Continuous glucose monitoring (CGM) has been around for a decade and, according to me, it is the single greatest advance for people with type 1 diabetes since the discovery of insulin, which was almost a century ago! For those of you who don’t know about it, CGM allows a person with diabetes to have a blood sugar reading every five minutes, 24/7, with trend arrows to show which direction the blood sugar is going and sounds an alert for impending highs and dangerous lows. CGM has already improved the lives of thousands of infants, children, and adults living with diabetes, as well as their loved ones. There are two CGM devices currently on the market, the Dexcom G5 and Medtronic Enlite. These devices have traditionally been used for folks with type 1 diabetes; however, they will soon be used to a much greater extent by people with type 2 diabetes!

While it may seem obvious to use an unblinded CGM, many healthcare providers (HCP) use blinded CGM. This is where the person with diabetes wears a CGM device for three to five days but cannot see any of the glucose values. Additionally, no alarms will go off even if the glucose value is extremely high or dangerously low. You will not see trend arrows and are unable to see how food, exercise, stress, and other factors affect your diabetes control. The CGM, which ends up being a loaner unit, is returned to the clinic or doctor’s office and the data is downloaded there. When you see that HCP again (whenever that will be), you go over the results in retrospect, hoping to find trends and patterns in order to make therapeutic decisions in your diabetes management.

I just do not understand the concept around blinding a person with diabetes from their results in real-time. Why...
would you not want to see your numbers? Why would you not want to be alerted to highs or lows? Why would you not want to see the effects of how different types and amounts of food affect your glucose values? Why would you not want to see how exercise affects your diabetes control? Are our lives so predictable that those three days of blinded CGM represent the norm and we never have days where our meals and activities are different than usual? Do we really love to prick our fingers a zillion times a day? I just do not get it!

Do you want to know what the HCPs say who use blinded CGM…none of whom have diabetes themselves? They say that real-time unblinded CGM is more expensive than a short-term blinded session. For example, they say that “patients” will not know what to do with the results, and may do ourselves harm by overreacting and giving too much insulin. They say that the technology is “too much” for many folks with diabetes. They refer to the Hawthorne Effect, where if we see the results, we will change our behavior based on the glucose values and the HCP will not know the isolated effect of adding a new medication or changing the insulin dose.

I strongly disagree with these thought processes. None of their arguments hold water with me or with the majority of HCPs and people with diabetes. Everyday is different for a person with diabetes, so trends and patterns may not show up and, even if they do, they are not permanent because life is not that consistent. Also, I love the Hawthorne Effect! If someone changes their daily habits for the better by seeing his or her glucose values in real time day and night…then they may not need a new diabetes medication or insulin dose adjustment! I could go on and on.

If you ask me, there is no role for blinded CGM except for formal clinical research studies that must evaluate the true affect of a medication on a person with diabetes without any confounding influences. Real time unblinded CGM is the standard of care for type 1 diabetes right now and will soon become a valuable asset for people with type 2 diabetes as well. I can guarantee you that there is not one HCP who has diabetes and who uses a blinded CGM on him or herself. Blinded CGM…Give me a break!
Smart Patients
THE NEW TCOYD ONLINE COMMUNITY

The goal of Smart Patients is to help patients and families learn from each other in a safe, peer-to-peer community. The community isn’t meant to replace in-person learning, but to complement it. As TCOYD conference participants, consider Smart Patients to be an opportunity to continue your conversations after the conference. What did you learn? What new questions do you have? What inspired you to reevaluate your diabetes management? Questions and ideas from the Smart Patients diabetes community can also serve as feedback to TCOYD to make the conferences even better.

We at Smart Patients believe that patients are the most underutilized resource in medicine. The patient experience is often overlooked and we want to change that. By providing a safe place online for patients to share, interact, and learn from each other, we are helping create a community of patients who can improve care for themselves and others.

The stories we share will strengthen bonds among community members by providing support and understanding. By helping people affected by diabetes discuss emotions, treatments, news, and more, Smart Patients can foster lasting relationships. One thing we continually hear from Smart Patients members is that their initial fears are alleviated almost immediately after participating in the conversations within our virtual walls.

We know living with diabetes is not easy. Regardless of type, treatment, or technology, the very nature of diabetes includes the unfair truth that the only consistent thing about diabetes is its inconsistency. The good news is that we know living with diabetes can be a little bit easier if you have help. The in-person opportunities provided by TCOYD are a fantastic example of the power of peer-to-peer support. Smart Patients provides a chance for those moments of support to extend beyond each TCOYD conference and create a new dynamic for interactions within the diabetes community.

When you’re ready, we invite you to join the Smart Patients diabetes community. Visit www.smartpatients.com/diabetes.

I’m still awed almost daily by the combination of knowledge and kindness that is shared here.

A SMART PATIENT

Fit2Me Support Program Helps Patients Manage Type 2 Diabetes

It’s not too late to kick start your 2016 resolutions for proactive diabetes management and Fit2Me™ can help. Since each person with type 2 diabetes is unique, this interactive resource from AstraZeneca offers the tools to navigate your personal journey with the condition while helping to establish easy-to-maintain healthy habits.

Unlike some diet, exercise, and diabetes trackers that record past activity, Fit2Me focuses on establishing healthy habits in planning for the future, instead of just tracking calories consumed and burned. This free online program focuses on four key areas of diabetes management – food, activity, treatment information, and support – and offers encouragement from digital coaches who can help users through the process of improving their health and fitness while celebrating successes along the way.

With more than 10,000 diabetes-friendly recipes

CONTINUED ON PAGE 12
Did you know that insulin has been around since the 1920’s? Although insulin sometimes gets a bad rap, to this day, it is still one of the best medications we have to treat diabetes. Despite the fact that insulin has been around for so long, the current insulin medications are not perfect. However, two new insulins were approved in 2015, Toujeo and Tresiba, which may offer some advantages.

Basal Insulin
Each of these new medications is a basal insulin, which is necessary in all patients with type 1 diabetes and some patients with type 2 diabetes. The main purpose of basal insulin is to control glucose levels in the “fasting state”, which is overnight and in between meals. Therefore, the ideal basal insulin should have a steady effect throughout the day and night. Basal insulin should also last a full 24 hours in every patient. You wouldn’t want your basal insulin to run out before your next dose is due! Both Toujeo and Tresiba are longer-acting basal insulins compared to the other available long-acting insulins, which do not last 24 hours in every patient. Toujeo and Tresiba will allow for more flexibility in the timing of the dose and they also appear to be more “steady” throughout the 24 hours with fewer peaks and valleys. Let’s look at each of them in a little more detail.

Toujeo® (insulin glargine U-300)
Insulin Toujeo is not actually “new.” It simply is three times more concentrated than insulin glargine (Lantus), so you can inject a smaller volume of insulin to get the same effect. Most of the insulin available today comes in a U-100 concentration, including Lantus (glargine U-100). This means there are 100 units in 1 milliliter of fluid. Toujeo is more concentrated with 300 units in 1 milliliter of fluid. It is therefore called glargine U-300. Why is this important? It turns out that the volume of insulin injected can change the way the insulin works. For patients with type 2 diabetes on large doses of insulin (over ~200 units a day), the lower volume in the concentrated Toujeo works better. Some clinical trials comparing Lantus (glargine U-100) and Toujeo (glargine U-300) showed fewer ups and downs, less hypoglycemia and less weight gain in patients taking Toujeo. Toujeo was FDA approved in 2015 and is currently available for use.
Tresiba® (Insulin degludec)
Tresiba, a new insulin analog, has been on the market in Europe since 2013. Tresiba comes in a traditional U-100 concentration and a more concentrated U-200 formulation. In clinical trials, Tresiba was associated with decreased hypoglycemia (especially at night.) In most studies, weight gain was similar when comparing Tresiba with Lantus. A flexible dosing schedule can be used in patients on Tresiba, which also lasts more than 24 hours, and in the new FlexTouch pen, one can receive a dose of up to 160 units at a time (it is not uncommon for some users with type 2 to use that much basal insulin). What this means is that you don’t have to take your dose at the same time every day. For example, you could take your dose Sunday morning at 7:00am, and then again at 11:00am on Monday.

Tresiba also comes in a 70/30 premixed formulation called Ryzodeg, with 70 percent insulin degludec and 30 percent insulin aspart and is often used with the largest meal of the day in people with type 2 diabetes. Tresiba is also being studied in combination with Victoza, a GLP-1 receptor agonist. Victoza is another injectable medication approved for the treatment of type 2 diabetes. This combination medication would come as a single daily injection in a prefilled pen. Tresiba was FDA approved in 2015 and is expected to hit shelves in early 2016.

Are these new insulins easy to use and right for you?
Toujeo and Tresiba offer exciting new treatment options for patients using basal insulin. Both medications are approved for use in type 1 and type 2 diabetes. They both come in prefilled pens; the Toujeo SoloStar pen and the Tresiba FlexTouch pen. These medications may have some benefits over traditional basal insulin including less hypoglycemia, less weight gain, and more stable, long-lasting effects beyond 24 hours. Lastly, flexible dosing offers a new opportunity in basal insulin use. This is an exciting time for new insulin formulations and more are on the way in the future!
In Memory of Joseph F. Kunz
Leaving a Legacy with TCOYD

Joseph Kunz, deemed the, “Diabetic Guru Dad,” was a long-time TCOYD conference goer, a type 1 diabetic for 45 years, friend and patient of Dr. Edelman’s. Joseph ended his battle with cancer on October 31, 2015 and will be greatly missed by Dr. Edelman and the entire TCOYD staff. Even though he resided in Phoenix, AZ, Joseph would make a monthly trip to see Dr. Edelman at the San Diego VA clinic.

Joseph will be remembered for many wonderful qualities including his bright spirit, positive attitude, the light he brought into his friends and families lives, and for a very special bond with his youngest granddaughter Oliviah, who also has type 1 diabetes. Joseph and Oliviah spent a lot of time together having fun, but also comparing CGM numbers, blood sugars, counting carbohydrates, sharing the same day-to-day struggles, the same fears, and the same hopes for a cure.

Joseph’s regular attendance at the San Diego TCOYD conferences with a few members of his beautiful family—wife Marie, daughter Ashley, son-in-law Hany, and granddaughter Oliviah—always left a sense of love and warmth in all of our hearts. Joseph was always so grateful, positive, and an active supporter of TCOYD.

Joseph had requested that in lieu of flowers for his memorial service, donations be made to TCOYD. Everyone at TCOYD would like to reach out and offer a very warm thank you to The Kunz and Ali families for generously setting up the “In Memory of” donation fund for Joseph Kunz. We greatly appreciate the donations and, more importantly, appreciate the friendship we were able to gain from Joseph and his family.

P.S. Oliviah was also featured in the Spring 2015 edition of the my TCOYD newsletter, so check her out, she’s quite a cutie!

If you would like to donate to TCOYD in honor of Joseph, please email Sarah@tcoyd.org with “Joseph Kunz” in the subject.

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• Flush the wound with Puracyn® Plus and apply a freshly moistened dressing as needed.

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Visit www.puracynplus.com to learn more.

Puracyn® Plus is wound care for life.
Eating Better: We Need a Plan!

Why planning ahead makes all the difference

CHEF ROBERT LEWIS
THE HAPPY DIABETIC & D LIFE COLUMNIST
ARTICLE PROVIDED BY D LIFE

Just think...starting next week, you can come home from work feeling excited to cook and eat the amazing meals you have taken a little time to prepare. By planning ahead, you will provide healthy meals for yourself and your family... and hallelujah! You won't have to stress about what the heck you should fix for dinner!

Anyone can become a great meal planner. Your old way is to plan tonight’s 5:30 dinner at 4:45, which means you might resign to road tripping to your favorite fast food joint. Trust me, I know the feeling. You come home from work tired and lacking the energy and enthusiasm to plan, shop for, and cook a healthy and happy meal. At some point however, we have to stand our culinary ground and come to terms with the fact that, to take responsibility, we need to plan in advance. Meals that happen when we roll the dice for dinner usually prioritize convenience and end up being more expensive and less healthy.

Menu planning can be a simple process, so let me show you how. In learning to eat healthily, I have discovered how to turn ordinary ingredients into something extraordinary. Here are three simple Happy Diabetic meal-planning tips. Ready, set, go!

#1 – Plan to cook and eat at home often.

OK...I admit it. I like to eat out, too. But, having worked for most of my career in restaurants, I can tell you that you should only trust yourself and your mama to prioritize good health. Restaurants are becoming better at paying attention to nutritional information, and that is good, but pleasing your pallet and handling your credit card are undeniably still the primary focus of a restaurateur. You have to be a little defensive when
it comes to eating in a restaurant. Be aware that portion sizes are completely whacked-out. When the restaurant commercials on TV feature the grilled shrimp swimming in butter and the all-beef fried taco smothered in cheddar cheese, you need to shake yourself from the trance and say, “That meal is not for me!” You can make food at home that is delicious and far more responsible! Healthy planning and eating belongs to only you, and as you further develop your skills in the kitchen you won’t even miss those high caloric restaurant meals!

#2 – Write down your meal plans.
For me a Sunday day off works best. I turn off the TV for ½ hour and grab my iPad and/or a piece of paper and a pencil. I put on some of my favorite music, assemble my favorite cookbooks and web sites, and go to work! I think about my week ahead, my work schedule, and the people that I will share meals with. For example, I am meeting friends on Tuesday evening, so I know on that night I will need to cook a simple meal as I won’t have much time. Or, maybe I can cook a little extra on Monday to have leftovers to eat on Tuesday. Let’s see…what fresh produce do I already have on hand? I take a quick inventory of my staples and the spices in the pantry. Then, with the artistry of Picasso, I start to visualize colorful plates and write down the list of ingredients I will gather on my shopping trip. Remember: If it isn’t written down it doesn’t exist. Make time for planning ahead!

#3 - Prep meals and ingredients ahead of time.
Another reason meal plans fall apart is because real life crowds the time needed to prepare those meals we want to eat. I like to take some time on the weekend, when I have a few extra minutes, to prep some of my meals and snacks for the week. For example, I like to buy 3-5 lbs. of chicken breasts at a time – a far greater quantity than I need for one meal, but which eliminates multiple trips to the grocery store. I’ll marinate, season, and bake or grill the lot. After they cool, I’ll slice and bag them, 4-8 oz. per freezer baggy. Now I’ve got portioned cooked chicken ready to go. For what, you ask? Chicken soup, chicken tacos, chicken enchiladas, Mediterranean Chicken of Love (a favorite recipe in my Cook Fresh, Live Happy cookbook!), a broccoli and mushroom chicken bake, chicken chili, chicken salad with avocado, chicken fajitas, Olive and Garlic Chicken of Love… you get the idea. Even the littlest bit of food preparation can put you ahead of the cooking curve, and if/when that unexpected glitch in the schedule occurs at meal time, you will be SO pleased that you worked ahead. Good job, me!

I hope you’ve found these tips and steps inspiring and helpful on your journey to healthy and convenient cooking at home – Bon Appetit!

With the artistry of Picasso, I start to visualize colorful plates and write down the list of ingredients I will gather on my shopping trip. Remember: If it isn’t written down it doesn’t exist. Make time for planning ahead!
The Game Changer  

BY J. TODD WALKER, MD

Back in my glory days as a football player at Texas Tech University we referred to a “game changer” as a play that changed the course and outcome of a game. With nearly 150 plays each game – one or two game changing plays are able to make a tremendous impact. One game changing play I will never forget was the game winning touchdown pass against the number one ranked team in the country, The University of Texas Longhorns, as time expired. That was a game changer.

At the age of 26, not too long after finishing up my football career, I was diagnosed with type 1 diabetes. At that time I had no idea how tough this opponent was going to be. As a strong football player who had been in difficult games and overcome numerous injuries, I felt invincible. I was also a 4th year medical student on my way to becoming an orthopaedic surgeon. I remember thinking there was nothing that could take me down or defeat me! My endocrinologist put me on insulin and I was ready to celebrate another victory. I thought I was winning the game and stayed on the same regimen for the next two years. As time passed, however, I began to realize I wasn’t winning my battle. I was slowly losing the game with increasing feelings of not being in control of my body, my sugars, or my new feelings of anxiety. I was an elite athlete, now physician, who could not control my own body or workout with the intensity or endurance I used to have, and it profoundly affected me. My opponent was outplaying me both physically and mentally. I felt helpless and was in desperate need of that “game changer.”

Shortly after moving to San Diego, a friend and colleague of mine, Dr. Porter, told me about the charming Dr. Steven Edelman who introduced me to three game changers; a continuous glucose monitor, an insulin pump, and fast acting inhalable insulin. The continuous glucose monitor gave me 480 readings every day without having to prick my finger. It told me if my sugars were rising or falling. It also allowed me to get back to being physically active like I used to be and gave me that sense of control back in my life. The insulin pump eliminated the need to give injections, allowed me to feel socially comfortable giving myself insulin, and greatly increased flexibility with meals and exercise. The inhalable insulin gave me the added benefit of super fast acting insulin and peace of mind knowing it would be out of my system within an hour.

Although these three game changing components have had a hugely positive impact on my diabetes management, I have a long way to go and I know it’s going to take a lot of practice to get to the top of my diabetes game. But, never have I felt more in control and empowered to face any opponent than I do now with my game changers. I’m taking control of my diabetes.

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**DIABETES GAME CHANGERS**

1. Continuous glucose monitor
2. Insulin pump
3. Fast-acting inhalable insulin
Pork Tenderloin with Apple-Onion Chutney

**Servings** 2  
(4-ounce pork and 1/2 cup chutney each)  
**carb. per serving** 24 g  
**START TO FINISH** 30 minutes  

1. Trim fat from pork. Cut meat in half crosswise. Place each piece, cut side down, between two pieces of plastic wrap. Pound lightly with the flat side of a meat mallet to 1/2-inch thickness. Remove plastic wrap. Sprinkle meat with the thyme and pepper.  
2. Lightly coat an unheated large nonstick skillet with nonstick cooking spray. Add pork. Cook over medium-high heat for 6 to 9 minutes or until done (145°F), turning once. Transfer pork to a plate. Cover; keep warm.  
3. For chutney, in the same skillet cook onion about 4 minutes or until tender, stirring occasionally. Stir in apple slices, the water, vinegar, honey, salt, and cumin (if desired). Bring to a boil; reduce heat. Simmer, uncovered, for 4 to 5 minutes or until the liquid is almost evaporated and the apples are tender, stirring occasionally. Return pork to skillet; heat through. Divide pork and chutney between two serving plates.  

Per serving: 219 cal., 2 g total fat (1 g sat. fat), 73 mg chol., 344 mg sodium, 24 g carb. (4 g fiber, 17 g sugars), 25 g pro. Exchanges: 1 vegetable, 1 fruit, 3 lean meat.

For more great recipes, visit DiabeticLivingOnline.com
Fit2Me encourages people to reach their personal health goals through interactive games, team challenges, and rewards. Visit Fit2Me.com to learn more and register.