Diabetes Discourse

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Quarterly Newsletter of the Bovell Cancer Diabetes Foundation (BCDF)

This Free Newsletter is a Vital Resource for Diabetes Prevention and for anyone Living with Diabetes

Our Vision

- Enriching lives, one person at a time

Our Mission

- To enrich the lives of people living with or at risk for cancer and diabetes by providing financial resources, support, preventive and management education.

BCDF Activities Include:

- Modest grants to individuals/families affected by cancer or diabetes to enhance their quality of life
- Prevention and management education, and small-group workshops
- Advocacy and referrals to resources for individuals/families affected by cancer or diabetes
- Writing grant proposals and fundraising

BCDF relies on donations to carry out its mission. We are an incorporated, charitable Foundation in the Republic of Trinidad and Tobago. BCDF functions with volunteers only and no paid staff.

To contact us with comments, questions or articles, phone 868) 667-2576 or e-mail: adelia@bovellcancerdiabetesfoundation.org; http://www.bovellcancerdiabetesfoundation.org

Disclaimer: *This newsletter is meant to educate and inform. It is not to be used as medical advice. Please consult your doctor for medical advice.*

Inside This Issue

YOU ARE INVITED 6TH ANNUAL BREAKFAST MORNING & DIABETES AWARENESS DIALOGUE

Fellow citizens, friends and family - the fight against diabetes and cancer is getting more intense, as the numbers intensify. It is well known that education and awareness could help stamp out these diseases. We have dedicated the last nine years to stamping out diabetes and cancer by running our multi-faceted, structured, diabetes education and prevention programme. Along with our dedicated volunteers and supporters, we work tirelessly day and night, without subventions and with our full-time jobs to educate people about the seriousness of diabetes, cancer and their complications, and to raise money to do the job. BCDF builds awareness of these dreaded diseases and makes a difference in the lives of people affected by diabetes and cancer HERE AND NOW! Our goal is to raise $40,000 for this event to help stamp out diabetes and cancer. We are asking for your support for this activity. Your contribution of $50 or more will help us to step up the fight. Please support our breakfast morning on 28th April, 2018 at the Market Square in Scarborough, Tobago. The event begins at 6:00 a.m. and ends at midday. We cook a traditional Tobago breakfast on-site. Thanks in advance for your support!

Understanding the A1C

What is the A1C test?

The A1C test is a blood test that provides information about a person's average levels of blood glucose, also called blood sugar, over the past three months. The A1C test is sometimes called the glycohemoglobin, hemoglobin A1c, or HbA1c test. The A1C test is the primary test used for diabetes management and diabetes research.

How does the A1C test work?

The A1C test is based on the attachment of glucose to hemoglobin, the protein in red blood cells that carries oxygen. In the body, red blood cells are constantly forming and dying, but typically they live for about 3 months. Thus, the A1C test reflects the average of a person's blood glucose levels over the past 3 months. The A1C test result is reported as a percentage. The higher the percentage, the higher a person's blood glucose levels have been. A normal A1C level is below 5.7%.

A1C Conversion chart

HbA1c	4.0	4.1	4.2	4.3	4.4	4.5	4.6	4.7	4.8	4.9
Glucose	68	71	74	77	80	82	85	88	91	94
HbA1c	5.0	5.1	5.2	5.3	5.4	5.5	5.6	5.7	5.8	5.9
Glucose	97	100	103	105	108	111	114	117	120	123
HbA1c	6.0	6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	6.9
Glucose	125	128	131	134	137	140	143	146	148	151
HbA1c	7.0	7.1	7.2	7.3	7.4	7.5	7.6	7.7	7.8	7.9
Glucose	154	157	160	163	166	169	171	174	177	180
HbA1c	8.0	8.1	8.2	8.3	8.4	8.5	8.6	8.7	8.8	8.9
Glucose	183	186	189	192	194	197	200	203	206	209
HbA1c	9.0	9.1	9.2	9.3	9.4	9.5	9.6	9.7	9.8	9.9
Glucose	212	214	217	220	223	226	229	232	235	237
HbA1c	10.0	10.1	10.2	10.3	10.4	10.5	10.6	10.7	10.8	10.9
Glucose	240	243	246	249	252	255	258	260	263	266
HbA1c	11.0	11.1	11.2	11.3	11.4	11.5	11.6	11.7	11.8	11.9
Glucose	269	272	275	278	280	283	286	289	292	295
HbA1c	12.0	12.1	12.2	12.3	12.4	12.5	12.6	12.7	12.8	12.9
Glucose	298	301	303	306	309	312	315	318	321	324
HbA1c	13.0	13.1	13.2	13.3	13.4	13.5	13.6	13.7	13.8	13.9
Glucose	326	329	332	335	338	341	344	346	349	352

What A1C target should people have?

People will have different A1C targets depending on their diabetes history and their general health. People should discuss their A1C target with their health care provider. Studies have shown that people with diabetes can reduce the risk of diabetes complications by keeping A1C levels below 7%. Maintaining good blood glucose control will benefit those with new-onset diabetes for many years to come. However, an A1C level that is safe for one person may not be safe for another. For example, keeping an A1C level below 7% may not be safe if it leads to problems with hypoglycemia, also called low blood glucose. Less strict blood glucose control, or an A1C between 7 and 8% or even higher in some circumstances—may be appropriate in people who have

- limited life-expectancy
- long-standing diabetes and difficulty attaining a lower goal
- severe hypoglycemia
- advanced diabetes complications such as chronic kidney disease, nerve problems, or cardiovascular disease

Points to Remember

- The A1C test is a blood test that provides information about a person's average levels of blood glucose over the past 3 months.
- The A1C test is based on the attachment of glucose to hemoglobin, thus, the A1C test reflects the average of a person's blood glucose levels over the past 3 months
- The A1C test can be used as one of the tests available to help diagnose type 2 diabetes and prediabetes
- The A1C test does not require fasting; its convenience will allow more people to get tested—thus, decreasing the number of people with undiagnosed diabetes
- The American Diabetes Association recommends that people with diabetes who are meeting treatment goals and have stable blood glucose levels have the A1C test twice a year

Source: https://tudiabetes.org/author/mila-ferrer-2/

Family Health History Quiz

Family health history is an important risk factor for developing a number of serious diseases, including type 2 diabetes. In fact, most people with type 2 diabetes have a family member – such as a mother, father, brother, or sister – with the disease. We encourage you to take advantage of family gatherings to share information about their health history, especially when it comes to diabetes. Knowing your family health history is important because it gives you and your health care team information about your risk for type 2 diabetes and other health problems.

Four Questions You Should Ask Your Family About Diabetes & Family Health History

- Does anyone in the family have type 2 diabetes (T2D)? Who has T2D?
- Has anyone in the family been told they might get diabetes?
- Has anyone in the family been told they need to lower their weight or increase their physical activity to prevent T2D?
- Did your mother get diabetes when she was pregnant? This is also known as gestational diabetes (GDM).

If the answer to any of these is yes, or you have a mother, father, brother, or sister with T2D, you may be at an increased risk for developing T2D.

True or false? If my parent or sibling has T2D, I am at an increased risk to develop T2D

True – A family history of T2D is a strong risk factor for the disease. If you have a mother, father, brother, or sister with diabetes, you are at risk for T2D, but even if you have a family history of T2D, there are many things you can do to lower your risk. If you are overweight, losing five to seven percent of your body weight (for example, 10 pounds if you weigh 200 pounds) by exercising 30 minutes a day, five days a week and making healthy food choices can help to prevent or delay T2D.

True or false? My mother has been told by her health care team that she is at high risk for diabetes, or that she has prediabetes, so she will get diabetes very soon.

False – Studies have shown that people at high risk for diabetes or with prediabetes can turn back the clock to delay or even prevent a diagnosis of diabetes by losing five to seven percent of your body weight if overweight (for example, 10 pounds if you weigh 200 pounds). You and your family can lose a modest amount of weight through simple lifestyle changes, such as increasing physical activity to about 30 minutes a day, five days a week and make healthy food choices. For some people with prediabetes, intervening early can actually return elevated blood glucose levels to the normal range.

True or false? T2D runs in my family, so there is nothing I can do to prevent getting the disease.

False – Even though a family history of T2D is a strong risk factor for developing the disease, some of this risk is a result of lifestyle. Having excess weight, making unhealthy food choices, and not getting enough exercise can increase your risk for T2D. If you are overweight, losing five to seven percent of your body weight (for example, 10 pounds if you weigh 200 pounds), by making healthy food choices and increasing physical activity to about 30 minutes a day, five days a week can help lower your risk for T2D. Adopting healthy habits as an individual or as a family is good for everyone.

True or false? My mother was diagnosed with diabetes when she was pregnant with me so she and I are both at an increased risk of developing diabetes.

True – When a woman gets diabetes during pregnancy, called gestational diabetes, she is at an increased risk of developing diabetes for the rest of her life. Also, her child is at an increased risk of becoming obese and for developing T2D for the rest of his/her life. But there are many ways to lower this risk for both mother and child.

Source: https://tudiabetes.org/author/mila-ferrer-2/

Kidneys & Women's Health: Include, Value, Empower

Women & Chronic kidney disease (CKD)

CKD is a global public health problem with adverse outcomes of kidney failure and premature death[1]. CKD affects around 195 million women globally. It is currently the 8th leading cause of death in women, with about 600,000 deaths each year[2]. The risk of developing CKD is at least as high in women as in men, and may even be higher. According to some studies, CKD is more likely to develop in women compared with men, with an average 14% prevalence in women and 12% in men[3]. However, the number of women on dialysis is lower than the number of men. CKD progression is slower in women compared to men, psycho-socioeconomic barriers such as lower disease awareness lead to late or no start of dialysis among women[4] and uneven access to care is a major issue in countries without universal access to healthcare. Additionally, kidney transplantation is also unequally spread, mostly due to social, cultural and psychological aspects. In some countries that provide kidney transplantation and equitable treatment for men and women, women tend more often to donate kidneys and are less likely to receive them[5]. There is indeed a clear need to address issues of equitable healthcare access for women where it is currently lacking and increase awareness and education to facilitate women's access to treatment and better health outcomes.

Kidney Disease & Pregnancy:

CKD is also considered a risk factor for adverse pregnancy outcome and reduced fertility. Women who have CKD are at increased risk for negative outcomes for the mother and the baby; pregnancies in women with advanced CKD are most challenging with high rates of hypertensive disorders and preterm births[6]. They may have reduced fertility but conception is possible, even if infrequent, on dialysis. On dialysis, results improve with intensive (daily or nearly daily) dialysis treatment, thus calling for dedicated programs for women of childbearing age[7]. In successfully transplanted women, fertility can be restored and chances of successful birth increase. However, as complications are observed more often than in the general population, preconception medical counselling should always be sought. There is a clear need for higher awareness on CKD in pregnancy, to timely identify CKD in pregnancy, and to follow-up women with CKD during and after pregnancy. In this respect, pregnancy may be also a valuable occasion for early diagnosis of CKD, thus allowing planning of therapeutic interventions. In turn, pregnancy-related complications increase the risk of kidney disease: pre-eclampsia, a syndrome in which a defect of the implantation of the placenta affects normal kidneys inducing hypertension and proteinuria, is one of the 3 leading causes of maternal mortality[8]. Pre-eclampsia, septic abortion (infection of the placenta) and post-partum haemorrhage (major bleeding after giving birth) are leading causes of acute kidney injury (AKI) in young women, and may herald future CKD in survivors[9]. The burden of those maternal complications is particularly high for women in developing countries, due to insufficient access to universal and timely prenatal care, to improper management of women with pre-eclampsia, and to lack of availability of dialysis for severe AKI[9]. There is a clear need for higher awareness, timely diagnosis and proper follow up of CKD in pregnancy. In turn, pregnancy may be also a valuable occasion for early diagnosis of CKD, allowing planning of therapeutic interventions.

Modified from: http://www.worldkidneyday.org/2018-campaign

References

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5. Chronic Kidney Disease, Gender, and Access to Care: A Global Perspective: https://www.ncbi.nlm.nih.gov/pubmed/28532558
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9. Maternal mortality from preeclampsia/eclampsia: https://www.ncbi.nlm.nih.gov/pubmed

Take Care of Your Kidneys and They Will Take Care of You

Diabetes can cause kidney disease, also known as chronic kidney disease (CKD). The good news is that there is a lot you can do to prevent kidney problems, including keeping your blood sugar and blood pressure under control.

What Happens If You Have Kidney Damage?

Changes or damage to your kidneys may cause your kidneys to fail. If your kidneys fail, your blood must be filtered (dialysis treatments) several times a week. You may also need to have a kidney transplant.

How Will You Know If You Have Kidney Problems?

- Ask your doctor to test your blood and your urine
- If the doctor finds protein (albumin) in your urine, it is a sign of the start of kidney disease caused by diabetes
- Get tested yearly
- Get tested more often if:
  - Your test shows protein in your urine or;
  - Your kidneys are not working as they usually do.

If You Have Diabetes, Take These Steps:

- Meet blood sugar targets as often as you can
- Get tested for your average level of blood sugar over the past three months (A1C test)
- Get your A1C test at least twice a year, but ideally up to four times a year
- If your blood pressure is high, check it regularly and get it under control to make sure your kidneys stay healthy
- Talk to your doctor about medicines that harm your kidneys and other ways to lower your blood pressure

What is the Best Way to Keep Your Kidneys Healthy?

- Keep your blood pressure below 140/90, or ask your doctor what the best blood pressure target is for you
- Stay in your target cholesterol range
- Eat foods lower in salt
- Eat more fruits and vegetables
- Stay active
- Take your medications as directed

Who is More Likely to Develop Kidney Disease?

- About 1 of 3 adults with diabetes and 1 of 5 adults with high blood pressure may have CKD
- In addition to diabetes and high blood pressure, other problems that put you at greater chance of kidney disease include:

heart disease, obesity (being overweight), and a family history of CKD. Kidney infections and a physical injury can also cause kidney disease.

What Can You Do to Prevent Kidney Failure?

- Get tested for CKD regularly if you are at risk
- Find it early. Treat it early
- Ask your doctor to test your blood or urine. If you have diabetes, get tested yearly
- If you have diabetes, stay in your target blood sugar range as much as possible
- Lose weight if you are overweight
- Get active. Physical activity helps control blood sugar levels
- Quit smoking
- Getting a checkup? Make sure to get your kidneys checked too
- Take medications as directed
- If you have CKD, meet with a dietitian to make a kidney-healthy eating plan

Reprinted from:
https://www.cdc.gov/kidneydisease/prevention-risk

10 Tips for Managing your Child's Diabetes

If your child has diabetes, managing it can be overwhelming. Parents need to take an active role in diabetes management tasks, regardless of the age of the child.

- Work with a health care team that is multi-disciplinary and knowledgeable about pediatric diabetes, including doctors, nurse educators, nutritionists, mental health specialists, child life specialists and other allied health professionals
- See the health care team regularly – at least four times a year
- Be honest with your health care team. Do not be afraid to tell them what is difficult for you and your child
- Stay positive with your child. Tell him or her all of the things they are doing well, rather than focusing on what they need to work on
- Be mindful of your facial expressions and what you say, especially when you see an out of range blood glucose. Stress to your child that there is no "bad" blood glucose, because you want him or her to be honest about their blood glucose levels
- Find time to check in with your child about diabetes management
- Make sure that you talk about non-diabetes issues as well, like you do with your other children. For example, when your children come home from school, ask them all about their day rather than just focusing on the blood glucose levels of the child with diabetes.
- Make sure your child does everything that he or she would have done if your child was not diagnosed with diabetes
- Prepare healthy foods for the entire family. A healthy mean plan for someone with diabetes is the same for someone without diabetes.

Taken from
http://www.joslin.org/info/10_tips_for_managing_your_childs_diabetes.

Donate to BCDF

The Bovell Cancer Diabetes Foundation runs on a non-profit basis, with only volunteers and no paid staff. To keep the Foundation running we raise funds, write proposals, books, depend on our ever-faithful volunteers, and donations from companies, individuals and government. The Foundation is one of the few of its kind in Trinidad and Tobago without subventions from government, local, regional or international agencies. As a Foundation, we rely on donations to carry out our mission, which we are accomplishing. If you would like to support us, you can do so by donating to the Foundation directly. Any donation is appreciated and all donors will be publicly acknowledged on our website by name for individuals (if required) or by logo and name for companies and institutions. To donate to the Foundation, please contact: bovellcancerdiabetesfoundation@gmail.com
Help us to continue helping others with or at high risk for diabetes and cancer, help us stamp out diabetes. Thanks in advance for your generosity!

BCDF 2018 RAINBOW CALENDAR OF EVENTS

November 2017 - December 2017	**Complimentary Foot Care - *"So in Love with my Feet" Project*** **Diabetes in the Limelight Jamboree** ✔ **Cancer Education and Awareness Workshop** ✔ **Prize Giving & Machine Distribution Ceremony** ✔
January - December	**Life for a Child Project** Patterned after the International Diabetes Federation's program, this project meets the immediate needs (testing strips, assistance and support for doctors' visits, monitoring and education) of a child with diabetes.
19th January	**Application for First Quarter Funding Deadline** ✔ Our mission is enriching lives of people living with cancer and diabetes by providing financial and educational resources
February	**Diabetes Discourse** Distribution of the free Quarterly Newsletter of the Bovell Cancer Diabetes Foundation ✔ **Board of Directors Retreat** ✔
March	**Complimentary Foot Care - *"So in Love with my Feet" Project***
13th April	**Application for Second Quarter Funding Deadline**
April **28th April**	**Complimentary Foot Care - *"So in Love with my Feet" Project*** **Breakfast and Diabetes Awareness Dialogue Morning** Market Square, Scarborough, Tobago
May	**Diabetes Discourse** **Teachers' Workshops** **Small Group Workshops (Village Councils)** **Cancer Education Workshop (Tobago East)** **Diabetes Education Workshop (PTAs)** **Complimentary Foot Care – "So in Love with My Feet Project"**
June	**Complimentary Foot Care – "So in Love with My Feet Project"**
20th July	**Application for Third Quarter Funding Deadline**
August	**Diabetes Discourse** Distribution of the free Quarterly Newsletter of the Bovell Cancer Diabetes Foundation
20th October	**Application for Fourth Quarter Funding Deadline**
October/November	**Primary School World Diabetes Day Poster Competition** Poster design is an expression of creativity and technical aptitude. BCDF presents its 7th annual primary school poster competition for the occasion of World Diabetes Day 2018.
9th November **14th & 15th November**	**10th Annual Diabetes in the Limelight Jamboree** **Diabetes Discourse** **Cancer Education & Awareness Workshop** **Children & Teens Hangout** **Annual Evaluation & Debriefing Workshop (BOD, volunteers)**

Bovell Cancer Diabetes Foundation (BCDF)

6th Annual Breakfast Morning & Diabetes Awareness Dialogue

SATURDAY 28TH APRIL, 2018

Scarborough Market Square, Tobago

Donation: $50.00

Choose ONE from:

- *Buljol, Herring, Eggs, Sausage or Black pudding*
- *Cassava bread, bakes or Pancakes*
- *Chocolate "tea" Coffee or Cocoa*

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