

ADA: Ask the Experts Access Live
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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 Expert series. Today's topic is Just Do It. Being active may be the most important contribution to your health. 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. For those of you on the phone, press *3. That's *3 on your keypad and an operator will collect your question and place you in a queue so that you can have the opportunity to ask your question live. To participate online, type in your name and question in the fields below the streaming player. Press the submit question button and your question will come directly to us. Stay with us throughout the hour and you will 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 No Diabetes by Heart with support from founding sponsors, Novo Nordisk as well as National Sponsor Bayer, the No 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, stroke, and kidney disease. Make sure when you see your doctor, you talk about your risk and work towards prevention and visit nodabetesbyheart.org. for more information and resources.

I am delighted to introduce our guest speaker today, Gary Scheiner. Gary is owner and clinical director of Integrated Diabetes Services, a practice located just outside of Philadelphia, specializing in intensive insulin therapy and advanced education for children and adults. Gary has been a certified diabetes care and education specialist for 27 years and has had Type 1 diabetes for 35 years. Gary was named 2014 Diabetes Educator of the Year by the American Association of Diabetes Educators. He has written six books including the bestseller, think Like A Pancreas, a Practical Guide for Managing Diabetes with Insulin. He lectures nationally and internationally for people with diabetes as well as professionals in the healthcare industry. Gary works virtually with insulin users all over the world. Hi Gary. It's great to see you.

Gary Scheiner:

Hey Carla.

Carla Cox:

Why don't you give us a little more update? What else can you tell us?

Gary Scheiner:

Well, I guess I'm an athlete want to be. I work out a lot, it's a passion of mine. I have a master's degree in exercise physiology, so that's carried over. I love to play basketball. I'm not good. I don't pretend to have any real talent, but I love to play. So everything else I do is just to keep myself in shape so I can keep playing basketball. I do some running and cycling and weight lifting and few other things, but basketball is really my passion. I love playing. My life goal is to be able to at least make a foul shot when I turn a hundred.

Carla Cox:

That's a great goal. Thank you. As we're waiting for our callers and online listeners to chime in, I'm going to go ahead and kick off at the first question. What is the most common barrier to being active? I think most people know they should be.

Gary Scheiner:

I think the most common barrier is people thinking they have to do more than they have to. They always think of, well exercise where I have to work up the sweat and it's got to hurt. I got to do it for a long time. That sort of thing. Physical activity, you take the form of working around your own yard. You take the form of doing housework, you can take the form of dancing, you take the form of going for a walk, going shopping. So when we talk about physical activity, it's just moving your body. It doesn't have to involve treadmills and stationary equipment, things like that. About anything you do for at least several minutes at a moderate pace qualifies. It brings a lot of health benefits.

Carla Cox:

So I think sometimes people think of exercise as a bad word and if we use activity, maybe that's as you're mentioning more like it. Is that true?

Gary Scheiner:

Yeah, you're having fun or you're doing something productive. One of the reasons we have such a problem in this country with obesity and people being overweight, et cetera, we have all these labor saving devices now it takes away from the physical activity we would normally get. A hundred years ago, people would farm their own land and build their own homes and we don't do things like that anymore. We sit in cars and buses and trains to get where we want to go. We have other people do those labor intensive tasks for us. A lot of times not many people get enough work on their job to get the physical activity that's necessary to stay healthy. So we have to be creative and find ways to do it. We got to look for opportunities to be moving, keep our bodies active.

I was parking in downtown Philly recently and I was in a, I guess a loading zone. The parking police were strolling around and he said to me, "Move it or lose it." I knew he was going to tow me if I didn't move my car, but I love that phrase, move it or lose it. It really applies to those of us with diabetes also. We're not physically active. Our body's going to eventually... It's going to start to break down. An active body in motion stays in motion. A body at rest is going to stay at rest and we want to be in motion and be in motion as much as we can be.

Carla Cox:

Thank you. So this is a good question to start with. This comes from Cheryl from Wisconsin. Cheryl, you're live. Cheryl, do you have a question?

Cheryl:

Yes. Is this my time?

Carla Cox:

Yes it is.

Cheryl:

Cheryl Anne calling from Boyceville. Yes. I'm wondering about exercising and I'm wondering if that's something... Is a physical exercise, horseback riding, snow shoveling, say going tobogganing in the winter or skiing or maybe even exercising with your water with going swimming or fishing? Is that something that would help you with your mobility and your resilience?

Gary Scheiner:

Oh, sounds like most of those activities would qualify. Horseback riding can involve a lot of physical exertion, not just for the horse but for the person on the horse. You're having to use your leg muscles and your back, arm muscles a fair amount. Anything that's using lots of muscles, especially the big muscles and the legs and the lower torso. Anything that uses those muscles repetitively for a period of 10, 20, 30 minutes qualifies as you want to call it exercise, I call it physical activity. But it qualifies and just about everything you described qualifies. I don't know what part of Wisconsin you're from, but I got two sisters there and I know you get your share of snow. And shoveling snow is a lot of exercise. You got to be careful doing that. That can be very intense. But if you do it slowly and pace yourself, the intensity level of your activity should be at a moderate level.

There's all kinds of fancy techniques for monitoring heart rate and stuff, but I prefer to use a simpler approach to knowing if the activity level is at the right intensity. And it's called the talk method. If you're able to speak in short sentences without getting out of breath, that means you're not working too hard. But if you're able to sing while you're doing it, you're not working hard enough, you got to pick up the pace. So somewhere between singing and being out of breath where you can really speak in short sentences comfortably and you're at a pace that's reasonable for you.

Carla Cox:

Thank you. I have another question coming in from Pat. Pat is from Tennessee.

Pat:

Hello.

Carla Cox:

Pat, you're on the line.

Pat:

Yes. Hi. I was just wondering. I know they're both important, the diet and exercise, but is one more important than the other? Because I do a lot of... Sometimes I walk four or five miles a day on my Fitbit, but not all at once, but I'm not too good. I'm cutting back on my carbs, but I'm definitely not on a strict diet. I'm burning 2000 calories a day but I haven't lost a pound on the scale. So I don't know. Is there-

Gary Scheiner:

Pat, it sounds like you're doing a lot of the right things and it doesn't always show up on the scale. When you're physically active, you may be building a little bit of muscle, you may be building blood volume. Your bones may be becoming more dense and strong. So it doesn't always show up on the scale. You can often tell a little bit better by maybe how your clothes fit, how you feel physically. Those are often better indicators of whether you're getting in better shape than just looking at the scale. You can take a

big muscular bodybuilder, put them on a scale and it's going to say, "wow, you're this big. You must be obese." But it would be really lean. So the scale is not always the best way to evaluate your fitness level. Next time you're at your doctor or even at your tailor, have them get out a tape measure, measure your waist circumference, your hip circumference. Then you could repeat that measurement in a few months and see if there's been some change. I have a feeling if you keep up what you're doing, keep your carbon intake modest, keep walking, keep yourself physically active. You'll see results. Again, it might not be on the scale but you'll probably see results in your glucose levels, your blood pressure, your cholesterol, your mood, your energy level. There's an infinite number of ways we benefit from being physically active. So keep it up.

Carla Cox:

Great advice. I think that is one of the frustrations. People exercise and expect to see the weight on the scale drop and that just doesn't happen consistently. Unless they really stretch the exercise much more than they've done in the past and then they might see some. But I think that is frustration and I think well validated that other things are important too, like blood pressure and mood and cholesterol and those things. So good response. So this comes from Lil and Lil is from Massachusetts. Lil you're on the line.

Lil:

Hi, thanks for taking my call. I'm concerned because as the previous caller I walk almost daily and I cannot get my blood pressure down. Whatever time I take it during the day, it's always 160, 170 and I'm concerned about that. And I'm on metformin as well, so the last person I saw wasn't my primary care but she's an endocrinologist and she said to double the metformin, but it's still, and this has been going on since April. The numbers still haven't changed.

Gary Scheiner:

Well Lil, Metformin is a very helpful medication for several areas of diabetes management. It doesn't really affect blood pressure though. You should really talk to your primary care doctor to see if you need a change in your medication for your blood pressure or an additional medication. There's a lot of things that affect blood pressure and can cause high blood pressure. Walking helps. It helps keep your weight down, which helps lower blood pressure and it keeps your blood vessels open and healthy so that helps relieve blood pressure a bit also. But sometimes the walking can't do it by itself. Most people who have high blood pressure do need certain medications to manage it. So I highly recommend you talk to your primary care doctor or your family doctor about how to get your blood pressure down.

Carla Cox:

Great, thank you. So here is Melody calling in from Illinois. Melody, you're on the line.

Melody:

Yes. Thanks for taking my call. I have congenital heart problems and have been diagnosed with congestive heart failure. I'm 80 years old and they say I need to exercise but nobody's telling me how hard, which you've addressed already. But who can tell me how much I should do, how fast I should go or is there really no way to tell?

Gary Scheiner:

Well, more power to you, Melody, I give you credit. Made it 80 years hopefully you'll make another 10 or 20. You have grandchildren or great-grandchildren?

Carla Cox:

She's off the line.

Gary Scheiner:

Oh she's off the line. I would've loved to have heard that. Sometimes just doing things with the little ones can be a form of physical activity. When my children were really young, we used to have dance parties, which was code for an hour of playing old music and dad throwing the kids around. That was my workout for the day. The whole notion of exercise needing to be at a certain level to qualify is nonsense. It's all in the eye of the beholder. So if Melody was to walk or swim or even do armchair activities, that felt like a moderate pace to her where she could still talk in short sentences but was challenging a little bit. She'd be benefiting as much as a world-class athlete who who's running six-minute miles and felt the same way. As long as it's moderately a little bit challenging to you, you're doing yourself good.

You don't want to push yourself too much. And you get to that point where you can't speak and you're getting out of breath too much, you have to ease back. That's pushing yourself too hard and that does more harm than good. So you do want to challenge yourself a little bit to stimulate the benefits that physical activity can provide. Armchair activities for people with lower limb problems, foot problems, congestive heart failure can really work well and you can find armchair fitness activities where you do the exercise sitting in a chair. Sometimes there are props that you use, little tiny waist like hands and bottles and things like that. They usually set the music and upbeat and find... But you can always find something you can do regardless of your health conditions there's something you can find that's going to benefit you.

Carla Cox:

Thank you. I have a write-in question. It's stressed that you're supposed to do 150 minutes of exercise per week, but that can be broken up. So I think you've referred to this a little bit in how you've talked about what is activity, but can it be broken up into five minutes, 10 minutes? What's the general rule of thumb?

Gary Scheiner:

Well, the general rule as far as what we call cardiovascular conditioning is you really need to do at least 20 minutes or so to start experiencing benefits to your heart, lungs, circulatory system, things like that. You can do shorter bouts of activity, it can help blood sugars, it can help burn calories. But the real cardiovascular conditioning, you got to get up to at least 20 minutes or so. The 150 minute a week thing I think that's for people who are engaging in more aggressive exercise activities. You got to look for chances to be physically active throughout the day every day. I think of physical activity like medicine for diabetes, it's a medicine that makes your insulin work better, helps you lose weight, improves your blood pressure, your mindset, cholesterol levels. It does as much as a whole medicine cabinet full of drugs that have negative side effects and cost of fortune. So think of physical activity as very powerful free medicine that's there for the taking. You just have to take it.

Carla Cox:

Thank you. We have a call coming in from Karen. Karen's from Massachusetts. Karen, you're on the line.

Karen:

Oh, hello.

Carla Cox:

Hi Karen.

Gary Scheiner:

Hi Karen.

Carla Cox:

You're on the line.

Karen:

Oh, okay. I thought when I talked I was asking a lot of questions before. So I am on the low end of pre-diabetes and I do a lot of reading. And when I'm reading about... Most of it is diabetes. I don't know how much of it is really appropriate for pre-diabetes, the information I'm getting. And an important question I want to ask is the dos and don'ts of exercise. I was doing five pound hand weights but I thought I read something that that's not a good idea to do in the morning or do lighter weights. So I don't know what to believe as far as the dos and don'ts of exercise as far as the timing, what you should do, what you shouldn't do and if your response will be just for diabetes or pre-diabetes. I don't know if what I'm reading is just the diabetes or if it relates to pre-diabetes as well.

Gary Scheiner:

Oh Karen, I could spend the better part of a week just answering those points you just brought up but I'll try to discuss a few of them. Pre-diabetes simply means that your blood work just hasn't met the exact criteria yet for a diagnosis of Type 2 diabetes. However, it's abnormal and it's on the way. I often tell people being pre-diabetic is like being pre pregnant. You made the commitment already. It's heading that way. Pre-diabetes and Type 2 diabetes both mean that your body is resistant to insulin. The insulin that you're producing just isn't able to work as well as it's supposed to. And it's caused by genetics, it's caused by some lifestyle issues including inactivity. It's often caused by having too much body fat as well. The physical activity part is paramount. Physical activity does more to reverse insulin resistance than anything else you can do, is an immediate benefit.

Your insulin, you become more insulin sensitive the moment you become more physically active. So I would say treat this as if you have Type 2 diabetes and the physical activity will help. The dos and don'ts, it's a very individualized thing. What's right for some isn't ideal for others. When it comes to things like what time of day is best to be physically active? The answer is when you'll be able to do it regularly. That's the first and most important thing. If it doesn't really matter if any time of day works for you, consider getting your activity after a meal. After meals, the blood sugar levels start to creep up. If you're physically active, you won't see as much of a rise. Helps keep the blood sugars closer to a normal range. If you get that activity 30, 60 minutes or so after you've had a meal is a good time to do it.

But if you're like one of our earlier callers, I think it was Melody who has congestive heart failure, you would not exercise after meals. You're better off doing it first thing in the morning or before meals. The

weights, strength training, resistance training is highly beneficial. It's a special form of physical activity that stimulates muscle development, muscle growth. For women you're not going to build huge humongous muscles. Muscles you have will become stronger and firmer. Men have potential to build bigger muscles, but the benefit of adding muscle to your body is that your body becomes a more efficient machine in a way. It burns more calories all the time. It's like a bank account. Right now our savings accounts might give us 1% interest on our savings, but building muscle is transferring your money to a bank account that pays 10%. It's free money because when you have a lot of muscle on your body, your body's just burning extra calories even when you're at rest.

So it's like a high interest account where you're just getting free money in return. And the muscle part of it is also beneficial for preventing falls, it's beneficial for looking good, having a tapered appearance. It's great for just performing daily functions independently at any age. So the strength training is a great thing to do. Doing it two or three days a week is best for most people. And if you meet with somebody either at a gym, they usually have trainers that can teach you or you can talk to an exercise physiologist or a certified diabetes care and education specialist who has some fitness background and they can give you some suggestions about specific activities you can do.

You don't need expensive weight of any or equipment to do resistance training. It can all be done with things you find around your house, hands, bottles, rolls of coins, whatever has a little bit of weight to it and you can grip that. That's fair game for using it for resistance so that that's a very beneficial thing for almost everybody to do. But I wouldn't ignore the aerobic activities, cardiovascular activities as well. Things like the walking, cycling, swimming, dance, those types of...

Carla Cox:

Thank you. If you're just joining us, welcome to today's Ask the Expert's Q&A, Just do it. Being active may be the most important contribution to your health. As a reminder for those of you on the phone, press *3, that's *3 on your keypad and an operator will collect your question and put you in a queue so that you may ask your question live. To participate online, type in your name and question the fields below the stream player. Press the submit question button and your question will come directly to us. Okay, so our next question. Let's see. Oh, this is a good one, Joe. Joe from Seattle, Washington. Joe, you're on the line.

Joe:

Oh, terrific. Thanks for taking my call. Some of my questions have been answered. I'm a swimmer. I swim at the minimum four times a week for the minimum 50 to 60 non-stop freestyle. I also walk when I don't swim and my question is do I need to be adding in strength type of building muscles? I'm 70 years old. It's been eight months since I've been diagnosed initially with Type 2. And then the zinc transporter 8 came back 33.8, so they switched me to Type 1. I am not on any insulin. My metformin has changed from 2000 milligrams daily to 500, so I've got a lot of conflicting things going on. I did become COVID positive last January and a few months after that is when my blood sugars were high. My BMI is good, it's 26. I am five six. There you have it.

Gary Scheiner:

Wow, Joe, you're doing a lot of great things. When they said Joe was on the line, I thought, "Wow, we actually have a male caller." But no, the women are dominating the phone line today. But I thank you for checking in Joe. Swimming is a great activity. Being in the water and the resistance that the water creates does have some benefits in terms of muscle development. It's not quite the same as doing specific resistance training exercises either with hand weights or stretch, elastic bands or even isometric

types of exercise. So it would be beneficial to add some strength training at least a few times a week to what otherwise sounds like a wonderful workout routine that you've got going for yourself. I'll give you a world of credit for getting the activity on a daily basis, whether it's the swimming or the walking.

Unfortunately when you go a couple of days without much activity, the body's sensitivity to insulin starts to drop again. As soon as you get the activity, you become more insulin sensitive, but it doesn't stay that way for that long. You really need to be active on a daily basis to maintain that and try not to miss more than one day at a time. It's interesting to hear about your diagnosis also. I mean if you do have Type 1 diabetes, it's developing very, very slowly. You would require insulin at this point if you did, but it just goes to show, you can develop Type 1 diabetes at any age. Doesn't just happen in childhood or adolescence. It can happen in older adults as well, so keep a close watch on it. You don't want to go too long without insulin if you do need it.

Carla Cox:

Hey, we have a call coming in from Walter and Walter is from California. Walter, you're on the line.

Walter:

Thank you. I tend to walk and do a treadmill frequently, but I'm wondering can I use weights to help get myself in better shape? I've started using exercise bands and that tends to help a little bit, but I wonder what about weights without hurting myself?

Gary Scheiner:

Hey Walter, I'm assuming you are a guy. You sound like a guy so I'm going to guess you are. Unless there's a physical reason that you shouldn't be lifting weight, then go for it. Check with your doctor beforehand. There aren't many reasons that would preclude somebody from doing resistance training with hand weights or using the side X type equipment that most gyms have. A real key is to start slowly because if you try to push it and lift too much weight or do too many repetitions at the beginning, you can wind up really, really sore and that's no fun for anybody. So it might knock you out of your program. But otherwise, yeah, I mean the resistance bands can provide good strength training, but if you feel you want to take it up a notch and start using hand weights, you can certainly do it and you can do it with household objects.

They don't have to be actual weights that you buy at a store and then you can work virtually every part of your body just using hand weights. Ideally you want to do between 10 and 15 repetitions of each exercise. So if you're doing an overhead extension for example, you would do that 10 times and rest and do another set of those 10 times. And the next time you do the exercises you do two sets of 11 and two sets of 12 and you build up to 15 and then you can increase your weight a little bit. It helps to keep things a little bit challenging for yourself, but now you can ask your doctor if there's someone they can refer you to who can give you a workout plan. And if they don't, you can reach out to me. Carla can probably share my contact information. I can send you some workout log sheets and have descriptions of the different exercises that you can do on your own.

Carla Cox:

Great, thank you. We have a question coming in from Linda. Linda Hiller from Virginia, you're on the line.

Linda:

Hi, thank you for taking my call. I have a similar experience as Joe where I was diagnosed as Type 2 and then they ran a panel and found I was Type 1. And in that time it was wintertime. So I had been walking right after dinner while it was still light. When I was type two, just fine but when I started on with the insulin I would be halfway through my walk and have a low. My question is, insulin makes you more sensitive, when is the best time from taking insulin, eating and maybe just taking a walk? When's the best time so I don't necessarily have a low or do I take less?

Gary Scheiner:

That's a great question Linda. I'm going on the assumption if you have Type 1 diabetes that you're using both long acting and short acting insulin at meal times. Whatever insulin you take, it's going to bring your blood sugar down. When you add physical activity to the equation, it makes the insulin that you're taking work harder, like an amplifier. It makes every unit of insulin work like two or three during the time you're doing that activity and maybe for a little while afterwards also. So the best way to keep your blood sugar from dropping too low is to take less insulin. So if you are using a meal time insulin and you're exercising after the meal, you would take less mealtime insulin and that should help you to prevent a drop in your blood sugar. Not knowing the exact details of your workout, I can just tell you with most of my own patients, I tell them to start out by cutting their insulin dose in half and we're just talking about the rapid acting mealtime insulin.

Take half the usual dose if you're going to be active after the meal. If the activity is going to take place before a meal, the only insulin that's working at that time is your long acting, what we call your basal insulin. It's not appropriate to cut the basal insulin because that stuff's working all day and all night long, not just while you're exercising. So what works better if you're active before a meal or between meals is to take some rapid acting carbohydrate before you start the activity. So for example, if I was going to go to the gym after work today, I might have a little bit of juice before I go. Obviously I'm going to look at what my blood sugar is. If my glucose is pretty close to normal, I'll take some juice and that'll help offset the energy I'm burning during the workout and keep my blood sugar from going too low.

That's your best approach is either, it depends on the timing of the activity. The activity is after a meal, take less rapid acting insulin at the meal. The activity is before a meal. You're best off having some carbohydrates before the activity to prevent a drop. One interesting note though is that a lot of people find that if their activity is taking place first thing in the morning, the blood sugar doesn't drop as much as it would later in the day. So if you were to walk first thing in the morning, you may not need to eat anything beforehand. Your blood sugar may be just fine. Whereas if you did it after breakfast or before lunch, the blood sugar would indeed come down. The only way to know is to experiment a little bit and see what happens if you try that. But if you want to avoid having to eat something before your activity, try doing it first thing in the morning.

Carla Cox:

Thank you. I have a question coming in online from John. He states, I just broke my patella and some toes. What am I supposed to do now for exercise?

Gary Scheiner:

When the going gets tough, the tough find alternative. I've had my share of injuries over the years coming off shoulder surgery, so I've been working on my lower body cardio. If you have lower extremity issues, there's still things you can do, right? There's an arm ergometer, like an arm crank. You can use the arm part of a dual action bike. You can do arm-chair exercises depending on whether you have any

open wounds on your skin. You can get in the water flotation devices and you can just use your upper body to swim. So the thing is you don't give up. So if your leg is out of shape, you work your arms, you work your torso and always find options if you look for them.

Carla Cox:

Great. And another question online, what does aerobic exercise do for glucose management?

Gary Scheiner:

Aerobic activity, which is another way of saying it's moderate intensity activity that's using big muscles. It gets your breathing, your respiration rate up a little bit. That's what makes it aerobic so to speak. What that does is it helps make your body cells more sensitive to insulin. The insulin that's present in your body works more effectively. It doesn't matter if your body may be insulin or if you took it by injection. It works better when you are doing aerobic types of activities. The aerobic activity is also going to burn calories for you. Burn more calories, yeah, it helps you shed weight. When you lose body fat, that also helps improve the way your insulin works. So the blood sugars can come down long term as a result of that. And then there's a lot of other side effects and in terms of improving heart function, the health of blood vessels, the level of cholesterol in the bloodstream, those all improve with aerobic types of activities. So there's lots of ways that aerobic activity helps with diabetes management.

Carla Cox:

Great. I have a question coming in from Charisma. Charisma is from Virginia.

charisma:

Hello, can you hear me?

Gary Scheiner:

Yeah. Yes.

charisma:

Hi, I'm 32. I've been diagnosed with I guess Type 1 diabetes for five years now and I've struggled trying to transition from being healthy to living a diabetic life. This year I've been hospitalized three different times for a week each and I think I'm starting to have gastroparesis. So obviously I'm trying to take my health more seriously and I joined a gym membership. But my main question would be if you're having insulin resistance, how should you work out? Because I've been staying around 200 this whole time.

Gary Scheiner:

Well, Charisma. I think it's fantastic what you're doing. I love the fact that you are not just settling for all the problems you've had and putting your head in the sand and thinking, "Well woe is me." You're doing something about it. Really proud of you. More people need to do that. If your glucose levels are chronically elevated, if they're around 200 and above most of the time, you really should talk to your doctor about adjusting your insulin doses. That's going to make you tired. It's going to take your energy away, it's going to make you hungry. So it really works against a lot of lifestyle improvements that you want to make for yourself. And getting your glucose in a healthy range is necessary to make positive lifestyle changes and stick to them. Now that said, to make yourself more sensitive to insulin like we've been talking about, aerobic activities is absolutely the way to go.

Nothing like that for improving the way your body utilizes the insulin that you're taking. But like we discussed with the last caller, it's important that you adjust your insulin if you're going to be active after you take the rapid acting insulin. Or you take a snack before the activity if your blood sugar is close to normal. And if your glucose is 200 and you want to go for a walk, you're fine. But if it's near normal, you're going to need a little bit of carb before that walk to offset what your body's burning during the activity. But keep at it. Even though you've developed some complications in your diabetes, there's no reason to think you're going to have to develop more or that it's going to have to get worse. You can't change what happened in the past if you do have control over what's happening to you right now. So manage your diabetes as best you can and keep up with these positive lifestyle changes. That would be great.

Carla Cox:

Super. We have a couple questions coming in about food and I just want to refer you to our Ask the Experts event, September 12, where we'll be addressing a lot of that. Today we're talking mostly about exercise, but have some questions coming about food menus, et cetera and please dial in on September 12, same time, same place for discussion about nutrition. Back to the exercise piece, I have a write in from Jennifer and she said, "I have neuropathy and cannot feel my feet. I've tried swimming, but it's not for me. What are other kinds of activities can I do?"

Gary Scheiner:

With neuropathy when you can't feel things with your feet, it increases the risk for injuries, for falls with any activity where you're on your feet. Consider something called non-weight bearing activity. In other words, activities where you're not supporting your full body weight. That would include cycling. Cycling state, whether it's stationary or outdoor cycling places very little pressure on the... So that's a good one. Using a rowing machine would do the same thing. Water activities, it doesn't have to be swimming, can be walking in the water. The water provides a lot of buoyancy, less pressure on the feet when you're in the water, you can kick laps, you can walk laps. It's different. Or you can take the water aerobics. You can do strength training activities where you're seated or lying down, not standing. It's the being on your feet for any extended periods of time that is probably best to avoid. But there's so many other options that you have just like the person who wrote in earlier or his patellar tendon and foot ulcer. If you look, you can find options and you get feedback.

Carla Cox:

Great, thank you. Here's a question coming in from Sean and Sean is from Georgia. Sean, you're on the line.

Sean:

Hey, thank you so much for taking my call. I live a pretty active work lifestyle. I work at Amazon. It's about 4,000 square facility plus... Yeah. And I'm walking constantly. I log in at about 10 to 15,000 steps five days a week. But I've been already diagnosed with osteoporosis and I'm concerned about how do I get a balance because like the previous caller said with the rubber bands, I don't want to injure myself because I know that I'm susceptible to fracture, but I also want to do the weight training. And I walked, I mean, I have to walk. I wish they had golf carts.

Gary Scheiner:

I'm glad they don't have golf carts. That's the kind of labor saving thing that's killing us as Americans. If you have one of those rare occupations where you are getting a lot of physical movement and that was fantastic. The first thing I was going to say was if you weren't already put on a pedometer and see how many steps you're actually getting, it's the [inaudible 00:44:54] patients who think they're getting activity at work and they wear the pedometer and they're getting like 500 steps a day and you're not getting activity. But if you're getting 10 to 15,000 steps a day, boy that qualifies.

The osteoporosis part, you are benefiting from the walking. Being on your feet does help stimulate bone density improvements. And strength training would do the same thing. You shouldn't be fearful of it. If you can get access to a gym of some kind, using the machines is relatively safe to do, but start with the least amount of weight possible. Even if you feel you can do more, use the lowest weight increments you can in your beginning and you can gradually move up on that. But the strength training is a very effective way to help improve bone density as is weight-bearing activity like walking.

Carla Cox:

So we have time for one more question and this is coming from Terry and Terry is from Pennsylvania. Terry, you're on the line.

Terry:

Hi. I was wondering, I walk every day, maybe a half an hour, maybe 35 minutes, but I'm not... I can probably sing, let's say. So is that hard enough? And if it's not, it's not bother to walk. I mean any walking better than none, right? Or is it not really doing anything at all? That's what I'm wondering.

Gary Scheiner:

I couldn't quite hear what you said. You said you're walking about 30 minutes a day and you faded after that.

Terry:

And I could probably still sing. Let's say so I'm not walking as hard as you're making it. You are making it sound like we should. Would I still get benefit from that?

Gary Scheiner:

Where in Pennsylvania are you from?

Terry:

South Pennsylvania.

Gary Scheiner:

Where?

Terry:

Southern Pennsylvania.

Gary Scheiner:
Southern PA. Okay.

Terry:
Yeah.

Gary Scheiner:

So it's probably pretty hilly where you are. But yeah, I'm from Southeast Pennsylvania also. So what you're doing now, it's beneficial. You're certainly burning some calories. You may be improving your insulin sensitivity a little bit. I'm guessing it provides some relaxation for you so it's good. You may not be getting a whole lot of cardiovascular benefit from it though. For that you should probably pick up the pace a little bit, make it a little bit more challenging for yourself. Swing your arms a bit while you do it. I'm not big on holding weights in your hands when you walk because it changes, just natural body movement, natural body mechanics get a little out of whack. But just pick the pace up a little bit to make it a bit more challenging for yourself and not to the point that you're really out of breath. The point that you feel like you're giving yourself a little bit of a challenge and you would see additional benefit. You burn more energy that way and heart and lungs and circulation would see some improvement too.

Carla Cox:

All right. So this wraps up our last question for the session. A few items before we close for today. Gary, could you give us three key takeaway points that we want to make sure our listeners take home.

Gary Scheiner:

Well, physical activity is powerful medicine for not just diabetes management but a lot of other health issues and just for feeling good. Don't think of it as work. Think of it as fun or play or just being productive. Now, sometimes my workout is just working around the yard, it's my exercise or playing with the kids or going for a bike ride. You can have fun with these activities and you can accomplish things. It doesn't have to be boring, drudgery, no fun kind of stuff. But think of it as medicine for your diabetes. It is essential. It's necessary to be physically active for your insulin to work well. Without it, your blood sugar's going to be higher. You're going to require more medication or higher doses of medication to control your glucose levels. And you're on that slippery slope towards developing more health problems. But physical activity can reverse a lot of issues that we have now and keep you healthy. And you can have fun doing it. Try to have fun while you do it.

Carla Cox:

Perfect. Thank you. To help you feel confident about your ability to manage your diabetes and heart health and kidney disease, we encourage you and your loved one to talk to your doctor and dietician about your risk for heart disease, stroke, and kidney disease. Go to diabetes, nodiabetesbyheart.org and learn more. Register for the next event at diabetes.org/experts. Sign up for diabetes education near you and sign up for the ADA's free Living With Type 2 diabetes program. Links to these resources can be found on our registration webpage diabetes.org/experts. Thank you for all of your great questions you called in and wrote in with. We are sorry we are unable to get to all of them during this live Q&A event. If you have questions about this event, you are welcome to contact us at askada@diabetes.org or by calling 1-800-DIABETES, which is 1-800-3422383. Please stay on the line for our survey to help with future planning for our events.

Thriving with Diabetes takes the team and we're here to support you. Special thanks to our expert Gary Scheiner. 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 events. Join us for more KBBH events, July 11 Now what? Life after Diabetes Complications and August 8, Lifestyle Choices Matter, how to quit bad habits. Please visit our website for more information at diabetes.org/experts and register today. If you have any questions about this event, please email askada@diabetes.org. Include, Ask the Expert's Q&A in your subject line. And thank you for joining us. And now to our survey.

Introduction to the survey. Thank you for participating in our ADA American Diabetes Association, Ask the Experts event. We hope you can stay online for the next five to seven minutes to share your honest and valuable feedback to help us improve upcoming events. All responses will remain confidential. Please let us know your level of agreement with the following statements. Satisfaction. Question one. This event met my expectations today. For yes, press one, for no press two and for unsure, press three. Again, question number one, this event met my expectations today. For yes, press one for no, press two and for unsure, press three. If you feel you could use some support for managing your diabetes, check out the Living with Diabetes program where you can receive information through email and E-booklets with tips on eating physical fitness and emotional health. Check out our registration page diabetes.org/experts.

Onto question two. I will attend another Ask the Expert's event. For yes, press one. For no, press two and for unsure, press three. Again question number two. I will attend another, Ask the Expert's event. For yes, press one. For no, press two and for unsure, press three. You can find delicious and healthy recipes and menus to enhance your eating. Check out the website www.diabetesfoodhub.org. Okay, what did you learn today? Question number three. This event improved my knowledge of being active for my health. For yes, press one. For no, press two and for unsure, press three. Again question number three. This event improved my knowledge of being active from my health. For yes, press one. For no press two and for unsure, press three. Did you know that there are approximately 37 million people with diabetes? You are not alone.

Question number four. I intend to use the knowledge I gained in my loved one's next appointment with a healthcare professional. For yes press one. For no press two and for unsure, press three. Again, question number four, I intend to use the knowledge I gained in my loved one's next appointment with a healthcare professional. For yes, press one. For no press two and for unsure, press three. Keeping your glucose within 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 to help you manage your glucose. Question number five. Before this event, I felt confident talking to a healthcare professional about my loved ones or my increased risk of heart disease and stroke. Excuse me. For Yes, press one.

Too much talking, I guess. For Yes press one. For no press two and for unsure, press three. Again question number five, before this event, I felt confident talking to a healthcare professional about my loved one's increased risk of heart disease and stroke. For yes, press one. For no press two and for unsure, press three. Check out the heart disease risk calculator at <https://www.cvriskcalculator.com>. Discover if you are at risk for heart disease. And our final question, question number six. After this event, I feel confident talking to a healthcare professional about my loved one's increased risk of heart disease and stroke. For Yes press one. For two, press no and for unsure, press three. Question number six, our last question. After this event, I feel confident talking to a healthcare professional about my loved one's increased risk of heart disease and stroke. Of yes, press one. For no, press two and for unsure, press three. We sincerely appreciate your time and look forward to engaging with you on a future Ask the Expert's event. Please visit diabetes.org/experts to learn more about upcoming events. Thank you and goodbye.