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TAKE-CHARGE MANAGEMENT

(for Type 2 Diabetes)

ASCENSIA™ CARE HEALTH FACTS



 Bayer HealthCare

Type 2 diabetes has changed your life. *Take-charge management* will change your life with diabetes for the better. As soon as you decide you want to control your disease to live a healthy life, you begin to take charge. It takes some practice and hard work, but the rewards of *take-charge management* are well worth the effort. Just remember—the power to manage your diabetes is in your hands.

For more information about Ascensia™ Diabetes Care Solutions from Bayer, or help with Reimbursement for your testing supplies, call our toll-free Customer Service Help Line at 1-800-348-8100 (24 hours, 7 days a week).

You can also visit our web sites at:
www.ascensia.com
www.bayercaresdiabetes.com
www.ascensiadreamfund.com



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Ascensia Care.
Diabetes Support from Bayer



Take-charge diabetes management

Do you want to feel better? Have more energy? Enjoy life to the fullest? Get more done? Think more clearly? Be healthy for years to come? If your answer is “yes” to any of these questions, then *take-charge management* is for you.

The goal of *take-charge management* is to get your blood sugar as close to normal as possible, and to keep it there as much as possible. Chances are, you’ll need to do this for the rest of your life, because type 2 diabetes still can’t be cured. The good news is, keeping tight control of your blood sugar will help you live a long and healthy life with diabetes. It isn’t easy, but it’s worth it.

At times, getting your diabetes under good control will seem like a lonely job. Just remember, you have a whole team to help you with your goals. They can help you keep the promise you make to yourself to live a healthy life with diabetes. You have to be the most active person on your diabetes team, but you are not alone.



What will my healthcare plan involve?

Meal Plan: Your meal plan will be made to fit you. It will help you get to a healthy weight and stay there.

Exercise: Regular exercise is a big part of *take-charge management*.

Medication: Many people need to take diabetes medicine to keep their blood sugar near normal. Some people take one kind of pill; others take more than one. Insulin may be part of the plan, too.

Self-testing: Testing your own blood sugar often is a big part of *take-charge management*. Many people think they can tell what their blood sugar is by how they feel. They are wrong most of the time. Some people can feel “high” when their blood sugar is low, and some can feel “low” when their blood sugar is normal or high. The only way to know for sure is to test your blood sugar. Testing lets you see the effect of “behavior” on blood sugar as well. How much did exercise lower your sugar level? How did over-eating change your blood sugar level? Use testing as a tool to learn more about you and your diabetes (See the Blood Sugar Testing brochure).

Testing means more than just testing your own blood sugar. It also includes A1C (see the A1C brochure), watching your weight, blood pressure and lipids (see Diabetes and Heart Disease brochure), going over your blood sugar records, and taking tests that check for early complications.

Education: Education is a must for anyone with diabetes, and will help *take-charge management* work better for you.

Stress management: Stress can have different effects on different people. Most of the time, stress can raise your blood sugar, but sometimes it can lower it. Many things can cause stress, like family illness, moving, loss, job change—even happy times, like a birthday or wedding. Learn more about stress management from your healthcare team.

Goals: Your goals should be just for you, and ones you think you can reach. You can have goals for your meal planning, testing, exercise and weight loss.

Who should be part of my healthcare team?

There are many people who will be part of your healthcare team. A healthcare team is a group of people that will help you learn about diabetes and how to take good care of yourself. The team needs you to tell them how things are working and when you need help. You are the key member of the team. If there is not already a team in place for you, you can build one for yourself. Look for healthcare team members at your local hospital, diabetes clinic or call the American Diabetes Association for information. Here is a list of people that could be on your team:

Diabetes Nurse Educator - a healthcare professional who can teach you about the day-to-day care of your diabetes. The nurse educator can teach you:

- about diabetes and how it affects you
- how to test your blood sugar
- how pills can help blood sugar control

- how to take insulin, if you need it
- how to keep track of your blood sugar control
- about high and low blood sugar
- how to prevent complications
- and much more

It is a good idea to ask the diabetes nurse educator about classes you can take. You should take some kind of diabetes class every year because diabetes care is changing for the better all the time.

Dietitian - an expert in food and nutrition.

The dietitian will help you find a meal plan that works for you. The dietitian can teach you how to:

- make up a meal plan
- use a meal plan
- read food labels
- grocery shop
- choose healthier foods when you eat out
- find a good cookbook that suits your needs
- change the recipes you love to make them better for you
- and much more



It is a good idea to see a dietitian every 6 months, or when you have problems or questions.

Doctor, Physician's Assistant or Nurse Practitioner - along with you, this professional will lead the healthcare team. In addition to their primary care doctor, some people want to go to an expert called an endocrinologist or diabetologist.

Your doctor will talk to you about:

- your treatment plan and goals
- the need for education
- lab tests and results
- other healthcare team members

Pharmacist - an expert in drugs and how they affect your body. The pharmacist can teach you about:

- how often to take your medicine
- whether to take your medicine with meals or not
- what side effects to watch for
- what other drugs might not go with your diabetes medicine
- how to store your drugs
- what over-the-counter drugs are best for you (see the Nonprescription Drugs brochure)

Podiatrist - trained to take care of foot and lower-leg problems. Your foot doctor can help you learn about caring for your feet, and is the best person to treat any problems with your feet. The podiatrist will talk to you about:

- how to do daily foot care (see Diabetes and Foot Care brochure)
- how to take care of your feet and legs
- problems and how to avoid them

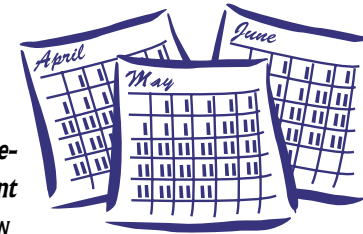
Support Groups - sometimes you just need to talk to someone who knows what it's like to live with diabetes. Ask your healthcare team about local support groups.

Your family and friends - anyone who will support you is part of your team. Let these people help you take good care of yourself. It is a good idea to have a family member attend diabetes education classes with you. This will not only give you a second set of eyes and ears, but there will be someone to help you that understands how hard *take-charge management* can be.

How often should I see my team?

Of course, you will see your family and friends every day. They will give you lots of support and help you take care of yourself in many ways. You will see your pharmacist almost as often as you visit the pharmacy, and you can ask many questions while you are there. You will likely need an appointment to see the other members of your team.

The team approach is the key to making *take-charge management* work for you. How often you see your doctor will depend on your health and your treatment plan. With type 2 diabetes, 2 to 4 visits a year are best. If you are having problems or making changes in your treatment plan, more visits may be needed.



What will my team and I look for, and when?

There are many things you and your health team need to check to make sure your diabetes is in good control. Some things need to be checked every day, and others only once or twice a year. Your healthcare team will help you set your goals. Here are some take-charge items you and your team may check:

Take-charge item	Best result	Goal	How often
Review your blood sugar records			Every visit
Blood sugar (serum/plasma reference)			
Fasting	80-110 mg/dL		
Pre-meal	80-110 mg/dL		
Post-meal (1-2 hours)	Less than 140 mg/dL		
A1C (3-month test)	Less than 7%		Every 3 mos
Tests for lipids (blood fats)			
Total Cholesterol	Less than 200 mg/dL		Every year
LDL Cholesterol	Less than 100 mg/dL		Every year
HDL (good cholesterol)	More than 40 mg/dL		Every year
Triglycerides	Less than 150 mg/dL		Every year
Blood Pressure	Less than 130/80		Every visit
Weight			Every visit
Foot exam			Every visit
Microalbumin (urine kidney test)			Every year
Dilated eye exam			Every year
EKG			As needed

How do I know that tight control is going to help me?

Research tells us how much we can gain from tight control. Here are some of the most recent studies that have been done on diabetes and tight blood sugar control:

Diabetes Control and Complications Trial (DCCT)

The DCCT was a study of 1,441 people with type 1 diabetes. This study showed that *take-charge management* can lower the risk of complications from diabetes. People in this study who used *take-charge management* had average blood sugar levels near normal. They had a lower risk of eyedisease, kidney disease and nerve damage. This study showed that even lowering your A1C by 1% helped lower your risk of future problems from diabetes.



The Kumamoto Study

The Kumamoto study was for people with type 2 diabetes. This study had similar results to the DCCT. People with good control had fewer problems with their eyes, kidneys and nerves.

The United Kingdom Prospective Diabetes Study (UKPDS)

The UKPDS is the largest study of people with type 2 diabetes. Over 5,000 people took part in this study. The UKPDS showed that very good control of blood sugar lowers your risk of getting complications. Even small changes in blood sugar control were shown to have big effects on your risk for complications. This study also showed that you might need to make changes to your treatment plan and medications over time. Control of high blood pressure and blood fats was shown to be helpful as well.

These studies tell us *take-charge management* is the key to good control of your diabetes.



What else should I talk to my healthcare team about?

- Flu shot (is it a good idea for me, and when?)
- Pneumonia vaccine (is it a good idea for me?)
- Smoking (how do I quit?)
- Nutrition (how do I make the right food choices?)
- Medications (which ones should I take, and how do I take them?)
- Exercise (how do I make it part of my day?)
- Weight (how do I maintain a healthy weight?)
- Complications (how do I prevent them?)
- Cardiovascular risk reduction (what are the risk factors?)
- High and low blood sugars (how do I prevent them and how do I treat them?)
- Sick day action plan (what do I do when I am sick?)
- Diabetes education (what else can I learn?)
- Foot Care (how do I practice daily foot care?)
- Skin Care (what type of lotions are effective in treating dry skin?)

Helpful contacts:

American Diabetes Association

Telephone: 1 800 342-2383

Web site: www.diabetes.org

Juvenile Diabetes Research Foundation

Telephone: 1 800 533-2873

Web site: www.jdrf.org

American Association of Diabetes Educators

Telephone: 1 800 338-3633

Educator referral line: 1-800-832-6874

Web sites: www.diabeteseducator.org

www.aadenet.org