



MOUNT CARMEL

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DIABETES ONE DAY AT A TIME

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Continuous Glucose Monitor Tips & Updates

Janie Jacoby, MS, RDN, LDN, CDCES

Do you use a continuous glucose monitor (CGM), or have you thought about trying one? Did you try it, but ran into issues? Here are some tips and tricks for a better experience!

Keep the Sensor Secure

If your sensor falls off early, it may help to change the placement. They work best on the back of your upper arm, not on the side. On the side, it can easily be knocked off, for example when going through a doorway.

To place it on the back of the arm:

Hold your arm up in an "L" shape, with your upper arm horizontal and forearm vertical. Then, place the sensor on the underside of your upper arm, only slightly to the side.

When you put on the sensor, use your finger to gently press down the adhesive around the sensor to make sure it sticks well. Also check the instructions for tips specific to your sensor.

Use an overlay patch.

This is an extra adhesive to keep it in place. This can also help people who are highly active, or swim or sweat a lot. Some sensors come with a patch. You can also order them online.

Prepare the skin well.

Cleanse the skin with soap and water and use an alcohol wipe. Do not use lotion on the skin before applying. Also, if your arm is very hairy, it can help to shave or trim it short. Shaving the day before you apply the sensor may reduce irritation.

Continuous Glucose Monitor Tips and Updates *cont.*



Make Alarms Work for You

Some people get frustrated with their CGM due to lots of alarms going off. They are factory set at 70 for a low, and 250 for a high. You can adjust those alarms to meet your needs. Work with your healthcare team to ensure the alarms are helping you, not just annoying you.

If you are not sure what to do when your alarms go off, this can be a signal to reach out to your healthcare team to discuss it. Alarms do not mean that you are doing something wrong. For example, it could mean that you need a change to your medications.

Understand your Numbers

When you check your blood sugar with a meter, it will never be an exact match to your CGM. This is normal! For example, the numbers might show a 10-20% difference, depending on the situation.

The meter and CGM numbers may be farther apart at times when blood sugar is changing fast (for example, after a meal). This is because a meter checks the blood, and a CGM checks the fluid that is under the skin. Sugar levels change in the blood first and then change in the fluid, so there is delay in the CGM number. However, the CGM “trend arrows” help you know if blood sugar is going up or down.

What if your meter just says “High”? Depending on the sensor, this means that your blood sugar is over 400 or 500. At this point, you should get urgent medical care.

Insurance Coverage

Insurance coverage for CGMs has improved over time. If it was not covered in the past, it could be worth checking again. Some plans cover it for anyone with diabetes. Some only cover them in some cases, for example when someone is taking insulin.

Some plans require a “prior authorization” (PA). This is a special request from your doctor. Sometimes the PA is denied at first, but if the doctor appeals the denial, they may end up covering it.

Avoid an Emotional Roller-Coaster

One downside of a CGM is that it can be “too much” information. It can be stressful to be able to see your blood sugar all the time.

Remember that it is normal for blood sugar to go up and down. Be mindful about when and how often you view your numbers, so that it is more helpful, and less stressful.

Blood sugar does not have to be “perfect” – the goal is to be in the target range at least 70% of the time. That means that 7 hours of the day can be out of range, while still being well-managed.

In the end, it is a personal choice how you prefer to check your blood sugar. No matter how (or if) you check your sugar, if you ever have questions, you can reach out to your healthcare team, including Mount Carmel Diabetes Education.



Reducing weight gain when stopping a GLP-1 medication

Valerie Blair RDN, LD, CNSC



GLP-1 medications such as Ozempic (Wegovy) and Mounjaro (Zepbound) are meant for long-term use. However, some people may have to stop them because of side effects or cost. GLP-1 medications are used to manage blood sugar levels and also help with weight loss. The weight loss itself can help to reduce overall health risk and improve blood sugar. Some of these medications can have heart health benefits even if weight loss is not significant. These medications help people feel fuller longer and slow digestion.

Medication should not be the only tool used for weight loss. Take time to evaluate your thoughts and emotions surrounding food. While losing weight, focus on making healthy choices. Retrain your habits when it comes to balancing meals and including activity in your daily routine. Why? When you lose weight, especially when you lose it quickly, you will also lose some muscle. The weight that you gain back will be mostly fat. To help limit muscle loss, it is important to eat enough protein and to do strength training exercises regularly.

What to do if you must stop your medication:

Balance your plate with complex carbohydrates, plenty of vegetables and protein.

- Carbohydrates support overall energy needs and are the brain's preferred choice for fuel. Focus on carbohydrate foods that are higher in fiber such as whole grain bread versus highly processed foods such as snack crackers. Aim to eat food with at least 3 grams per serving.
- Vegetables are full of fiber. Fiber helps support gut health, blood sugar control, and the feeling of fullness. Make vegetables an important part of your meals, trying to fill half your plate with them.
- Protein is needed for healing wounds, muscle strength, and supporting healthy skin and hair. Protein takes more time to digest. So, it is more filling! Spread your protein intake throughout the day. For specific guidelines, you should work with your healthcare provider or with a dietitian.
- Healthy fats such as avocados and olive oil support hormone production, healthy skin, absorption of some vitamins, and the feeling of fullness.
- Limit high calorie foods such as sugar sweetened beverages, and processed snack foods. They can increase your waistline and your blood sugar.

Mindful eating can be a useful tool.

- Eat slowly, take time to savor your meals. It takes 20 minutes for your brain to get the message from your stomach that you are full. How many times do we race through a meal only to feel deprived?
- Prepare healthy meals and practice portion control. Try using a 9-inch plate for meals and avoid going back for seconds.

Make activity part of your routine.

- Exercise after you lose weight is as important as exercise when trying to lose weight. Aim for a minimum of 150 minutes of moderate-intensity exercise over the course of a week. You might reach this goal by exercising for 30 minutes on 5 days each week.
- Make sure to include strength training 2-3 times/week. Remember to allow rest, space out your strength training workouts. More muscle mass can increase your metabolism.
- Try to reduce the time you spend sitting. For example, you can park farther away from places and take the stairs instead of the elevator. These activities add up.

Set realistic goals.

- Set small, frequent goals that are reachable. Progress, not perfection, is key.
- Think about non-food ways to reward your hard work, such as having a spa trip or getting a new outfit.

Seek support.

- Recruit others to help support and encourage you. Examples include family, friends, or members of the community such as your diabetes educator, a registered dietitian, a life coach/counselor, or a fitness trainer.
- Try joining support groups or exercise groups. These are terrific ways to meet others with similar goals.

What is LADA?

Kara McGill-Meeks MS, RD, LD, CDCES



LADA stands for Latent Autoimmune Diabetes in Adults. It is a type of diabetes that is less common than type 1 or type 2 diabetes. Sometimes, people get a diagnosis of type 2 when they really have LADA.

Like type 1, LADA is an autoimmune disease. That means the immune system attacks the body by mistake. In LADA, the immune system attacks the pancreas. Then, it cannot make insulin anymore.

Unlike with type 1, this process happens more slowly. It also begins later in life: usually symptoms start when a person is over 30 years old.

Some of the common symptoms include:

- Being very thirsty
- Feeling very tired
- Blurry vision
- Loss of weight- without trying
- Dry skin
- Urinating often

Genetics is a risk factor. If your parents or grandparents have it, you are at higher risk. Environmental or lifestyle factors can increase risk. Excess body weight and chronic stress are examples. Having other autoimmune conditions may also increase your risk. There is no known way to prevent LADA.

Early on, LADA is managed like Type 2 diabetes. Regular exercise, weight loss, healthy eating, quitting smoking, and medications may help to manage blood sugar levels.

As time goes on, the pancreas makes even less insulin. At that point, lifestyle and non-insulin medications will not be enough to keep blood sugar at a safe level. Insulin shots become necessary. Because LADA is often mistaken for Type 2 diabetes, people may not get insulin as early as needed.

Speak up for yourself. If you have been diagnosed with Type 2 diabetes BUT you are lean, physically active, have lost weight without trying, OR are experiencing the symptoms mentioned above, you may want to ask your healthcare provider about LADA. Your provider can order some blood tests to diagnose LADA.

- **GAD Antibodies:** If these are in your blood, it can mean you have an autoimmune disorder that affects your pancreas.
- **C-peptides:** These tell your provider how much insulin your body is making.

If you have LADA, the best way to take care of yourself is to manage your blood sugar. Also, be sure to go to all appointments with your healthcare team. Ongoing care may help to slow the progression of LADA. Your healthcare provider will need to change your medication and insulin doses over time.

There is no cure for LADA. However, you can manage it. Keeping your blood sugar in a safe range lowers your risk for other conditions (like heart disease).

Your tools include:

- Checking blood sugar
- Medications
- Healthy eating
- Physical activity

IF YOU WOULD LIKE TO LEARN MORE:



Cardi-oh.org



Clevelandclinic.org



Diabetes.org



Mayoclinic.org



[Beyondtype1.org/
what-is-lada-diabetes](http://Beyondtype1.org/what-is-lada-diabetes)



[Type1strong.org/
blog-post/lada-diabetes--
everything-you-need-to-know](http://Type1strong.org/blog-post/lada-diabetes--everything-you-need-to-know)



Crustless Low-carb Quiche

By Christel Oerum

Prep Time: 10 minutes

Cook Time/Cooling Time: 45 minutes/30 minutes

Total Time: 1 hour and 25 minutes

Servings: 6 slices

Ingredients

6 large eggs

1 ½ cups milk

1 ½ cups grated cheese, (cheddar cheese, Swiss cheese, or mozzarella)

1 lb. bacon, cooked

1 red onion, chopped

Handful of fresh spring onions, chopped

1 teaspoon ground nutmeg

Salt & pepper to taste

Instructions

1. Preheat your oven to 375° F. Grease a 9-inch tart pan with butter and set aside.
2. Cook the bacon in a pan until it's slightly crispy.
3. Chop the bacon, red onion, and green onion.
4. Combine the milk and eggs in a large mixing bowl. Whisk together well.
5. Add the remaining ingredients and seasoning to the egg and milk mixture. Stir to combine.
6. Pour the mixture into the prepared tart pan. If necessary, stir to make sure the fillings are evenly distributed throughout the quiche batter.
7. Bake the quiche for 45 – 50 minutes until golden and set.
8. Remove from the oven and allow to cool for at least 30 minutes before slicing and serving.

NUTRITION FACTS PER SERVING: Calories: 267; Fat 18 g; Saturated Fat 8.1 g, Polyunsaturated Fat 0.5 g, Monounsaturated Fat 2 g, Cholesterol 204.6 mg; Sodium 857.9 mg; Potassium 169 mg; Carbohydrates 6.9 g; Fiber 1.6 g, Sugar 3.1 g, Net Carbs: 5.3 g; Protein 21.5 g; Calcium 118 mg; Iron 1.2 mg

Source: diabetesstrong.com

It is Spring! I always think of brunch and quiche this time of year!

This simple quiche requires just 7 ingredients. Enjoy!

NOTES:

If you use regular bacon and cheese, this recipe is quite high in sodium. Consider using low-sodium bacon and low-sodium cheese if you need to watch your sodium intake.

To pre-bake the quiche to serve later, cook it for 3/4 of the total time, then remove from the oven and allow to cool to room temperature. Wrap in plastic or place in an airtight container, then freeze. To serve, remove from the freezer to thaw for a few hours and then bake at 350 °F for 15 minutes.

Leftovers can be stored in an airtight container in the refrigerator for up to 5 days or in the freezer for several months.