I'm diet controlled, which is awesome. My A1C has been between 6.3 and 6.6 since I was diagnosed, which is really good. But my doctor told me at my last visit that if my blood sugars go up so that my A1C is above 6.8, he will put me on Metformin.



Here's my question. I had my A1C done beginning of November, end of October, something like that. And then about a week or two later, I had my knee replaced and I was on Norco for pain every four hours and it was horrendous. My blood sugars have gone from the low one hundreds to 120s up to 126, maybe 127 on occasion prior to the surgery, to 160 to 200 after the surgery.

I have weaned myself off of the Norco, the narcotic, which I'm very grateful for, and substituting Tylenol Arthritis when I need it in the morning. And I still take the Norco at bedtime. And my blood sugars have come down recently to... I'm doing laundry and my timer went off, nevermind.

Sorry.

Amy Hess Fischl: No problem.

Debbie: So now my blood sugars down to the 120-130 range. And I'm wondering did I hit it on the head where it was related to the Norco, or was it the pain that caused it? I'm seeing my doctor on Thursday and I'm still in therapy quite routinely, so I'm doing everything I'm supposed to be doing in therapy to get the knee to bend, and it is. I'm up to 108, normal as 110, flexion. So, am I on the right track? Or do you have a suggestion for something else?

Amy Hess Fischl: No, you are on the right track and you actually hit the nail on the head. Any stress on our body, so that's surgery and the subsequent pain, contributed to your blood sugars rising. I have a feeling that you can, now that you have your appointment with your doctor on Thursday, you can negotiate a little bit. That short term of when you were the surgery and all of that is going to contribute to your numbers being slightly higher. So your A1C may be a little bit higher. But I think that you could negotiate a little bit more.

Now, one thing that I did want to mention is that it's not failure if your doctor does put you on Metformin. Again, I think that Metformin being a drug that has been used for so very long, it's kind of the least innocuous of all of them that are out there. And the bigger thing that it does, most people take it with their meal to reduce the risk of the GI distress that it can cause. Usually it's a later meal because again, it's going to help suppress the liver from kicking out too much sugar and helping those morning numbers a little bit more. So there's no shame in your doctor starting that. But I really feel that you are on the right track now that of course you've gone through PT, you're doing this, you're going to be increasing your activity. That alone is going to bring you back to where you were. So I wouldn't necessarily stress too much about that either way. But I do feel that yes, what you went through contributed. And then of course it was the holidays too, that it kind of contributed too.

But again, I think that whether your A1C is 6.8, even the addition of Metformin is not a detriment to you in the long term. So I do want you, all of on the call or even listening in today, your glucose levels are just that. They're just numbers.

They're not you. I don't want you to be taking it as it's a failure whether you need your medications or whether your glucose levels are varying. Again, there are so many variables that impact your blood sugars that making sure that we take a big picture approach to this too. But I hope everything goes well on Thursday for you.

Carla Cox: Thank you.

We have another write-in question coming from Christine from Colorado. And this is I think because of our previous discussion, at what point should someone with diabetes begin seeing an endocrinologist? I was diagnosed almost two years ago with Type-2 and it hasn't come up yet.

Amy Hess Fischl: Great question. I work in an endocrinology clinic and endocrinologists, we are short-staffed. There's not a lot of endocrinologists in the country. I know that there are a lot of varying approaches to this and conversations, but most endocrinologists like to see those with Type-1, those that are more complex, and the primary care or internal medicine handling those that are maybe just on oral medications or pre-diabetes, those that are diet controlled. I do see plenty of folks that see endocrinologist that aren't on insulin, but it might be hard to get in to see an endocrinologist. So I guess my very rambling comment on that is just my opinion, but I think that maybe that's a really great question to ask your primary care physician, your internal medicine healthcare provider of, what is their opinion on seeing endocrinologists?

There are so many people that have their social network that someone has diabetes. I'd say if it's brought up that someone has diabetes, identifying who they see. But for the most part we do tend to see that more folks that are not on insulin, that might just be on oral medicines, they're perfectly fine seeing their primary care physician or internal medicine.

Now of course, I would be remiss that when we think of diabetes self-management education and support, again, the four critical times to be seeing a diabetes care and education specialist is a diagnosis annually, for that lube and attune. So again, I think it's kind of combining forces of if you can't get in to see an endocrinologist, see a diabetes care and education specialist, because they could spend a little more time with you as well. But I'm hoping that that helped you a little bit. But again, I'd say it's such a personal preference whether someone wants to see an endocrinologist or not. But for the most part, endos are again, kind of reserving their times for a little more complex cases as well.

But Carla, I mean, again, well, I'd love to hear your input too.

Carla Cox: So I appreciate you talking about the diabetes care and education specialist. I mean, I hope all of you have seen one, because only 10% of the population goes to see one. That's the statistics. And not only do they have a little bit more time to talk with you, and they're usually nurses or dieticians or pharmacists, so they

have a lot of expertise and specialty in the area of diabetes. And you could just sit down and talk to them about what your concerns are, being that member of that team. Very approachable people in general. So I strongly support that. And I hope that all of you will, once again, as being a team member of your care will say to your healthcare provider, whether it be an NP or a PA or an MD or a DO, that you would really like to spend some time with diabetes care and education specialist in your area. So I underline that.

Okay, so we have some very interesting questions coming in. So here is one, and since you are a dietician as well, very handy today, we have a lot of nutrition questions. So Parvin, you're on Parvin.

Parvin? Okay, if we can't get her, I'm going to ask her question. She said, I am having stage two kidney issues. Is it okay to eat legumes?

Amy Hess Fischl: Oh, great question. Yes, it is okay to eat legumes. Again, one thing when it comes to chronic kidney disease, there's multiple stages. And stage two, it's acceptable to be eating protein. Legumes being a non-animal source, may be perfectly acceptable even throughout all the stages. So again, by all means. But remember, legumes are also carbohydrates and carbohydrate can impact blood sugars. So while it's a nice high fiber source, it still comes down to the serving size. But having stage two chronic kidney disease, you can still eat healthfully well when it comes to the plate method, dietary guidelines from American, all of those things. So great question.

Carla Cox: You have a response to one of our previous questions. It may be helpful for them. And this is coming in from Mary Ellen from New Jersey. Mary Ellen, you're on the line.

Mary Ellen: Hello.

Amy Hess Fischl: Hello.

Carla Cox: Hello, Mary Ellen. You're on the line.

Mary Ellen: Yeah, it was really a comment because the lady spoke about the pasta dish. And I just wanted to pass along that I found an organic chickpea pasta that I find is very close to the regular, the wheat pasta. And it has fewer carbohydrates, more fiber, and more protein. Considerably more. So if that's of any help to anybody, I wanted to pass it along. Thank you.

Amy Hess Fischl: Really appreciate that. Thank you. I know in my mind, I didn't want to necessarily call out one any particular, but I'm happy that you can. So yes, again, there are lots of alternatives. So certainly taking a spin through the pasta aisle, there are some good ones. But again, still focusing on the carbohydrate for sure. Thank you so much for sharing.

Carla Cox: I have a question about being part of your diabetes team. Do you think it helps to write down the questions prior to going in so that you're really prepared for that 15-minute visit?

Amy Hess Fischl: Absolutely. I think that I'm always thrilled when the patients that I'm seeing come in with their list. And in fact, I've worked with a lot of the people that I work with now for almost 15 years in 20 years. So they kind of know my shtick, that I like rapid fire questions. So I strongly encourage that. Again, you know you have a limited amount of time with your healthcare provider. And from the moment you leave that visit, and then the next time you go in in three months, whether you write it down on a sticky note or in a spiral notebook or type it up on your notes in your phone, I would keep track of those. Remember this visit is for you. Usually if somebody doesn't have any questions, then yes, of course I have my usual things that I have to go through, but I would prefer to hear from the person in front of me. I want them to be directing the visit, not me. And so again, it's important that you do write down all of the questions and keep track of all of those.

And certainly if you're not sure what you should be asking, there are other questions. Like the American Diabetes Association, even on their site, they have some questions to ask your doctor. So definitely, as Carla already said, when it comes to general diabetes knowledge and learning the specifics, seeing a diabetes care and education specialist can certainly answer a lot of these questions too. Like what is hypoglycemia? What should my A1C be? What do my medications do? And certainly your pharmacist at your local pharmacy can answer those too. But again, I would say specifically for you, all of these wonderful questions that you've been asking today, jotting those down and having that as your discussion list for your visits. But again, there are no silly questions. So it's really important that you're getting your questions answered. I would say every single one of you should at least go to your doctor visits with at least, I'd say three questions. The more the merrier. Yeah, great question. Questions, and you're the one that should be directing those visits for sure. Thank you.

Carla Cox: We have a question coming in, another nutrition question, coming in from Michael. Michael's from San Fernando Valley.

Amy Hess Fischl: Excellent.

Michael: Hello.

Carla Cox: Michael? Yeah, hello Michael, you're on the line.

Michael: Am I on here? Okay. Yes, what do you think of glycemic index?

Amy Hess Fischl: Well, that's a loaded question, Michael. What do I think of glycemic index? It's a research tool that was used, that was designed to see the impact of certain a

food, one food, on glucose. Again, that's the kind of simplified what it does. Glycemic index, it doesn't paint the whole picture though, Michael. And one thing is that it doesn't necessarily affect everyone the same way. And then we also have to add the fact that if you're having perhaps a higher glycemic index food in with a mixed meal, it's going to alter how it impacts your glucose. But still, the fact remains, is that glycemic index is just one piece of the puzzle when it comes to meal planning. When we think of how the amount of carbohydrate is going to impact the glucose overall, glycemic index essentially is going to be how quickly it may affect the glucose. So it's one thing that you can look at, but it's a small part.

Carla Cox: And I think the other piece of that, as you mentioned, it's unique to everyone. And so one of the ways to see what your own glycemic index is, is to do before you eat glucose and then check it again two hours afterwards and see how much your blood sugar raised and how quickly.

Amy Hess Fischl: Exactly.

Carla Cox: So that's another way to tell for you what your glycemic index is. This is different for everybody. Some people have problems with rice and some people have problems with corn. It's just unique.

Amy Hess Fischl: Exactly.

Carla Cox: Okay. So here's a question coming in online, once again, nutrition. Why not promote low carb to avoid complications?

Amy Hess Fischl: Well, why not? I think it's one of many meal plan options or eating patterns that can be utilized for overall diabetes self-management. But the research is clear, there is no one eating pattern that's going to be universally beneficial for all people with diabetes. We have to take into consideration individualized needs and individualized preferences. So all of the research up till now is that yes, low carb can help, but it's not the only one that can help. So again, I think that we have to acknowledge that it's just one of many eating patterns that are helpful. But you have to choose what's right for you.

Now of course, I have to say that low carb means different things to different people, and it's very important that low carb does not mean no carb. We do know that vegetables, fruits, whole grains, are all part and parcel to a healthful eating pattern for a variety of chronic diseases. So again, eliminating entire food groups is not the answer either. I think it's really important that, I know I'm going to sound like a broken record, but definitely seeing a diabetes care and education specialist, but specifically a registered dietician because they can help to further individualize what is going to work for you overall.

Carla Cox: Great.

Here's another question coming in from Kay from Michigan on individualizing food plans. But here, Kay, go ahead and ask your question.

Kay: I'm a Type-1 diabetic and I needed to know how important is it to eat three meals a day?

Amy Hess Fischl: Well, I'd say, Hi, Kay, happy new Year. That is the eternal question that we've been asking for a very long time. And to be quite honest, unless you're a growing child, three meals a day may not necessarily be something that is a requirement. I think that when we look at the psychology of eating and all of those other things, we could have a very long discussion about that. But it really comes down to the healthfulness of the other meals that you're having.

There was actually some research that was done quite some time ago that looked at the number of meals, one meal a day versus 21 meals a day. Well, 21 snacks, eating frequently. There is no consensus. Again, it's just like the same of eating patterns. The number of times that you're eating, it needs to be very individualized. As a dietician, I'm not a breakfast eater. And so I tend to have a small snack midday and then a later lunch and then my dinner. So I think that it's very individualized. So it's not set in stone that someone has to eat three meals per day. But again, I have to emphasize it's about the healthfulness of those meals and what we're eating. And making sure that we are going to getting those minimum requirements every day as well. But great question. Thanks, Kay.

Carla Cox: So I think we have time for one more question. This is a diabetes technology question from Minnie, and Minnie's from Alabama.

Amy Hess Fischl: All right.

Minnie: My question is, I use the Libre 2, and you have to change the monitors twice monthly. And when I change the monitor, I used a new Libre 2 and it's not picking up anything, it's not registering or anything. What should I do, or is what do you think the problem is?

Amy Hess Fischl: Well, happy New Year. I'd say I'm sorry that that's happening to you. I'd say you're using the reader to scan your sensors, I'm presuming? So again, certainly if you know did the start the new sensor and it didn't scan, it may be a sensor issue. So I would strongly encourage that you call Abbott Diabetes Care, the 800 number is on the yellow box that your Libre 2 came in, and let them know the problem. Because it may not be anything that you're doing. As long as your reader or your phone, you've tried to start the sensor, it just sounds like it might just be a sensor failure. So I would definitely give them a call so they can replace it for you.

Great, thank you.

Carla Cox: So this wraps up our last question for this session and a few items before we close. Amy, could you give us three takeaway points you want to be sure our listeners take home from today's discussion?

Amy Hess Fischl: Sure. First, again, it is your diabetes. And your provider visits should be focused around what you are most interested in talking about. Yes, we know that providers need to do a lot of other things, but it's very important that this is a conversation between you and your provider.

Two, go to those visits with questions. Make sure that you're jotting them down in between your visits so you make sure that you capture them and that you're not going to forget them.

Three, seeing a diabetes care and education specialist if you have not already seen one, please make sure that you get a referral from your provider. Because that fills in a lot of the gaps because we know that providers may not have the time to be able to spend to really delve into a lot of things that you need to talk about. Again, this is all a team approach and it's important that there's lots of help available for you as long as you're the center here and that you are reaching out and making sure that your providers are helping you to connect the dots to get to where you need to be.

Carla Cox: Great. Thank you.

To help you feel confident about your ability to manage your diabetes and heart health, we encourage you or your loved ones to talk to your doctor and dietician and diabetes educator about your risk for heart disease, stroke and kidney disease. Go to [knowdiabetesbyheart.org](http://knowdiabetesbyheart.org) and learn more. Register for our next [diabetes.org/experts](http://diabetes.org/experts) event and sign up for diabetes education near you. And you can also sign up for ADA's free Living With Type-2 Diabetes program. Links to these resources can be found on our registration webpage [diabetes.org/experts](http://diabetes.org/experts).

Thank you for all the great questions you called in and wrote in with. We are sorry we are unable to get to all of them today in this Q&A event. If you have questions about the event you're welcome to contact, text us at [ask ada@diabetes.org](mailto:ada@diabetes.org) or by calling 1-800-342-2383. Please stay on the line for our survey to help us with future planning for our events.

Driving with diabetes takes a team and we're here to support you. Special thanks to our expert, Amy Hess Fischl. I am Carla Cox and on behalf of the ADA team, we want to thank you for joining us today and we look forward to connecting with you at our next event.

Our next KDBH event is February 14, Prevention and Treatment of Heart Disease and Stroke; and March 14, Prevention and Treatment of Diabetes, Kidney Disease. Please visit our website for more information at [diabetes.org/experts](http://diabetes.org/experts)

and register today. If you have any questions about this event, please email [askada@diabetes.org](mailto:askada@diabetes.org). Include Ask the Experts Q&A in your subject line, and thank you for joining us.

And now we will go on to the survey.

Thank you for participating in the American Diabetes Association Ask the Experts event. We hope that you've benefited from your experience. Please stay on the line to complete a survey about the event. Your valuable feedback is essential for us to reach our program goals and improve future events. All responses will remain confidential.

Question one, please rate the extent to which you felt the event met your expectations. For did not meet my expectations, press one. For somewhat met my expectations, press two. For moderately met my expectations, press three. For met my expectations, press four and for exceeded my expectations, press five. Question one again; please rate the extent to which you felt the event met your expectations. For did not meet my expectations, press one. For somewhat met my expectations, press two. For moderately met my expectations, press three. For met my expectations, press four. And for exceeded my expectations, press five.

If you think you could use some support to manage your diabetes, check out the Living with Diabetes program where you can receive email information and e-brochures with tips on eating, fitness, and emotional health. Check out our registration page at [diabetes.org/experts](http://diabetes.org/experts).

On to question two. After attending this event, do you plan to attend a future Ask the Experts event? For yes, press one. For no, press two. And for not sure, press three. Again, question number two; after attending this event, do you plan to attend a future Ask the Expert event? For yes, press one. For no, press two. And for not sure, press three.

People with diabetes have a higher risk of retinopathy than those without diabetes. Be sure to get your annual eye exam. Early detection can save your vision.

Okay, now to question three. Please rate your agreement with a following statement: by attending the event I gained knowledge on the presented topic. For disagree, press one. For somewhat disagree, press two. For neither agree nor disagree, press three. For somewhat agree, press four. And for agree, press five. Question number three again, please rate your agreement with the following statement: by attending the event I gain knowledge on the presented topic. For disagree, press one. For somewhat disagree, press two. For neither agree nor disagree, press three. For somewhat agree, press four. And for agree, press five.



You can find delicious and healthy recipes and menus to improve your diet, visit the website [www.diabetesfoodhub.org](http://www.diabetesfoodhub.org).

Onto question four. Please rate your agreement with the following statement: the knowledge I gained is relevant to my/loved one's diabetes. For disagree, press one. For somewhat disagree, press two. For neither agree nor disagree, press three. For somewhat agree, press four. And for agree, press five. Question number four again, please rate your agreement with the following statement: the knowledge I gained is relevant to my/loved one's diabetes. For disagree, press one. For somewhat disagree, press two. For neither agree nor disagree, press three. For somewhat agree, press four. And for agree, press five.

Did you know that there are approximately 37 million Americans with diabetes? You are certainly not alone.

Okay, now to question five. Please rate your agreement the following statement: I feel confident that I can apply the knowledge I gained to help manage my loved one's diabetes. For disagree, press one. For somewhat disagree, press two. For neither agree nor disagree, press three. For somewhat agree, press four. And for agree press five. Question number five again. Please rate your agreement with the following statement: I feel confident that I can apply the knowledge I gained to help manage my and my loved one's diabetes. For somewhat disagree, press two. For sorry for disagree press one. For somewhat disagree, press two. For neither agree nor disagree, press three. For somewhat agree, press four. And for agree, press five.

Check out the heart disease risk calculator at <https://www.cvriskcalculator.com> and find out if you are at risk for heart disease.

Onto question six. Please rate your agreement with the following statement: I intend to use the knowledge I gained in a new or future appointment with a healthcare provider. For disagree, press one. For someone disagree, press two. For neither agree nor disagree, press three. For somewhat agree, press four. And for agree, press five. Question number six again. Please rate your agreement with the following statement: I intend to use the knowledge I gained in a new or future appointment with a healthcare professional. For disagree, press one. For somewhat disagree, press two. For neither agree nor disagree, press three. For somewhat agree, press four. And for agree, press five.

Did you know that there are approximately 250,000 people in the United States with diabetes related kidney failure? Talk to your healthcare provider about your risks. Get tested and prevent diabetes kidney disease.

Onto question seven. Please rate your agreement with the following statement: Attending this event promoted my feelings of belonging and community. For disagree, press one. For somewhat disagree, press two. For neither agree nor disagree, press three. For somewhat agree, press four. And for agree, press five.

Again, question number seven. Please rate your agreement with the following statement: Attending this event promoted my feelings of belonging and community. For disagree, press one. For somewhat disagree, press two. For neither agree nor disagree, press three. For somewhat agree, press four. And for agree, press five.

Diabetes education programs provide services that address your diabetes concerns and will empower you with the knowledge and skills to manage your diabetes. You can find a program near you by visiting [diabetes.org/experts](https://diabetes.org/experts).

Okay, now to question eight. Before participating in this event, how confident did you feel speaking with a healthcare professional about you or your loved ones increased risk for heart disease and stroke? For not at all confident, press one. For not very confident, press two. For neutral, press three. For somewhat confident, press four. And for very confident, press five. Once again, question number eight. Before participating in this event, how confident did you feel speaking with a healthcare professional about your or your loved one's increased risk for heart disease and stroke? For not at all confident, press one. For not very confident, press two. For neutral, press three. For somewhat confident, press four. And for very confident, press five.

Keeping glucose within the target range of 70 to 180 milligrams per deciliter 70% or more of the time is the international recommendation for diabetes management. Consider asking your provider about getting a continuous glucose monitor, otherwise known as a CGM, to help you control and monitor your glucose.

Onto question nine. After participating in this event, how confident do you now feel speaking with a healthcare professional about your or your loved one's increased risk for heart disease and stroke? For not at all confident, press one. For not very confident, press two. For neutral, press three. For somewhat confident, press four. For very confident, press five. Question number nine again. After participating in this event, how confident do you feel now speaking with a healthcare professional about you or your loved one's increased risk for heart disease and stroke? For not at all confident, press one. For not very confident, press two. For neutral, press three. For somewhat confident, press four. And for very confident, press five.

Physical activity is an important part of reducing the risk of cardiovascular disease and promotes psychological wellbeing. If you find it difficult to move due to injuries or chronic pain, ask for referrals to a physical therapist to work with you and find a program that works for you.

Okay, just a few more questions on more like demographics. We strive to create programs and services that represent the full diversity of the ADA community. We're asking the following questions about demographics to ensure that we are meeting this goal.

Gender. Please select which of the following best describes you. For women, press one. For man, press two. For non-binary, press three. And for prefer not to answer, press four. Again, please select which of the following best describes you. For a woman, press one. For man, press two. For non-binary, press three. For prefer not to answer, press four.

By not using tobacco products, keeping your glucose, blood pressure, and lipids within target levels, you can reduce your risk of developing cardiovascular disease.

Hey, generation, please select which of the following best describes you. For Silent born between 1928 and 1945, press one. For Boomer, born between 1946 and 1964, press two. For Generation X, born between 1965 and 1980, press three. For Millennial born between 1981 and 1996, press four. For generation Z, born between 1997 and 2012, press five. For prefer not to answer, press six. Once again, your generation. Please select which of the following best describes you. For Silent born between 1928 and 1945, press one. For Boomer born between 1946 and 1964, press two. For Generation X, born between 1965 and 1980, press three. For Millennial born between 1981 and 1996, press four. For Generation Z, born between 1997 and 2012, press five. And prefer not to answer, press six.

We hope you've enjoyed this Ask the Experts program, and you'll join us again next month for another session with an expert. Check out our calendar at [diabetes.org/experts](https://diabetes.org/experts).

Okay, our last question. Please select which of the following best describes you. For African-American or black, press one. For American Indian or Alaska native, press two. For Asian or Asian-American, press three. For Hispanic, Latinx, or Spanish or origin, press four. Or Middle Eastern or North African, press five. For Native Hawaiian or Pacific Islander, press six. For white, press seven. And for prefer not to answer, press eight. Once again, our last question. Please select which of the following best describes you. For African-American or black, press one. For American Indian or Alaska Native, press two, For Asian or Asian American, press three. For Hispanics, Latinx or Spanish origin, press four. For Middle Eastern or North African, press five. For Native Hawaiian or Pacific Islander, press six. For white, press seven. And for prefer not to answer, press eight.

Thank you for answering these questions. Please join us again at the future Ask the Experts event. To learn more, go to [diabetes.org/experts](https://diabetes.org/experts). Again, that is [diabetes.org/experts](https://diabetes.org/experts). Thank you.