

The background of the entire page is filled with large, stylized numbers from 1 to 9. Each number is outlined in red and filled with a different color or set of colors. For example, the number 1 is green and light blue, 2 is green and light blue, 3 is blue and dark blue, 4 is purple and dark blue, 5 is orange and green, 6 is yellow and red, 7 is blue and purple, 8 is red and white, and 9 is yellow and blue.

10 MYTHS ABOUT TYPE 2 DIABETES

By Anne Bokma

While people with type 2 diabetes need to learn everything they can about their condition in order to manage it as best they can, sometimes they also need to *unlearn* a few things. Here are 10 persistent myths about type 2 diabetes that can stand in the way of proper treatment and peace of mind.



MYTH: If you have diabetes, it's your own fault

While being overweight is a risk factor for type 2 diabetes, most people who pack on extra pounds don't get the disease, just as many active people with healthy weights do develop it. "You have to have a genetic susceptibility to the condition, and that's something over which you have no control," says Dr. Ian Blumer, a diabetes specialist in Ajax, Ontario, and the author of eight books on diabetes, including *Diabetes for Canadians for Dummies*.

However, if you are overweight and have diabetes, dropping the excess weight is one of the best things you can do for your health, since it can lower your cholesterol levels, reduce your risk of cardiovascular disease and make it easier to control your blood glucose levels.

MYTH: Type 2 diabetes is caused by eating too much sugar, and once you are diagnosed you must eliminate sugar from your diet



Type 2 diabetes is caused by genetics and lifestyle factors, not by having a sweet tooth. But being overweight does increase the risk of developing the condition, and a diet high in calories can contribute to weight gain. That doesn't mean you have to always pass on dessert if you have type 2 diabetes. According to the *Clinical Practice Guidelines* for treating diabetes, sucrose intake of up to 10% of total daily energy (e.g., 50 to 65 g/day in a 2,000-2,600 calorie diet) is acceptable. "Newly diagnosed people are often surprised to find out that sugar can still be part of their diet," says Paul Murphy, a clinical pharmacist and certified diabetes educator on the Hamilton Family Health Team in Hamilton, Ontario.

Type 2 diabetes isn't always easy to manage because there are a host of variables that can impact your blood glucose levels.



MYTH: If you are diligent about managing your condition, you'll never experience high readings

It's unfortunate that this myth *isn't* true. No matter how careful you may be about following your doctor's orders and managing your condition in the most exemplary way possible, you may still experience stubbornly high readings from time to time. Type 2 diabetes isn't always easy to manage because there are a host of variables that can impact your blood glucose levels. These include aging, stress, infections, illness, exercise and diet. Given all these factors, it's not surprising that sometimes blood glucose levels can be unpredictable. "Even patients with type 1 diabetes who are on insulin pumps and are very well controlled can have high readings periodically," says Murphy. So don't be discouraged by occasional high readings—the main thing is that your glucose control is on target most of the time. "It's a game of averages," says Murphy. "If you are aiming to have rigidly controlled sugar levels all the time, you will be disappointed." Adds Dr. Blumer: "No one is ever going to have perfect blood sugars all the time because we still have imperfect treatment. If you can get two-thirds of your readings on target, that's a huge success." The A1C test, which measures your average blood glucose levels over a period of two to three months, is your best bet for determining how well you're managing your blood glucose control over the long haul.

While most people with type 2 diabetes who are on insulin will remain on it indefinitely, some are able to go off insulin if they are able to make lifestyle changes—such as losing weight—that can have a **positive impact on their condition.**

MYTH: Having to go on insulin means you have failed to properly manage your diabetes and you'll be on insulin for life

“Both of these are total myths and there’s no justification for either one,” says Dr. Hertzell Gerstein, director of the division of endocrinology and metabolism at McMaster University in Hamilton, Ontario. Because type 2 diabetes is a progressive disease, many people can keep their blood glucose at a healthy level with oral medications when they are first diagnosed. But over time, as the body produces less insulin, those medications may not be enough to keep their levels at a normal range and they may need to switch to insulin. This move to insulin should in no way indicate failure. “You may need to start insulin on the day you are diagnosed or after 20 years of having diabetes—there’s no rule about when you start it,” says Dr. Gerstein, who notes that one of the problems

with the traditional way diabetes has been treated is that it is managed with progressively stronger drugs. “Today, most people are not given insulin until everything else fails—it’s often used as a drug of last resort when maybe it shouldn’t be.”

While most people with type 2 diabetes who are on insulin will remain on it indefinitely, some are able to go off insulin if they are able to make lifestyle changes—such as losing weight—that can have a positive impact on their condition. “I have had a number of my patients go off insulin,” says Dr. Blumer, who points to the case of one 60-year-old male patient who, after having diabetes for 10 years, lost 50 pounds and went from taking 200 units of insulin a day to taking no insulin at all. “He told me that after taking insulin for ten years he finally decided to follow the advice I had given him 10 years ago—and that was to lose weight,” says Dr. Blumer. “This may not work for everyone, but many thousands of people on insulin would be able to go off of it if they could master certain lifestyle changes.”

Illustrations by: Sarah Beeton/www.iziart.com



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that if you manage your condition well, complications such as kidney failure, eye disease and nerve damage are definitely avoidable.



MYTH: Complementary/alternative therapies have been proven to be of value in treating type 2 diabetes

While natural remedies such as ginseng, chromium and cinnamon are being promoted for the treatment of type 2 diabetes, they have not been subjected to the kind of rigorous scientific testing that prescription medicines undergo. “It’s a myth that if something is natural, it’s safe,” says Dr. Blumer. This doesn’t mean, however, that these remedies don’t work, just that they haven’t been *proven* to work. Dr. Blumer’s advice? If you opt for natural remedies, check with your physician first and don’t stop taking your prescription medications. “Think twice about spending your money on things that don’t have a proven value.”

MYTH: Complications are unavoidable

“Study after study shows that if you manage your condition well, complications such as kidney failure, eye disease and nerve damage are definitely avoidable,” says Dr. Gerstein. Among the things you can do to reduce your risk: have regular medical check-ups, stop smoking, exercise, stay at a healthy weight and maintain good glucose and blood pressure control. If you are at risk for heart disease, taking a statin medication will reduce the risk of heart attack by 25%, says Dr. Gerstein. ACE inhibitors can also prevent heart attack and stroke in people with diabetes and a daily Aspirin can prevent a second heart attack in people who have already had one episode. “There are a number of things that are within your control that aren’t that difficult to do,” says Dr. Gerstein.



A healthy meal plan

for people with diabetes is generally the same as a healthy diet for anyone else.



MYTH: Diabetes can't be prevented—and there is no evidence to show that it can be reversed

“There are at least six large international trials that show type 2 diabetes can be delayed with both pharmaceutical and non-pharmaceutical approaches,” says Dr. Gerstein, who points out that even modest dietary and physical activity changes can reduce the development of diabetes by 60%, while taking medications such as metformin and acarbose can reduce it by 30%.

What is more controversial is whether type 2 diabetes can be reversed. A study released in June of this year by researchers at Newcastle University in the UK showed that an extreme eight-week diet of 600 calories a day can reverse type 2 diabetes in people newly diagnosed with the disease. Seven out of the 11 participants in the study were free of diabetes three months after going on the low-cal diet, according to the findings published in *Diabetologia*.



MYTH: People with diabetes have to eat a special diabetic diet

“When I first started as a dietitian in the early 1980s, we did promote ‘diabetic’ diets and would give people a list of foods they should avoid at all costs—things like sugar, honey and sweets,” says Bev Harris, a dietitian and certified diabetes educator in the Diabetes Centre at Valley Regional Hospital in Kentville, Nova Scotia. “Today, many people still expect that they have to be on a deprivation diet, but that’s simply not true. A healthy meal plan for people with diabetes is generally the same as a healthy diet for anyone else.” That means following Canada’s Food Guide for Healthy Eating with a diet low in fat (especially saturated and trans fat), moderate in salt and sugar, with meals based on whole grain foods, vegetables and fruit.



Today, people with diabetes can live as long a life as people without diabetes



MYTH: You can't drink alcohol

If you think you have to pass on that glass of Merlot at your next dinner party, think again. The guidelines for alcohol consumption for people with diabetes are the same as that of the general public—one to two drinks per day (less than 14 standard drinks per week for men and less than nine standard drinks per week for women). Before you can safely imbibe, however, there are some things you need to consider. For example, is your diabetes well controlled? Are you free from health problems such as high blood pressure, high triglycerides, liver problems and eye disease that can be made worse if you drink? Do you know how to prevent and treat low blood glucose? If you answered no to any of these questions, you may have to take a pass on that glass of wine. Also, people using insulin should be aware of the delayed hypoglycemia that can occur up to 24 hours after drinking alcohol.

If you do decide it's safe to drink, there are extra precautions you should take, including: checking your blood glucose frequently, having a treatment plan for low blood glucose and making sure that someone with you knows your signs and symptoms for low blood glucose, checking your blood glucose before you go to bed and eating a carbohydrate snack if your blood glucose is lower than usual. You should also be aware that glucagon does not work while alcohol is in the body. People with diabetes who are considered heavy alcohol users (more than three drinks a day) are strongly advised to reduce their drinking, since excess consumption can make blood glucose more difficult to manage and increases other health risks.

MYTH: Having diabetes means an early death

At one time, this was true. Until recently, life expectancy for people with diabetes was typically cut by 15 years. But things have changed. "Recent data shows that this shortfall of 15 years comes from an era when we didn't have effective therapy," says Dr. Blumer. Today, people with diabetes can live as long a life as people without diabetes." Murphy points out that one of the first people to be treated with insulin in 1922 by Dr. Frederick Banting was 14-year-old Elizabeth Hughes, who lived to the age of 73. "She managed to live that long during a time when the treatment for diabetes was much, much more primitive."



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