What is diabetes?

If you or someone you know has diabetes, you're not alone. Millions of people have diabetes. Diabetes cannot yet be cured. But it *can* be managed.

The most common types of diabetes are type 1 and type 2

Type 1

In type 1 diabetes, the body makes little or no insulin, due to an overactive autoimmune system. So people with type 1 diabetes must take insulin every day. Type 1 diabetes usually occurs in children and young adults, but it can also appear in older adults. (An autoimmune disease means that the body attacks its own cells by mistake.)

Type 2

In **type 2 diabetes**, your body prevents the insulin it does make from working right. Or it may not make enough insulin. Most people with diabetes have type 2. Some risk factors for this kind of diabetes include older age, being overweight or obese, family history, and having certain ethnic backgrounds.

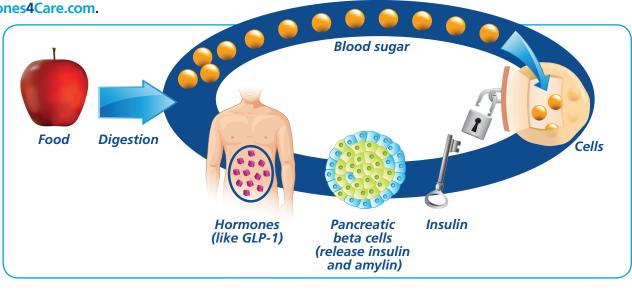
What happens in diabetes?

Diabetes is a condition in which the body doesn't make or use insulin correctly. The image below shows, in a simple way, what happens normally when you eat.

In people without diabetes:

- When you eat, some of your food is broken down into sugar (also called glucose). Sugar travels in your blood to all your body's cells. Your cells need sugar for energy. Sugar from food makes your blood sugar level go up
- In response to increased sugar, beta cells in the pancreas release a hormone called insulin. Insulin is like a key that unlocks the doors of your cells so that sugar can get into the cells, where it is used as a source of energy
- There are other hormones that play important roles in how the body uses sugar. For example, amylin and GLP-1 help reduce the amount of sugar made by the liver and slow the emptying of food from the stomach. Another hormone called glucagon tells the liver to release stored sugar if your blood sugar gets too low or if you have not eaten for many hours, such as overnight

The information below focuses on type 2 diabetes. For more information about type 1 diabetes, visit **Cornerstones4Care.com.**



In people with diabetes:

- Your pancreas makes little or no insulin, or
- Your body prevents the insulin you do make from working right. This is called insulin resistance

Checking your blood sugar

Checking your blood sugar yourself can be an important part of a diabetes care plan. Checking often will tell you:

- If your insulin or other diabetes medicine is working
- How physical activity, the foods you eat, and stress affect your blood sugar

You'll usually feel better and have more energy when your blood sugar stays at or near your goal. Managing your blood sugar can also reduce your risk of developing problems from diabetes.



Knowing your A1C

The A1C test measures your estimated average blood sugar level over the past 2 to 3 months. It's like a "memory" of your blood sugar levels. It shows how well you're controlling your blood sugar levels over time.

Your A1C is made up of 2 other blood sugar measurements:

- FPG is your fasting plasma glucose. This is your blood sugar number when you have been fasting (not eating) for at least 8 hours
- PPG is your postprandial plasma glucose. This is your after-meal blood sugar level, which you check about 1 to 2 hours after you eat. It measures the blood sugar spikes that happen after you eat

Both your FPG and your PPG have to be at their targets in order for your A1C to be at target.

Your A1C and your blood sugar levels go up and down together. Here is how A1C relates to the estimated average blood sugar level:

A1C levels	Average blood sugar	
6%	126 mg/dL	
7%	154 mg/dL	
8%	183 mg/dL	
9%	212 mg/dL	
10%	240 mg/dL	
11%	269 mg/dL	
12%	298 mg/dL	
Adapted from the American Diabetes Association. Standards of medical care in		

Adapted from the American Diabetes Association. Standards of medical care in diabetes—2016. *Diabetes Care*. 2016;39(suppl 1):S1-S112

It is recommended that you get an A1C test:

- At least 2 times a year if your blood sugar is under good control
- 4 times a year if you're not meeting your goals or if your treatment has changed

According to the American Diabetes Association, lowering your A1C to below 7% may reduce your risk of some diabetes-related problems, like problems with your nerves, eyes, and kidneys. Your health care provider will tell you what your personal A1C goal should be.

Talk with your diabetes care team about your A1C goal and write it here:

When to check your blood sugar

You and your diabetes care team will decide when and how often you should check your blood sugar. Here are some times when you may want to check:

- At bedtime and when you wake up, to see if your blood sugar is staying under control while you're asleep
- Before meals or large snacks, to know what your blood sugar is before you eat
- 1 to 2 hours after meals, to see how the food you eat affects your blood sugar
- Before and within minutes after physical activity, to see how being active affects your blood sugar

Depending on the medicine you're taking, your health care professional may want you to check your blood sugar more or less often. Talk with him or her about how often and when you should be checking.

How to check your blood sugar and keep track of your numbers

Many different kinds of blood sugar meters are available today. Your diabetes care team can help you choose a meter and show you how to use it.

It's important to write down your blood sugar levels so that you can keep track of what makes them go up or down. Some meters also keep a log of your past blood sugar levels. You can also ask your diabetes care team for a copy of the **Cornerstones4Care®** booklet *Staying on Track.* Or go to **Cornerstones4Care.com** for an online tracker.



Managing type 2 diabetes

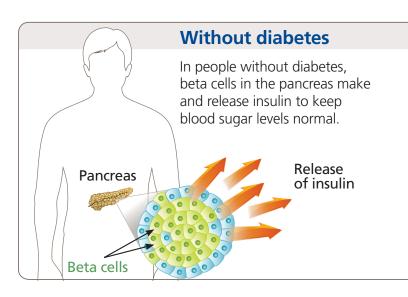
As part of your diabetes care plan, your care team may start by asking you to take different diabetes medicines such as pills or other non-insulin medicines.

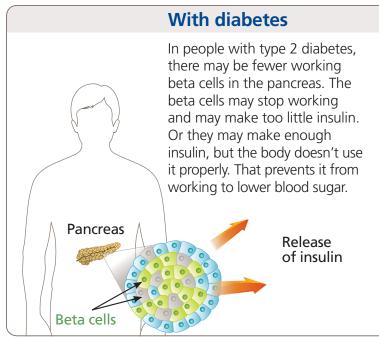
Your diabetes care team will help you develop a diabetes care plan that is right for you. In addition to taking medicine, you should aim for a balanced and healthy eating plan, making physical activity a regular part of your daily routine, getting to and staying at your target weight, and tracking your blood sugar numbers.

It is now clear that type 2 diabetes will continue to change over time:

- The beta cells may stop working. Research suggests that many people with type 2 diabetes may already have lost about 50% to 80% of their beta cell function by the time their diabetes is diagnosed
- As the number or function of beta cells goes down, the pancreas may make less and less insulin. As a result, your treatment may also need to change over time

To avoid problems related to diabetes, it is important to keep your blood sugar as close to your target as possible. You can learn more at **Cornerstones4Care.com**. Or ask your diabetes care team for more information. And talk with them about which diabetes treatment is right for you.





For more information about diabetes, visit Cornerstones4Care.com

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Diabetes Health Coach An online program that builds a customized action plan around y

customized action plan around your needs to help you learn healthy habits



Meal Planning Tools Create tasty, diabetes-friendly meals



Interactive Trackers Record A1C, weight, and blood sugar numbers

Enrolling is easy. Just complete this form. All fields with asterisks (*) are REQUIRED .		Review and complete below.	
* □ I have diabetes or □ I care for son * First name* Last name		* Phone number: ()	
* Address 1		* Cell phone number:	
Address 2		()	
* City* State			
* ZIP * Email		Novo Nordisk Inc. ("Novo Nordisk") understands protecting your personal and health information is very important. We do not share any personally identifiable information you give us with third parties for their own marketing use.	
* Birth date mm/dd/yyyy / /			
* What type of diabetes do you or the person you care for have? (Check one)		I understand from time to time, Novo Nordisk's Privacy Policy may change, and for the most recent version of the Privacy Policy, please visit www.C4CPrivacy.com.	
Type 2 Type 1	Don't know	By signing and dating below, I consent that the information I am providing may be used by Novo Nordisk, its affiliates or vendors to keep me	
 * What type of diabetes medicine has been prescribed? (Check all that apply) Insulin GLP-1 medicine None Other Diabetes pills (also called oral antidiabetic drugs, or OADs) 		informed about products, patient support services, special offers, or other opportunities that may be of interest to me via mail and email. Novo Nordis may also combine the information I provide with information about me froi third parties to better match these offers with my interests. These materials may contain information that market or advertise Novo Nordisk products, goods, or services.	
* If you checked "Insulin," "GLP-1 med please fill in the following for each:	licine," or "Other,"	Yes, I'd like to be contacted by Novo Nordisk via phone calls and text messages at the phone numbers I have provided.	
Product 1: How long has this product been taken Prescribed but not taken 0-3 months	 7-12 months 1-3 years 	By checking this box, and signing and dating below, I authorize Novo Nordisk to use auto-dialers, prerecorded messages, and artificial voice messages to contact me. I understand that these calls and text messages may market or advertise Novo Nordisk products, goods, or services. I understand that I am not required to consent to being contacted by phone or text message as a condition of any purchase of goods or services.	
4-6 months 3 or more years Product 2:		I may opt out at any time by clicking the unsubscribe link within any email I receive, by calling 1.877.744.2579, or by sending a letter with my reques to Novo Nordisk Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536.	
How long has this product been taken?			
0-3 months	 7-12 months 1-3 years 3 or more years 	By providing my information to Novo Nordisk and signing and dating below, I certify I am at least eighteen (18) years of age and agree to the terms above.	
3 easy ways to enroll:		* Signature (required)	
1. Fax the completed form to 1-866-549		* Date (required)	
2. Email the completed form to C4Csign	-	mm/dd/yyyy	
3. Call 1-888-825-1518 and follow the voice prompts			

