



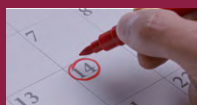
MOUNT CARMEL

A Member of Trinity Health

DIABETES ONE DAY AT A TIME

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What's the Dawn Phenomenon?

Your Medications: Timing is Everything

By Janie Jacoby, MS, RDN

When it comes to your diabetes medications, it is not just the TYPE of medication that matters, but also the TIMING of when you take it. Are you taking your meds at the right times? Check out these tips for some common diabetes meds. Always ask your healthcare providers if you have any questions.

NON-INSULIN MEDICATIONS

Metformin:

- Take with meals to help reduce any digestive side-effects.
- Usually taken with breakfast, with dinner, or with both

Glimepiride, glipizide, glyburide (Sulfonylureas):

- Take these before a full meal to reduce the risk of low blood sugars.

Farxiga, Jardiance, Invokana (SGLT-2 inhibitors):

- Take once per day in the morning, with or without food.

Januvia, Onglyza, Tradjenta (DPP4-inhibitors):

- Take once a day at about the same time of day.
- Can take with or without food.

Actos/pioglitazone:

- Taken once a day, with or without meals.

Ozempic, Mounjaro, Trulicity, Victoza (injectable GLP-1 agonists):

- Injected once per week, on the same day of the week (except Victoza is injected daily)
- If you miss a dose
 - **Ozempic** — take it as soon as possible within 5 days of the missed dose. If more than 5 days have passed, skip that dose and take your next dose on your regular schedule.
 - **Mounjaro** — take it as soon as possible within 4 days of the missed dose. If more than 4 days have passed, skip that dose and take your next dose on your regular schedule.
 - **Trulicity** — take it as soon as possible within 3 days of the missed dose. If more than 3 days have passed, skip that dose and take your next dose on your regular schedule.
 - **Victoza** — if you miss a day, take your usual dose the following day, and do not “double up” and take two doses.



Rybelsus (oral GLP-1 agonists)

- This medication needs to be taken on an empty stomach with just a sip of water. Take before the first food, drink, or other medications of day, and then wait at least 30 minutes before eating.

Your Medications: Timing is Everything *(continued)*

INSULIN

Basal Insulins

Long-acting insulin (Lantus, Basaglar, Toujeo, Semglee)

- These are taken once a day, or sometimes twice.
- Take them at about the same time each day.

NPH—Intermediate-acting Insulin

- NPH does not last as long as the long-acting insulins, so it is taken twice per day to give full coverage, in the morning and in the evening.
- It is best to take with regularly scheduled meals to avoid low blood sugars.

Mealtime Insulins

Rapid-acting insulins (Humalog, Novolog)

- Take before meals—ideally about 10 minutes before the meal, or you can take it right at the start of the meal.
- Taking it before the meal helps give the insulin time to start working before you eat.

Very rapid-acting insulin (Fiasp, Lyumjev)

- These mealtime insulins start working very fast.
- Take with the first bite of food, or within 20 minutes after starting a meal.

Short-acting insulin (Regular)

- This mealtime insulin works a bit slower.
- Take it 30 minutes before you start your meal.

Mixed Insulins

Short and Intermediate Mix (Novolin Mix 70/30, Humulin Mix 70/30)

- Take about 30-45 minutes before a meal.
- Typically taken twice a day.

Rapid and Intermediate Mix (Novolog Mix 70/30, Humalog Mix 75/25)

- Take within 15 minutes before you eat a meal.
- Typically taken twice a day.

There are many reasons to take your medications at the right time. It can help them work better, it can lower your risk for a low blood sugar, or even help reduce side effects. Make sure you understand your medication dosing instructions. Always double check with your doctor, diabetes educator, or pharmacist if you have any questions about your meds.



CALENDAR OF EVENTS

Enjoy the following events

AMERICAN DIABETES ASSOCIATION ALERT DAY MARCH 26

Ask friends and family to take the Diabetes Risk Test

IN PERSON DIABETES SUPPORT GROUPS

These fun, informal sessions are for people coping with diabetes. Friends and family welcome. Call **614-546-4582** to learn more.

Mount Carmel St. Ann's

FEB 28, MAR 27, APR 24, MAY 22 | 6:30 – 8:00 p.m.

Mount Carmel East

FEB 26, MAR 25, APR 23, MAY 28 | 6:00 – 7:30 p.m.

Mount Carmel Grove City

FEB 27, MAR 26, APR 23, MAY 28 | 6:30 – 8:00 p.m.

VIRTUAL DIABETES 101

MARCH 5 | 5:30 – 6:30 p.m.

These free virtual classes cover diabetes basics, like blood sugar monitoring, medications, nutrition, physical activity, and weight management. Call **614-546-4582** to register.

SUGGESTED WEB SITES:

- » American Diabetes Association
- » CDC-Centers for Disease Control and Prevention
- » National Institutes of Health
- » Diabetes Advocates
- » USDA Center for Nutrition Policy and Promotion
- » diaTribe
- » Mount Carmel Healthy Living Center

Continuous Glucose Monitor (CGM) Reports: Part One

By Fred Maggiore, A member of Mount Carmel St. Ann's Diabetes Support Group

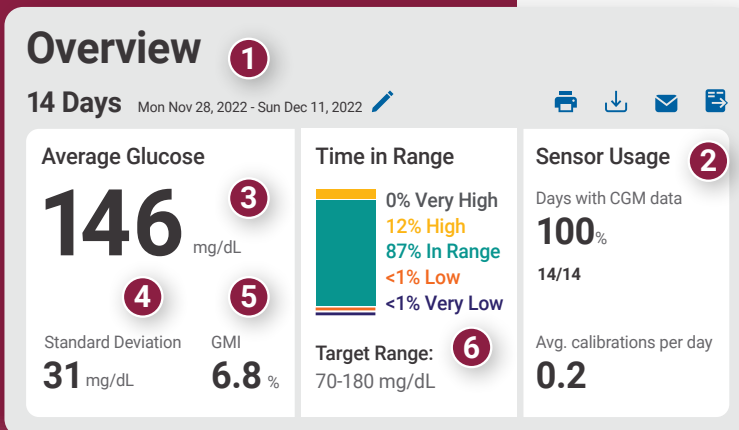
A continuous glucose monitor is a small device that attaches to your body and tracks your blood sugar (glucose) every few minutes. One of the reasons it can be helpful to wear a CGM is because of all the data that it collects. This data helps you find patterns of high and/or low readings, which can help you better manage your diabetes.

You can get to your reports through an app, or by uploading your CGM to the CGM website. You can view the reports yourself or share with your healthcare providers. One standard report that you can view is called the **Ambulatory Glucose Profile Report (AGP)**. This one-page report includes several sections.

The reports shown here are from the Dexcom CGM. The reports will look a little different based on what type of CGM you have. The two main brands of CGM are Dexcom and Libre.

REPORT OVERVIEW

"Part One" of the AGP report is shown below. "Part Two" of this article will be in the next newsletter and will cover the rest of the report.



Here is a what you can learn from this section.

- 1 | **Report Time Period**, this is how many days this report covers. The default is 14 days, but you can also look at a longer time period—up to 90 days.
- 2 | **Sensor Usage** shows how many of the days you were wearing an active sensor. The more days you have, the more accurate your report will be.
- 3 | **Average Glucose**. This is your average blood sugar. Typically, the goal is for it to be 154 mg/dl or less. This would correspond to an A1C of 7%, which is the goal for most people.
- 4 | **Coefficient of Variation**. This reflects how stable your blood glucose is. The goal is less than 36%.

If it is greater than 36%, it means that blood glucose has had extreme increases and decreases, up and down like a roller coaster. It is normal for blood glucose to go up and down, however if the ups and downs are too extreme, this means the blood glucose is not well-managed.

- 5 | **Glucose Management Indicator**. This estimates your A1c. This number may not exactly match your A1C lab test but is usually close. You can discuss any differences with your healthcare providers.
- 6 | **Time in Range (TIR)**. Time in Range is one of the most important parts of a CGM report. This colored bar shows how often your blood glucose is in target, below target, or above target. The Green Zone is the "Time in Range", which is how much of the day you are within the target blood glucose goals.

Below are the goals for Time in Range. These are the standard goals, but your doctor may recommend different ranges for you. You can change the settings of your CGM to match what your doctor advises.

Blood Glucose Range	Recommended Time in the Range
Very High: Greater than 250	Less than 5% (1 hour)
High: 181 to 250	Less than 25% (6 hours)
In Range: 70 to 180	At least 70% (17 hours)
Low: Less than 55–69	Less than 4% (58 minutes)
Very Low: Less than 54	Less than 1% (14 minutes)

Stay tuned! In the next newsletter, we will look at some of the other things you can learn from these reports, and how it can help you manage your blood glucose. If you have questions about CGMs or reports, ask your doctor or diabetes educator.



Try this makeover of Sloppy Joes with lean ground turkey. This recipe has plenty of zing from garlic, peppers, tomatoes, and hot sauce.

Sloppy Janes

INGREDIENTS

Nonstick cooking spray

1 medium red bell pepper (seeded and diced)

1-pound lean ground turkey*

2 Tbsp Dijon mustard

2 cups canned crushed tomatoes

½ tsp black pepper

1 medium onion (diced)

1 garlic clove (minced)

1 Tbsp tomato paste

1 Tbsp hot sauce

1 Tbsp of honey or 2 packets artificial sweetener

8 whole wheat hamburger buns

DIRECTIONS

1. Add cooking spray to a nonstick sauté pan over medium-high heat.
2. Add onion, red bell pepper and garlic. Sauté for 5 minutes, stirring frequently.
3. Add ground turkey and sauté for 5-7 minutes, stirring frequently until turkey is cooked through.
4. Add tomato paste, Dijon mustard, hot sauce, tomatoes, honey (or artificial sweetener) and ground black pepper. Bring to a simmer for 5 minutes, stirring frequently.
5. Toast the hamburger buns. Fill each bun with ½ cup of turkey mixture to make 8 sandwiches.

Optional: Top each sandwich with lettuce, red onion, or pickles for a crunch.

NUTRITION FACTS PER SERVING:

Makes 8 Servings

Calories 250, Carbohydrates 31 g, Fiber 5 g, Protein 16 g, Total Fat 7g, Saturated Fat 1.6 g, Trans Fat 0.1 g, Sodium 390 mg

* Lean ground chicken or vegetable crumbles could be substituted for lean ground turkey

Source: www.diabetesfoodhub.org



MOUNT CARMEL

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What is the Dawn Phenomenon and What Can I Do about it?

By Jackie Haskins, RDN, LD, CDCES



Have you ever wondered why your morning blood sugar is high after hours of sleep without food? The Dawn Phenomenon may be the culprit.

The Dawn Phenomenon happens while you are sleeping. Between the hours of 3 a.m. and 8 a.m. blood glucose (sugar) rises due to a natural increase of hormones. The hormones tell the liver to release glucose. Glucose fuels the body with energy for when we wake up. This happens to everyone. In persons with diabetes, the pancreas may not make enough insulin to keep up with extra released sugar. This results in high morning blood sugar.

What can help lower morning blood sugar?

- 1 | **Physical activity.** The blood sugar lowering effect of physical activity can last for hours. Take a walk, dance to music or other fun activity after dinner. If you take insulin or a sulfonylurea, use caution doing vigorous exercise close to bedtime. The blood sugar lowering effect of exercise with these medications could lead to low blood sugar overnight.
- 2 | **Medication.** Work with your health provider to tweak your medication regimen.
 - **Metformin** helps decrease stored glucose release from the liver. If you take Metformin once a day, taking it with dinner may lower morning blood sugar better than taking it with breakfast. Talk with your health provider before changing the timing of your Metformin! Take extended-release Metformin XR or Metformin ER at about the same time each day. These work for about 24 hours.
 - **Long-acting insulin** may lower morning blood sugar better when taken in the evening. Most long-acting insulins last up to 24 hours but may wear off before the full 24 hours. Long-acting insulin injected in the evening may ensure that your insulin is working well into the early morning hours. **Do not switch the timing of your insulin without speaking to your health provider first!**
 - **Ultra-long-acting insulin** called Tresiba (Degludec) is a basal insulin that lasts up to 40-42 hours. This insulin can help if you have difficulty remembering to take your long-acting insulin or have a variable sleep schedule like those who work night shift. Injection timing of Tresiba can be more flexible than long-acting insulin. You can inject Tresiba if it has been at least 8 hours after the previous dose and no more than 40 hours after the last dose.
 - **Insulin Pump.** If you are on an insulin pump, your health provider can make changes in your basal insulin rate during the hours of 3 a.m. and 8 a.m.

The American Diabetes Association recommends a fasting blood sugar target of 80–130 mg/dl for most persons with diabetes. Your health provider may recommend a different fasting blood sugar target range for you. Explore with your health provider what medicine and lifestyle changes may work best to get your morning blood sugar to target.

For questions or more information on scheduling an individual appointment or a group class, please call **614-546-4582**.