

ADA: Ask the Experts Access Live Full Event Transcription  
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Carla Cox:

Hello and thanks for joining us. Welcome to the 2024 American Diabetes Association living with Diabetes as the Expert series. Today's topic is Courageous Conversations to Reduce the risk of heart disease and stroke. My name is Carla Cox, Diabetes Care and Education Specialist, registered dietitian, 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 star three at star three on your keypad and operator will collect your question and place you in the queue so that you may have the opportunity to ask a question live to participate online. Type in your name and question the fields 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 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. We support from founding sponsor 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 risk 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 for and visit [NoDiabetesByHeart.org](http://NoDiabetesByHeart.org) for more information.

I am delighted to introduce our guest speaker for today, Dr. Steven Edelman. Dr. Edelman is a professor of medicine in the division of Endocrinology Diabetes and Metabolism at the University of California San Diego and the Veterans Affairs Healthcare System of San Diego. Dr. Edelman, who has Type 1 diabetes himself has written more than 200 articles, five books, and has won numerous awards for teaching and humanitarianism. He has been chosen by the medical students at UCSD as the teacher of the year. Numerous times among his many honors, Dr. Edelman has received the Diabetes Educator of the Year award by the American Diabetes Association, the Distinction of Endocrinology Award by the American Association of Clinical Endocrinologists and named top 1% of US endocrinologists by US News and World Report. I would like to add that Dr. Edelman and his colleague, Dr. Pettis, have a wonderful series of diabetes podcasts I encourage you to tune into. They're both informational and very entertaining. So, Dr. Edelman, do you want to add anything to that?

Steven Edelman:

Yeah, boy, there's no time for the route we're in if you keep talking about my background. I've had diabetes for a long time, Type 1, but I see patients. I'm at the VA Hospital today and I got my UCSD clinic in the afternoon, so I see Type 1, Type 2. The last thing I would just say is our website, the taking control of your diabetes website does have a video vault with all kinds of lectures for Type 1 and Type 2, and they're done. We try to make them entertaining. We call it edutainment, and we have our podcast, as you mentioned, Carla. So, we Thanks for that nice intro.

Carla Cox:

You bet. As we're waiting for our callers and online listeners to chime in, I'm going to start with the first question. How do you approach your healthcare provider to make sure you're getting your questions in on a busy visit?

Steven Edelman:

Now, are we talking about heart disease or any questions at all?

Carla Cox:

Any questions really. I mean, heart disease is a big one on today's topic, but yeah, any questions?

Steven Edelman:

Okay, well, I would say this, make sure you have your questions ready. Write them down and very politely at the beginning of the meeting, say, Dr., So-and-so I do have a couple questions. Please let me know when you'd like me to ask them, and that way they know, and you're not just surprising them as they're walking out the door. Hey, I got a list of 10 questions and make sure you don't have 10 questions. Try to pick the most important ones. And for me, when I'm a physician on the physician side, I like to get those questions done first. That way my patient, all of you are leaving, satisfied that your questions were answered. And then I do the rest of the perfunctory stuff, much of which is mainly for documentation, not really for patient care.

Carla Cox:

Thank you. That's a great answer. If you're just joining us, welcome to today's ask the experts Q&A Courageous conversations to reduce the risk of heart disease and stroke. 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 a queue so that you can 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. Let's remember to focus on today's topic, conversations to have to reduce heart disease and stroke when asking questions. Okay, so let's start with the first question here. Here's one coming from Doritha from Washington DC. Doritha, you're on the phone.

Doritha:

Yes. Good evening, everyone. I'm going to try to make it as quick as I can. I was recently put into the hospital and as a result of being, I was suffering from bleeding. And as a result of being put in the hospital, I was put on a liquid diet, so to speak, but the liquid diet consists of a lot of sugar in it. And lo and behold, before we realized it, I ended up in ICU where my blood sugar had gone up so high, and as a result, they were giving me insulin. I'm a Type 2 diabetic, never been a Type 1, and it was giving me insulin.

So, one day I asked them, once I realized what was going on, why was I being given insulin? And they said to try to get my A1C down. And as a result, now I'm having problems with my A1C. I'm so tired, I don't have the energy I had or anything like that. And so, I'm trying to get back to where I was, but it's been most difficult. I think my system is off whack and I really don't know what to do as it relates to that. So, anything that...

Steven Edelman:

Okay, well thank you for that. I'm sorry you went through that, and you still haven't gotten back to your normal state. Well, just for education's sake, you have Type 2, as I heard. Just because you went on type insulin doesn't mean you're a Type 1. There's lots of folks that are what we call insulin-requiring Type 2s that typically take oral medications, non-insulin injectables like Lozenbik and Trulicity and Victoza and can take insulin. So, it's not unusual for them to give someone like yourself insulin in the hospital. They

gave you nutrients because you weren't eating that raised your blood sugar through the roof, which is why you ended up in the ICU. And the only way to bring it down appropriately is insulin.

Now, since I don't have all the details of your case, in general, you need to see a good physician caregiver that is knowledgeable about diabetes, and I think they can probably help you get back on track, whether it's temporary use of insulin use of some of these newer GLP-1 drugs like Lozenbik, Trulicity, Monjaro, all these names, and even get a continuous glucose monitor for a short period of time where you can see your blood sugar every five minutes, you can see when it goes high, when it goes low, that can give the caregiver, not the caregiver, the healthcare professional, an idea of when you're highest, when you're lowest and how to manipulate your medication.

So, I would just say do the best you can with lifestyle. Get back into exercise as best you can, whether it's walking or exercycle, anything you can do to get your heart rate up and get up and then do the best you can in terms of the foods you eat. Eat the foods you like in moderation but try to avoid carbohydrates and then get on the right medication. So that's a lot of different things, but I would say you need to see someone that knows what they're doing.

Carla Cox:

Perfect.

Steven Edelman:

Well, Carla, do you have anything to add?

Carla Cox:

Well, I think seeing a diabetes educator is always helpful. Maybe to look at all of those-

Steven Edelman:

That goes without saying.

Carla Cox:

Yeah.

Steven Edelman:

Thank you for adding that.

Carla Cox:

And then if she's still struggling, I think finding a specialist, an endocrinologist, if possible, that is probably more familiar with diabetes, both Type 1 and Type 2 than they don't have as many such a wide variety of things as a primary care. And so that's their focus. So that would be, as you mentioned, see someone that really knows what they're doing with diabetes.

Steven Edelman:

And being an educator is good because they will know a lot about what a diabetes specialist will do, will suggest, but they can support you on lifestyle issues, medication adherence, and spend some quality time with you that you will not get from your doctor who has 15 minutes and is talking to you as he or

she's leaving the room. And it's not because they're bad people, they're not given enough time. Educators, I find give more quality time.

Carla Cox:

Thanks. So, we have a question coming in from Linda, and Linda is from Long Island. Linda, you're on the phone.

Linda:

Yes. Hi, good afternoon. My question is I've been a Type 1 diabetic for 50 years and my blood sugars are finally under control. The doctors, even though I was never diagnosed with high blood pressure or anything like that, they give me blood pressure pills to protect my kidneys and arteries. Are they telling me in a nice way, "Hey, you're at risk for heart disease?"

Steven Edelman:

Yeah, that's a really good question. Well, I'm glad your diabetes under control and I know exactly what you're referring to that there's a group of medications called ACE inhibitors and ready for this, angiotensin receptor blockers, ARBs. So, we talk about the ACEs and the ARBs, they're fairly similar and they have been shown to protect the diabetic kidney and many healthcare institutions, many physicians like to put these on patients as a preventative measure, and I totally agree with that approach. Now, an answer to your second question, any person with diabetes is at risk for heart disease more than the age, weight and sex match control neighbor of yours who does not have diabetes just because diabetes associated with other cardiovascular risk factors. So yes, people with diabetes are at higher risk for heart disease. Doesn't mean it's not preventable, it doesn't mean it's not treatable, but it does mean that we have to pay a little bit more attention to the cardiovascular risk factors and nothing wrong with being proactive. And you should do the same with your cholesterol levels, as well, in addition to the blood pressure and glucose levels.

Carla Cox:

Thank you. We have a question coming in now from Sandy, and Sandy is from South Carolina.

Sandy:

Hi. I've been diabetic for, I don't know, four or five years, maybe I've lost track, but I was recently diagnosed with congestive heart failure, and I haven't been able to go to one of their meetings yet. So, I really don't know how this is going to change my life and my diet and so on. Do you have any tips for me?

Steven Edelman:

Yes, I do. Now, it turns out that congestive heart failure is the most common. I don't want to get too doctored like cardiovascular abnormality in people with diabetes, especially Type 2, more common than heart attacks, more common than strokes. And it can be a serious condition. So first of all, take it very seriously. And there are different medications you could take that your doctors will discuss with you to prevent another episode of congestive heart failure. If congestive heart failure, when your heart, your heart's really a bunch of muscles and it's used to pump blood around your cardiovascular system from your brain all the way to your feet.

And if your heart does not pump normally, then blood will sort of back up into the lungs and you'll get a thing called congestive heart failure. It'll cause you shortness of breath, it'll cause your ankles to get swollen, and it is a serious condition to pay attention to. Now, you'll have to get educated on all the different things you need to do to vent the progression or another episode. And I just want to mention one class of drugs that you should be on 100%. And I know you're not going to come back on, but I'm not your doctor, but this is something you should discuss with your healthcare professional. It's a class of medications called SGLT-II inhibitors, the two biggest ones that you'll see on television with a goofy commercial of people singing, Jardians and Farziga. They are both officially proved to help prevent congestive heart failure.

So that is one of my biggest suggestions, seeing an educator on what you're supposed to do dietary wise, salt restriction, a whole bunch of things. I think I would just encourage you that it's not going to, hopefully it won't change your life too much. You'll just have to pay a little more attention to the signs and symptoms and do preventative measures to prevent another episode of congestive heart failure.

Carla Cox:

Thank you. We have a question coming in from Katherine, and Katherine is from Georgia. Katherine, you're on the line.

Katherine:

Hi, thank you for the opportunity. I'm a 74-year-old woman who is diagnosed with Type 1 LADA diabetes two and a half years ago. I am not on insulin. I have a continuous glucose monitor and I'm on two medications, Genuvio, 100 milligrams I take once a day. And Starlix, which is 60 milligrams I take before meals, and I only eat two meals a day. I've tried to read about LADA, and I can't find much about it. And my endocrinologist says that I will be on insulin someday because my pancreas will give out. That's not very encouraging. I'm trying my best to control my diet by low carbs, but it's a struggle. And I do walk, I walk every day. I have a dog. So, I'm getting exercise, but I just need some information about LADA. And these two medications I guess are for Type 2 diabetes. Maybe she's giving them to me because I'm not on insulin, but anything you can share with me, I would truly appreciate.

Steven Edelman:

Yes, thank you for that question. So, for the rest of the viewers and listeners, LADA stands for Latent Autoimmune Diabetes in Adults. Type 1 diabetes is autoimmune, but when you get it later in life, it can have a slow progression. So people like yourself, I'm sure they measure the auto antibodies that tell us that you have LADA or Type 1., and most of the time, not always the beta cell, that's the cell in the pancreas that secretes insulin will slowly be unable to keep up a production of enough insulin. And you may need insulin over time, but don't worry about that. Insulin is a natural hormone. Everybody's on insulin, and people with LADA typically have a much easier time, require lower doses. But at this stage, it sounds like you do not need insulin. Now, it's possible you may never need insulin, but you should get it out of your mind that going on insulin is a horrible thing. It's not.

Now, it's not unusual for someone of your age to come down with what we call latent Type 1 diabetes measured by the antibodies. All the things you're doing are the right things, exercise, low carbohydrate diet. It's all very healthy for people even without diabetes. So, the last thing I'll say is if you really want a good lecture or learn a lot more about LADA, go to the taking control of your diabetes website, [tcloyd.org](http://tcloyd.org). Go to the video vault and type in the search engine, LADA, L-A-D-A. And there's a very good lecture by a colleague of mine that explains what it is, explains what you need to do. So, the bottom line is, it's nothing to fret over. You're healthy, you will stay healthy as long as you're followed by an

endocrinologist, you got a CGM, you'll be the first to know when you do need insulin. But once again, I would not bet any money that you will need insulin for sure. Everybody has their own natural course, and some need it right away, and others do not ever need it. So, appreciate your question. LADA probably affects a lot of people.

Carla Cox:

Yeah, more than we diagnose actually. Yeah, yeah, you're right. Yeah. So, we have a question written in coming in online from Robert. And Robert says, I currently have pre-diabetes. My blood sugar is 103, but I'm changing my lifestyle. Did I already do permanent damage to my body?

Steven Edelman:

Okay, the answer is no. No, you need blood sugars. No one knows the exact level, but you need blood sugars over 200, for years it caused damage to your body. Pre-diabetes is something to pay attention to. It's a good wake up call to start doing all the lifestyle things that you should be doing when you get diabetes. And I would see a good, certified diabetes educator, of course, their name now is Certified Diabetes Education and Care Specialist. You impressed Carla with that?

Carla Cox:

I'm so impressed.

Steven Edelman:

CDECS, I always remember that. And I think that it's an opportunity for you to really live a healthier lifestyle. That's all it is. And so that's a whole other hour lecture, but it comes down to trying to maintain a good body weight, eat the foods you like in moderation, avoiding tons of carbs and fats and exercise. It's not that difficult and you don't need to spend a lot of money on exercise or some of these supplements that really have a lot of false claims to it. And once again, we got a couple great lectures on pre-diabetes in our video vault on our website. Thank you for that question.

Carla Cox:

All right. We have a question coming in from Loretta, and Loretta is from Texas.

Loretta:

Hello?

Carla Cox:

Yeah, hi, Loretta. You're on the line.

Loretta:

Hi. I have Type 2 diabetes and I also have congenital heart failure. I do a lot of walking, but it's hard. I can't get my A1C to stay level.

Carla Cox:

What is your question?

Loretta:

Do I need to see an endocrinologist because my cardiologist doesn't know and my PCP, you know, is not doing anything.

Steven Edelman:

Yeah, well you have Type 2 diabetes, you have congestive heart failure, not congenital heart failure. And one of the previous callers was asking about congestive heart failure. As I mentioned, it is a very common thing in Type 2. It's something to pay attention to. So, I'm glad you're seeing a cardiologist and I bet you're on one of the SGLT-II inhibitor drugs like Jardiance or Farziga. And if you can't get your A1C down and your primary care has gone to the limit of his or her education in diabetes, I think seeing certified diabetes educator as well as an endocrinologist would be very helpful for you. So, you need to be very forward persistent in asking to see an endocrinologist to get you on the right medications to get your A1C level.

Carla Cox:

Thank you. We have a question coming in from Mark, and Mark is from California, L.A.

Steven Edelman:

All right. My old stomping grounds.

Mark:

Oh hey, good morning doctors. I have a quick question. I have been diagnosed with diabetes Type 2 and only had it for a year. I was wondering could it possibly be reversed through physical exercise and strict control of diet?

Steven Edelman:

Okay, that's a great question. You used the right word, reversed. There is no cure for Type 2, but with it really depends on a lot of issues. How long, how or is your control, how strong a family history you have of Type 2? How much do you weigh? What kind of medications you're on now and what doses? That would give me an indication if you were my patient that could you go back to a normal glucose level where you would not be classified as diabetic if you went and saw a brand-new doctor who didn't know you? So, I say it's definitely possible, for sure, and I think your number one goal in life should not be reverting back to normal, but it would be to control your A1C as best you can, and if you can do it without medications, more power to you.

But don't set unrealistic expectations about getting off of medication and reverting back to a normal A1C, which is below 5.7. We do have a lot of great medication in our entire armamentarium now, including these GLP-1 drugs, the GLP-2 drugs. We have some really good presentations on our video vault or our website that goes through that. So, I think it is possible, but once again, that should not be your number one goal in life. It should be to control your diabetes, control your blood pressure, control your cholesterol levels because of the risk for heart disease. But if you can get back to normal, then that's great.

Carla Cox:

Thanks. Okay, we have a question coming in from Sandy, and Sandy is from Virginia. Sandy, you're on the line.

Sandy:

Hi, good afternoon. I'm a Type 2 diabetic and have been, so for about twenty-five years, I am insulin dependent or whatever word you want to use as I had lots of issues regarding metformin and all that. That's a long story. But anyway, so my question is regarding a CGM monitor. So, I was recently placed on the CGM monitor of Dexcom and I noticed that my meter, my Dexcom meter is usually 40 points off versus my actual finger sticks. So that's a pretty big swing. I'm actually meeting with my endocrinologist next week. But is that pretty standard as far as a difference between finger sticks and what the monitor's reading?

Steven Edelman:

Yeah, that's, that's a good question and it's a common, I want to call it complaint, but it's a common comment and it really should not be that far apart on a regular basis. Now don't forget that your glucose meter tests your blood sugar at one point in time and you have no clue if it's dropping or going up. And your CGM, you have the Dexcom, it does have trend arrows, which a glucose meter will not give you. So sometimes they're not comparable. Now these CGM devices, which I am big proponents of, I think you're lucky to have one. They do auto calibrate on their own. And if you have a sensor that's just way off consistently, it's probably a bad sensor. Now you probably know, you can calibrate the Dexcom G-7 or the G-6, depending on which model you're wearing.

When you check your blood sugar, there's a way to put that number into the CGM, whether it's on your phone or your handheld monitor, and that will help it get back on track. So, make sure you calibrate when you're that far apart or you observe the trend arrow. So, if you have a blood sugar on your finger stick that says 150, and then you look at your CGM and it says 110, 120 with a diagonal down, that may help explain some of the differences. So once again, a lot of, you know who notices the most are engineers. They're always double checking. And I always tell people, don't over check too much. Don't compare too much. I rarely have patients that have issues of giving too much or too little insulin. It just doesn't happen. So those are my suggestions. Dexcom will, I was going to say, if you have a sensor that's really bad, sorry, Carla, you can call them, and they'll send you a new one.

Carla Cox:

Thanks. I think the other thing about calibration, just make sure that your arrow is straight when you do that. So, you don't want to have a big rise or fall when you're calibrating. Right? So, you want to make sure the sensor flat. Yeah, yeah,

Steven Edelman:

Yeah, that's a great point. Make sure your arrow is horizontal for at least 10, 15 minutes, so you're not going up or down. That's the best time to calibrate. Thank you.

Carla Cox:

Yeah.

Steven Edelman:

It's good having you here.

Carla Cox:



There's a question. Question went in, when should someone start discussing risks of heart disease and stroke with their healthcare provider as soon as they're diagnosed or 10 years later or when

Steven Edelman:

I was going to make a joke, like after your first heart attack, which sometimes that's the case. No, I'd say early, early, early. It's all about prevention. Don't forget that high cholesterol, high blood pressure in the ranges that we call high do not have any symptoms. Glucose levels, which don't have as much influence on heart disease, but it does. There are no symptoms when your AOMC is eight and nine. So, the things that cause heart disease are pretty much silent killers in a way. So, the answer is, it's a great question. You got to do it early and just say you'd ask your healthcare professional, you, I know people with diabetes have higher risk for heart disease, are by risk factors under control and go from there. But it's a great question. It's never too early.

Carla Cox:

As a reminder for those of you on the phone, press star three, star three on your keypad and operator will collect your question and place you in the queue so that you can ask your question live. And if you want to participate online, type in your name and question in the field below the streaming player and press the submit question button and your question will come directly to us. Okay. We now have a question coming in from Rich. We've got a couple of pharmacy questions for you. So Rich, you are on the line.

Rich:

Yes, thank you doctor and Carla quick. I'll also add a quick other question, but okay, I am Type 2. I have no history of heart disease. I've had a stress test, which was great. Now I've been on metformin and glipizide and oh, years ago a doctor wanted me to try Invocana, which I think is a GLP-1, but it may not be. But I ended up in the ER with suspected angina, which turned out to be, after a blood test, acute pancreatitis. Now, so I of course went off the Invocana, but my question there is, other than what I'm already taking, is there any other class of oral medication that I could propose to my physician or, and also is a CT calcium score or stress test a good thing to have if you've had no heart attacks or other things like that?

Steven Edelman:

Okay. Okay. I had to turn off my sound so I can cough. Wow, that was a lot of stuff, but let me just answer that last question first. I think a stress test is a good idea. There's a thing called underlying heart disease or asymptomatic heart disease. And what they'll do when they do a stress test on you though, typically they'll get you on a treadmill and they'll start off with a slow flat angle and then every three minutes they go faster and steeper. You'll be hooked up to EKGs. And a stress echocardiogram is where they do an echocardiogram on your heart before and right after you finished, it tells the cardiologist and your doctors a lot of information about the status of your heart. Now you mentioned pancreatitis, and I think the relationship between pancreatitis and diabetes medications is overrated because that it's more like an association, not like a direct cause and effect, meaning that this drug does not cause pancreatitis.

But it turns out pancreatitis is more common in people with Type 2 diabetes than general population. So, you have to be careful on blaming these medications. Now, if you were sitting here in my office, I would ask you or I'd find out what was the cause of the pancreatitis? A lot of people with Type 2 have high triglycerides form of fat that can cause pancreatitis. And if that is the cause of pancreatitis, then

there's no contraindication to use any of the diabetes medications for glucose control and all the other benefits. So, I would say that have a discussion with your doctor, find out what caused the pancreatitis and what is the real risk of pancreatitis for you to go on some of these medications that they're withholding because you have that history. So that would be my suggestion for you. Very good question. I appreciate it.

Carla Cox:

So, this question is coming in from Genevieve. Genevieve is from Delaware.

Steven Edelman:

I couldn't hear you.

Carla Cox:

Genevieve, you're on the phone.

Genevieve:

Yes, I did ask a question before about alpha-lipoic acid, A-L-P-H-A-L-I-P-O-I-C acid, A-C-I-D.

Steven Edelman:

Hello? Can you hear me now?

Carla Cox:

Yeah, we can. The question is, can she take alpha-lipoic acid?

Steven Edelman:

Okay, thank you. I pushed the mute button so I could call if it never came back. Did you hear my last answer with the previous gentleman? Yes. Okay, perfect. Alpha-lipoic acid is a drug that I didn't hear the question, but thank you for summarizing is a drug that's used by a lot of people for symptoms of peripheral neuropathy. I have not found it to be effective. There's much better medications for diabetic peripheral neuropathy, DPN we call it. But it will not hurt you. So, if you feel that it has helped you, that's great, but I have found it to not be effective. And even if you take it and don't really need it or it's not doing anything for you, it's not a dangerous drug at all. And it's a supplement, but some supplements can be dangerous. So be careful what you're taking, even though it is a supplement, which I am kind of an anti-supplement doctor, unless it has proven benefits.

Carla Cox:

Great. So, we have one more medication question and that is coming in from Susa Margo from California. Susa, you're on the phone.

Susa:

Yeah. The question is, are there any side effects from Monjaro? I just started taking it once a week. I'm noticing more.

Steven Edelman:

Okay, what was that? I'm sorry.

Carla Cox:

Sorry, I cut her off too soon. But go ahead. What Monjaro, does it have side effects?

Steven Edelman:

Yes. Well, you are quite a lucky [inaudible 00:39:01] get Monjaro. It's one of the best drugs we have for people with Type 2 diabetes because it not only can reduce your blood sugars greatly, but it can also help with excess weight. Now at the current time, they're waiting for studies to be completed on looking for any beneficial effects of heart disease as well. And once you lose a lot of weight, it can help with many other issues. Your musculoskeletal system, if you have heartburn, if you have fatty liver. So, what are the main side effects?

Well, first of all, the medication, it stimulates these natural receptors in your body that release hormones. I'm not going to get into the details because it's very complicated, but I'll just use the alphabet soup, the GLP-1 and GIP, these are hormones that occur naturally in the human body. So, you're not taking some medication that's manufactured in the lab that is totally foreign to the body.

It's raising the levels of hormones that people with Type 2 diabetes do not have enough of. Main side effect nausea when you first start it. That's why you are probably on 2.5 milligrams a day, once a week for four weeks. If there's no nausea or vomiting, mostly nausea, you go up to five for a month and then 7.5 and then 10 and 12.5 and 15 if you need to go that high. So, titrating the dose according to the instructions will be really important to avoid any side effects. That is the main side effect of Monjaro. There are a few others, but that's the main one. And once again, congrats. You have a good doctor that picked a good drug for you.

Carla Cox:

Great. So, we have two related questions on neuropathy. So, I'm going to give you the first one. It's coming in from Debra, from Dallas. Debra, you're on the line.

Debra:

Hello, sir. And good evening to everyone. My question is, I've developed neuropathy and I have pain in my feet, twenty-four hours. My question is there any type of medication that I can use to help with the pain or deter it or slow it down?

Steven Edelman:

Yeah, well I feel for you, I have patients that have pretty bad what we call neuropathic pain. You have neuropathy. There are a whole host of medications that your healthcare professional could try. Now if you go to a podiatrist that specializes in diabetic foot issues, he or she will know these medications. And when it comes to neuropathy, it's a trial-and-error approach, meaning that it's not like, oh, we start with this medication and then if that doesn't work, you try a different one, different folks respond differently. So, there's a thing called capsaicin cream. That's one approach where you put this cream on your feet and it down-regulates all these pain receptors. I don't want to get too medical on you. Then there's oral medications, there's Neurontin, there's Lyrica, there's Cymbalta, there's older medications that people use for depression, but lower doses like Amitriptyline. So, I'm not going to throw out all these medications to you, you won't remember them, but it is important to talk to a healthcare professional that is knowledgeable with all the medications.

And if the sheets hurt your feet at night, you can get a metal bar and you put your sheets over it because sometimes patients get, they're very sensitive to touch. And lastly, I can tell you that there is a natural course of this neuropathy that you're affecting, that you look forward. If it's really bad, it might even get better on its own, but it may take time. So, see a specialist in diabetic peripheral neuropathy. And once again, we have some really good information on our website at TCOYD, TakingControlofYourDiabetes.org, and there's even a book that I wrote that'd be happy to send you a copy or send you an electronic copy too. It has a good chapter on foot.

Carla Cox:

Great, thank you. Another write in question. Talk to me about lipids. Which one makes a difference and what is its normal treatment strategies for elevated LDL or triglycerides?

Steven Edelman:

Yeah, let's talk lipids. I like that. Well, the traditional lipid to pay attention to the traditional one is LDL. High LDL has been shown time and time again through large studies that the higher the LDL, the higher the risk for heart disease, heart attacks and strokes. And so, there are a whole host of medications that we use to get the LDL down. Now the American Diabetes Association puts out treatment guidelines every year for healthcare professionals like me on what kind of levels you should shoot for. And they just lowered the level for LDL because more data came in showing the lower, the better that people with diabetes should be below 55, which probably means if you have diabetes, you're going to need one or two medications to keep your LDL at goal.

And I don't think there's enough time on this answer to go through all the medications, but the statins, there's a drug called Zetia. There's several new LDL-lowering drugs. You ever hear of these drugs called PCSK-IX inhibitors, they're injectable every two weeks. They all work with different mechanisms to get your LDL at goal. So, you need to talk to someone knowledgeable about the different ones. And the good news is we have lots of choices these days. The other lipid is HDL. We want that the highest possible. The higher the HDL, the more protected you are from heart disease. How do you raise HDL? Primarily family history, can't change your parents, unfortunately for some of you. Because you do inherit the HDL level and other lipid abnormalities, but you exercise will raise your HDL and two drinks a day of alcohol has been shown to raise your HDL.

And there are other medications, but I would say the most important thing is to focus on the LDL. And thirdly, we know this might be too much, but there's an inverse relationship between triglycerides and HDL. Triglycerides we've talked about before the previous question, it's a form of fat that goes in the blood. That's why you have to fast before every blood test for your lipids to make sure you get an accurate triglyceride level. And as I said, there's an inverse relationship. The higher the triglycerides, the lower the HDL. And so, what you need to do there is treat the triglycerides and there are several medications to do that. Once you lower the triglycerides, the HDL will come up into a more normal level. So, I've given you a lipidology in a nutshell. I know it's complicated, but seeing someone that specializes in this, and the cardiologist would have a good feel for this as well.

Carla Cox:

Okay, we have time for probably one last question and it's coming in online. Why are people with diabetes at higher risk of heart disease and stroke than people without diabetes, even if they keep their glucose within target range?

Steven Edelman:

Okay, that's a good question. Well, to reiterate what I said a little earlier, glucose levels do not have as much influence on heart disease as, and this is the answer to your question. People with diabetes have a higher risk of high blood pressure, abnormal cholesterol and propensity to gain weight. And weight gain is a cardiovascular risk factor and also what we call the hypercoagulable state, meaning that in lay terms, the blood in someone with diabetes has a higher tendency to form little clots. And these clots can go and cause heart attacks and strokes. And that's why when you're 50 or over, the American Diabetes Association recommends a baby aspirin once a day. That thins your blood, not like some of the stronger ones. So, it is part of the whole what we call metabolic syndrome. If you have Type 2 diabetes, you have metabolic syndrome, which is a cluster of cardiovascular abnormalities, central adiposity, hypertension, dyslipidemia, blood that has a tendency to clot.

So, all these cardiovascular risk factors put together, put someone with diabetes at a higher risk. Now the good news is they're all treatable and that's why people with Type 2 diabetes and anybody with diabetes Type 1 and Type 2 needs to pay attention to the cardiovascular risk factors. And the most common cause of passing away in people with Type 2 is heart disease. And the most common cause of passing away in Type 1 diabetes is cardiovascular cause. And not that we're going to get where Randy's special, the most common cause of passing in anybody in the United States with or without diabetes is heart disease. But it is higher in people with diabetes. So, I would say don't let it freak you out. Just talk to your healthcare professional, make sure all your risk factors are being addressed, that you do have control.

Carla Cox:

And that gets back to our very first question and that is our topic, which is what questions do you ask your physician when you go in and I think you ask them about heart disease and stroke. What are your risks and how are you handling them? So that's a great answer. So, could you give us two key takeaways that you want everyone to remember today from this session?

Steven Edelman:

Yeah, I would say what I can gather from the questions that you, as the person living with diabetes needs to become more knowledgeable. It's complicated field, but there are organizations out there at the American Diabetes Association, I'll mention our organization taking control of your diabetes. There's for Type 1 the Juvenile Diabetes Research Foundation, knowledge is power. And there were so many good questions today showing that people are interested in their health. And the second one is you have to be your own best advocate. Don't trust your caregiver to know everything, to offer everything you need to find out what medications and devices are going to be helpful to you and go after them in a constructive way. Those are my two takeaways.

Carla Cox:

Thanks, to help you feel confident about your ability to manage your diabetes and heart health and kidney disease, we encouraged you and your loved ones to talk to your doctor, which is what we've been discussing today about your risk for heart disease, stroke, and kidney disease. Go to [knowdiabetesbyheart.org](http://knowdiabetesbyheart.org) and learn more. Register for the next event at [diabetes.org](http://diabetes.org) forward slash experts Sign up for diabetes education near you and links to these resources can be found on our registration web page, [diabetes.org/experts](http://diabetes.org/experts). Thank you for all your great questions you called and wrote in with. We are sorry we're unable to get to all of them during our live Q&A. If you have questions about this event, you are welcome to contact us at askada at [diabetes.org](http://diabetes.org) by calling 1-800-DIABETES, which is

1-800-342-2383. In addition, the transcript from this production and all other at events is on the web at [diabetes.org/experts](https://diabetes.org/experts).

Please stay on the line for our survey to help us with future planning for our events. Thriving with Diabetes takes a team and we're here to support you. Special thanks to our expert Dr. Edelman. I'm Carla Cox and on behalf of the ADA team, we want to thank you for joining us today. We look forward to connecting with you at our next events. Join us for more No Diabetes by Heart Events, February 13th, how to lower your risk for heart disease if you have Type 2 diabetes and March 12th, Type 2 diabetes and kidney disease. What's the link? Please visit our website for more information at [diabetes.org/experts](https://diabetes.org/experts) and register today. And now we will go to our survey. Thank you participating.

Steven Edelman:

Carla, I'm going to jump off and thank I enjoyed myself very much. Thanks to all the participants who came on today. It was great.

Carla Cox:

Thanks for joining us, we really appreciate it.

Steven Edelman:

Okay, Carla, we'll talk to you later.

Carla Cox:

Bye. Okay. Thank you for participating in the American Diabetes Association ask the expert's 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 agreement with these statements' satisfaction. Question number one. This event met my expectations today. For yes, press one. For no, press two. And for unsure, press three. Question number one, again, 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 [diabetes.org](https://diabetes.org) website. There are lots of links to information that can help you with your diabetes journey.

Question number two, I will attend another Ask the Experts event. For yes, press one. For no, press two. And for unsure, press three. Question number two, again, I will attend another Ask the Experts 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](https://www.diabetesfoodhub.org). Questions on knowledge. Question number three. This event improved my knowledge of courageous conversations to reduce heart disease and stroke risk. For yes, press one. For no, press two. And for unsure, press three. Question number three, again, this event improved my knowledge of courageous conversations to reduce heart disease and stroke risk. For yes, press one. For no, press two. And for unsure, press three. Did you know that there are approximately thirty-seven million people with diabetes. You are certainly not alone?

What about your intent to use knowledge? Question number four. I intend to use the knowledge I gained in my loved one's next appointment with the 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 and my loved one's next appointment with the 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.

Confidence before and after our event. Question number five. Before this event, I felt confident talking to a healthcare professional about my or my loved one's increased risk of heart disease's, stroke. For yes, press one. For no, press two. And for unsure, press three. Question number five, again, before this event, I felt confident talking to a healthcare professional about my or 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.cdriskcalculated.com> and discover if you are at risk for heart disease.

And our final question, number six. After this event, I feel confident talking to a healthcare professional about my or my loved one's increased risk of heart disease, stroke? For yes, press one. For no, press two. And for unsure, press three. And our final question again, question number six. After this event, I feel confident talking to a healthcare professional about my or my loved one's increased risk of heart disease and stroke. For 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 Experts event. Please visit [Diabetes.org/experts](https://Diabetes.org/experts) to learn about upcoming events. Thank you.