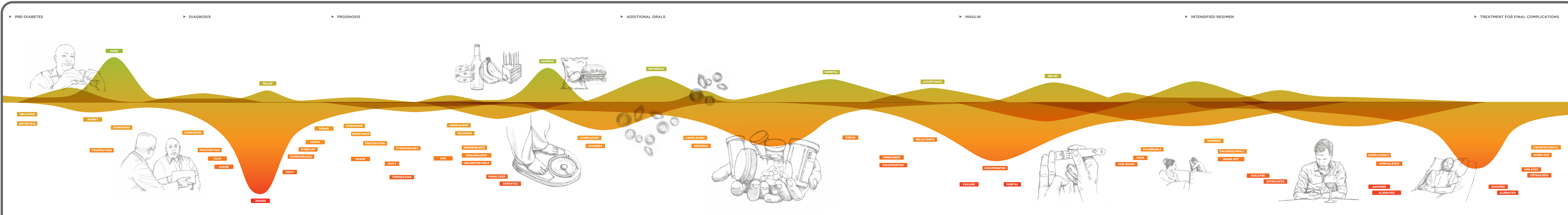


LIVING WITH TYPE 2 DIABETES

FEELING

THINKING

DOING



PRE-DIABETES	DIAGNOSIS	PROGNOSIS	ADDITIONAL ORALS	INSULIN	INTENSIFIED REGIMEN	TREATMENT FOR FINAL COMPLICATIONS			
<p>I think I am fine.</p> <p>"I feel a little off, but I'm probably fine."</p> <p>"How can I prevent this from progressing?" "I can overcome this." "Phew! It's not real diabetes. I've got time." "I don't understand what I should and shouldn't eat and do."</p> <p>• Lives life as normal. • May experience symptoms associated with diabetes such as excessive thirst and urination, fatigue, weight loss, and/or blurred vision.</p>	<p>There's hope for me.</p> <p>"Diabetes??? Why me?" "I brought this upon myself." "Can it be that serious?" "Will I have this for the rest of my life?" "I don't understand what I should and shouldn't eat and do."</p> <p>• Visits HCP for annual check up or other reason. • Receives "diagnosis" of pre-diabetes or is warned of diabetes. • May experience related co-morbidities such as hypertension, obesity, and/or cardiovascular disease.</p>	<p>Diabetes??? Why me?</p> <p>"Diabetes??? I can't believe this is happening to me." "I brought this upon myself." "Can it be that serious?" "Will I have this for the rest of my life?" "I don't understand what I should and shouldn't eat and do."</p> <p>• Visits HCP for annual check up or other reason and receives: - Diagnosis of Type 2 Diabetes - A prescription for oral medication - General information on diabetes such as HbA1C levels, diet, exercise recommendations • Visits pharmacy to pick up oral medication and buy other supplies (such as BGM in some regions). • May have follow up meeting with nurse or diabetes educator to learn how to use the meter, proper nutrition, and recommended exercise. • Visits pharmacy to pick up oral medication and buy other supplies (such as BGM in some regions).</p>	<p>What am I up against?</p> <p>"I know I need to make the changes my doctor suggested, but how?" "All this information is overwhelming and confusing. I don't know whom to trust." "I'm not looking forward to picking my finger." "How and when do I tell my family?" "Perhaps it will all go away. I can wait until tomorrow to get started." "How do I manage my food as well as my family's?"</p> <p>• Talks to family about diagnosis (may postpone due to shame and guilt). • Pricks own finger to get blood sample for first time. • Considers changing eating habits. • Considers exercise changes. • Starts taking oral medications. • Goes online and/or consults friend and family for more information.</p>	<p>I struggle to change a lifetime of habits; I hope the medication helps.</p> <p>"What counts as exercise?" "It's hard to figure out what I can and can't eat." "Why do I need to test? I don't see how this relates to what I'm eating or doing." "Well, I just have a touch of diabetes." "Shouldn't the pills be enough? I already feel like a failure for having to take them." "Everyone judges me for what I eat." "My doctor only care about my numbers." "Maybe this new medication will do the trick." "My diabetes must be getting worse." "Am I experiencing side effects or symptoms of diabetes?"</p> <p>• Tests blood glucose (may be irregular or infrequent). • Continues attempts to change diet. • Pursues, with varying success, new exercise practices. • Takes medication relatively regularly. • Negotiates social situations that involve food.</p> <p>• Attends follow-up visits with HCPs: - HbA1C levels may still be concerning - May undertake symptoms to HCP - May be "poor" in preparation for an appointment • Seek information continuously; sources may be unreliable or offer conflicting information. • Struggles to find a healthy relationship with food when wanting a guilty pleasure, bored, or in social/cultural, holidays where traditional foods are part of a ritual.</p>	<p>More meds... What am I doing wrong?</p> <p>"My medication doesn't seem to be working." "Is all this work worth it?" "I'm trying to cut down on sugar and take walks, but I don't see the effects." "I'm a real diabetic now."</p> <p>• Visits pharmacy to pick up new prescription and buy necessary and relevant supplies. • Makes an effort to change diet / reduce sugar intake. • Starts to exercise more (e.g. taking walks).</p>	<p>If I'm good, maybe I can avoid insulin.</p> <p>"I have got a serious illness that I will have for the rest of my life." "Diabetes is part of my life now." "I don't want to go on insulin. Maybe I'll try a little harder." "I may have a new meter, but when I test my blood glucose, my numbers don't look any better." "My doctor keeps threatening me with insulin."</p> <p>• Sees extended HCP team for regular follow-up visits: - HbA1C levels still high - Insulin threat is repeated - May receive new meter. HCP emphasizes the importance of blood glucose monitoring</p> <p>• Commits to changes in diet but struggles to stick with them. • Attempts to exercising but struggles to stick to a routine. • Perseveres in efforts taking medications regularly. • May begin to keep records of blood glucose levels but not diligently. • Experiences mood swings related to glucose levels.</p>	<p>This must be the beginning of the end.</p> <p>"I am a 'real' diabetic." "What difference will eating and exercise make now?" "I was worried about the insulin, but I see it's helping." "I'll be on insulin for ever."</p> <p>"I'm starting to feel the toll of diabetes on my body." "I know I should be trying harder, but I need a break." "Can I get by with a little cheating?"</p> <p>• Sees extended HCP team for regular follow-up visits: - HbA1C levels still high - Prescribed insulin - Insulin regimen adjusted with the addition of short-acting insulin - Learns how to calculate carb intake and insulin dosage with diabetes nurse guidance - Receives reminders to follow nutrition changes - Hears about importance of exercise changes • May have a separate follow up visit with a nurse or diabetes educator.</p> <p>• Visits pharmacy to pick up insulin and buy other diabetes related supplies. • Begins daily injections. • May skip injections due to schedule demands and/or travel. • May experience hypoglycemic events due to medication - wakes up sweating and/or shaking during the night.</p>	<p>Diabetes is really getting in the way now.</p> <p>"I can manage the day to day, but I have to think about diabetes when I make life decisions." "I'm worried about how my diabetes will affect my work. I have trouble focusing and have to step out a lot." "I can't hide my diabetes anymore."</p> <p>"It's humiliating to have to step away from the table and find somewhere to inject." "I need to tell others about my diabetes in case something happens." "I need to actively re-engage. Otherwise, things will get worse."</p> <p>• Begins additional injections. • May adjust insulin to compensate for eating and/or drinking as desired. • Continues to struggle with lifestyle changes. • Avoids social eating situations at times, to avoid judgment and/or temptation. • Educates others on the disease in case of emergency.</p> <p>• Visits extended HCP team for regular follow-up visits: - HbA1C levels still high - May have other co-morbidities (more doctors) - Insulin regimen adjusted with the addition of short-acting insulin - Learns how to calculate carb intake and insulin dosage with diabetes nurse guidance - Receives reminders to follow nutrition changes - Hears about importance of exercise changes</p>	<p>I'm old, tired and done.</p> <p>"I did what the doctor told me... What difference will anything make now?" "The end is here / diabetes has taken its toll." "I feel like a burden on others." "With all my other health issues, why bother with my diabetes anymore?"</p> <p>• Participates in regular visits with extended HCP team: - PCP and Endocrinologist - Foot doctor - Eye doctor - Additional specialists for complications • Experiences eye, foot, and circulatory complications and co-morbidities. • Loses driver's license. • Loses motivation to make diet and exercise changes. • Relies on others for help with basic life needs and appointments with doctors even more than in the past.</p>