



Your Diabetes Care and Management Plan

Taking Charge of Your Journey with Type 2 Diabetes





Table of Contents

Your Diabetes Team	3
Manage Your Blood Glucose	5
Protect Your Heart Health	8
Protect Your Kidney Health	10
Take Steps to Prevent or Delay Diabetes Complications	12
Your Diabetes Care and Management Plan Summary	14

OVERCOMING THERAPEUTIC INERTIA

You are the most important member of your diabetes care team.

The more you know about managing your diabetes and taking an active role in your care, the more prepared you'll be to live healthy.

This is your guide to creating a diabetes care and management plan that works for you. Work with your diabetes care team to put this plan together. Your plan will help you:

- Understand your lab results and what they mean for you
- Set goals for your lab results and overall health
- Create a medication and lifestyle plan that is right for you
- Learn to manage your diabetes

In creating this diabetes care and management plan, you should use the information you and your diabetes care team already have.

Remember to always bring your most recent blood glucose (blood sugar) records, lab results, and a list of current medications to every visit with your health care provider. This will make sure you and your diabetes care team are using the most up-to-date information in creating a plan that's right for you.

Use the Diabetes Care and Management Plan Summary at the end to track your goals and progress over time.

Your Diabetes Care Team

Your Diabetes Care Team will help you develop a diabetes management plan that works for you. Taking steps to stay on top of your blood glucose sugar levels and adjust therapy quickly is important. It will help you feel better now and help you stay healthier throughout your life.

Who do you need on your diabetes care team?

Health care providers you trust with the experience and skill to manage your diabetes. This could include:

- Diabetes care and education specialists (DCES)
- Primary care and other clinicians
- Nurses
- Dietitians
- Exercise specialists
- Pharmacists
- Dentists
- Eye doctors (optometrist or ophthalmologist)
- Foot doctors (podiatrists)
- Mental health professionals
- Social workers
- Family and friends who support you (include them and share your needs with them)

OVERCOMING THERAPEUTIC INERTIA

How can you best work with your diabetes care team?

- **Set goals together.** Make goals that are realistic and achievable. Understand that they will change over time as your diabetes changes.
 - **Learn about your diabetes and diabetes treatment.** Get information and education about how you can manage your diabetes. Most diabetes management decisions will be made by you. Make sure you participate in diabetes education. Ask for a referral to diabetes self-management education and support (DSMES) services. Diabetes care and education specialists (DCESs) are specially trained to address your questions and concerns and help you gain the skills and knowledge to manage your diabetes and live well.
 - **Develop a plan.** Work with your diabetes care team to create a plan that works for you and follow it. It should include medications, an eating plan, and how to work in physical activity to your day. It may also include what to do if you're not getting to your blood glucose targets.
 - **Take your medications as agreed.** Over time, you may need several medications to manage your diabetes. Each medication helps manage blood glucose levels in a different way. If you have to take more than one medication, it does not mean you failed. Talk with your diabetes care team about concerns or side effects like low blood glucose (hypoglycemia) and make changes together that address your concerns.
 - **Use technology.** Monitor your blood glucose levels as directed and share the data with your diabetes care team members. Your care plan will change based on what your blood glucose data tells you and your diabetes care team.
 - **Meet with your diabetes care team members regularly.** This may be monthly at first and less often later. Working with them to get your diabetes managed quickly will help you stay healthy longer.
 - **Share your concerns.** Tell your care team about anything getting in the way of following your plan and achieving your goals. This might include the cost of medication, transportation challenges, or emotional issues like depression. Ask for help. You can view mental health support resources at diabetes.org/mental-health.
 - **Ask for referrals.** DSMES services are an important part of your treatment, especially when you have any change in your treatment plan. You can find an American Diabetes Association (ADA) recognized program at diabetes.org/FindAProgram.
- It may also be helpful to meet with a DCES, pharmacist, or dietitian to help you stay on track. Seeing a mental health professional if you feel depressed or just plain burnt out is also a good idea.
- **Take charge of your health!** Use this booklet to help you manage your diabetes and meet your goals.

OVERCOMING THERAPEUTIC INERTIA

Manage Your **Blood Glucose** (also called blood sugar)

Blood glucose levels change constantly. You and your diabetes care team will work out a management plan to keep blood glucose levels within your target range. Keeping blood glucose in range will help you feel better every day and keep you healthy in the future.

A healthy eating plan and active lifestyle are the foundation of all blood glucose management plans. Most people with diabetes will eventually need one or more medications to keep blood glucose within their target range. You and your diabetes care team will know if your plan is successful by using several kinds of data or information:

A1C test (every three to six months):

This measures your average blood glucose for the last two to three months. The ADA recommends an A1C of less than 7% for most people with diabetes. An A1C of 7% is equal to an average blood glucose of about 154 mg/dL.

Your A1C goal: _____

Your A1C today: _____

Checking daily blood glucose:

You can check your blood glucose anywhere using a blood glucose meter or continuous glucose monitor (CGM). Share your results with your diabetes care team at each visit. These blood glucose results show your daily ups and downs. The results will help your diabetes care team work with you if you need a change in your treatment plan.

Your fasting blood glucose goal: _____

Your blood glucose goal two hours after eating: _____

Your blood glucose goal at other times: _____

Learn more at professional.diabetes.org/TherapeuticInertia

OVERCOMING THERAPEUTIC INERTIA

Manage Your **Blood Glucose** (also called blood sugar)

To find out your estimated average glucose, first find your A1C number in the top row. Then read the measurement below to learn your average blood glucose for the past two to three months.

Your A1C Numbers									
6.0%	6.5%	7.0%	7.5%	8.0%	8.5%	9.0%	9.5%	10.0%	10.5%
126 mg/dL	140 mg/dL	154 mg/dL	169 mg/dL	183 mg/dL	197 mg/dL	212 mg/dL	226 mg/dL	240 mg/dL	255 mg/dL
Your Estimated Average Glucose (eAG) for the past 2 to 3 months									

If your A1C/eAG is different from what you expect, talk to your doctor.

Understanding Time in Range (TIR)

If you currently use a CGM, you might set TIR goals with your diabetes care team. TIR is the amount of time in a day you spend within your glucose in target range. For example, you and your health care provider might set a personalized glucose range of 70–180 mg/dL.

TIR can be used to see how much time you spend with high blood glucose levels (above 180mg/dL) and low blood glucose levels, also known as hypoglycemia (less than 70 mg/dL). It can also tell you when during the day these “out-of-range” times are happening so you can adjust your medication, diet, and exercise to stay in range.

The more you stay within your glucose range, the better your A1C will be! For example, increasing your time in range by 5% (about one hour per day) over a three-month period can lead to a decrease in your A1C of 0.5%.

Your blood glucose goals beyond A1C:

Your ideal glucose range is between _____ and _____

Your average weekly blood glucose goal: _____

Percent of time below range goal (hypoglycemia): _____


Percent of time above range goal: _____

Percent TIR goal: _____



TIR helps you understand how well you are managing your blood glucose day-to-day.

OVERCOMING THERAPEUTIC INERTIA



“ At first, I didn’t want to add yet another medication. But I am so glad I did. Now my blood glucose is where it needs to be most of the time, and I feel so much better. My advice—don’t wait! As your diabetes changes, you’ve got to stay on top of it. ”

-Angela

Your Glucose Management **Action Steps:**

- Have an A1C test done every three to six months and compare your results to your goal A1C.
- Check your blood glucose levels as agreed upon in your diabetes care plan.
- If your daily blood glucose levels or TIR are not at your goal, discuss how to change your plan or add medication to help you get there.
- If your blood glucose levels are often low or your time below range (TBR) is too high, talk with your diabetes care provider about changing your medications to lower your risk of low blood glucose.
- Ask for a referral to DSMES services. DCEs who work in these programs are specially trained to answer your questions and concerns and help you gain the skills and knowledge to manage your diabetes and live well.

Find a DSMES program or diabetes educator in your area at diabetes.org/findaprogram.

Learn more at professional.diabetes.org/TherapeuticInertia

OVERCOMING THERAPEUTIC INERTIA

Protect Your **Heart Health**

Problems with your heart and blood vessels (arteries, veins, and capillaries), also called cardiovascular disease (CVD), is common in people with diabetes and increases your risk of a heart attack or stroke. To understand your risk of CVD, your diabetes care team will check the following:

Cholesterol blood test (every year):

Diabetes can raise your “bad” LDL (low density lipoprotein) cholesterol and your triglyceride levels (fat in your blood), which raises your risk for CVD. It can also lower your “good” HDL (high-density lipoprotein) cholesterol. Low HDL levels also increase your risk for CVD.

Talk with your diabetes care team about cholesterol goals that are right for you and whether you should be taking a type of medication called “statin” which lowers your cholesterol. The ADA does not have recommended targets for cholesterol for people with diabetes, but your care team can recommend targets for you.

Your LDL goal: _____

Your LDL today: _____

Your HDL goal: _____

Your HDL today: _____

Your triglycerides goal: _____

Your triglycerides today: _____

Blood pressure test (every visit):

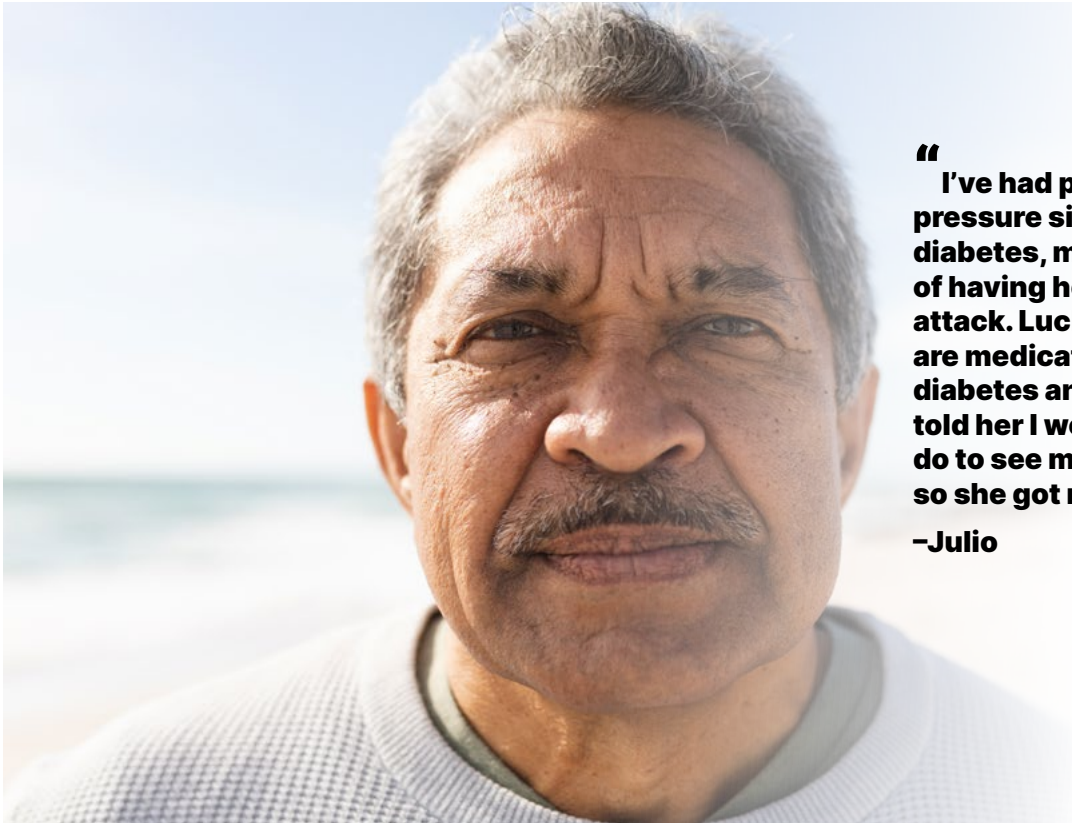
Your blood pressure is a measure of the force on your blood vessels when blood is pumped from your heart to the rest of your body. If it is too high, you have high blood pressure, also called hypertension. Having high blood pressure and diabetes increases your chance of having problems with your heart and kidneys. The ADA recommends blood pressure target of 130/80 mmHg for people with diabetes.

Your blood pressure goal: _____

Your blood pressure today: _____

Learn more at professional.diabetes.org/TherapeuticInertia

OVERCOMING THERAPEUTIC INERTIA



“
I’ve had problems with high blood pressure since my 40s. Now, with my diabetes, my doctor says I am at risk of having heart problems like a heart attack. Luckily, she told me there are medications that help control my diabetes and help protect my heart. I told her I would do whatever I need to do to see my grandkids get married—so she got me started.”

—Julio

Your Heart Health **Action Steps:**

- Understand what your blood pressure numbers mean for you. Ask a member of your diabetes care team if you are not clear.
- Quit smoking. Smoking raises your blood pressure and LDL cholesterol and increases your risk for heart attack and stroke. It can also make it harder for you to manage blood glucose. Talk with your diabetes care team about ways to quit. For free help, call 1-800-QUIT-NOW (1-800-784-8669) or visit [smokefree.gov](https://www.smokefree.gov).
- Ask your diabetes care provider whether diabetes medications that also protect your heart might be right for you.
- Ask if statin therapy is right for you. Most people with diabetes should be taking a statin.
- Ask your diabetes care provider if you should be taking low-dose aspirin, which could help reduce your risk for heart attack and stroke.
- If you have atherosclerotic cardiovascular disease (ASCVD) or heart failure, ask your doctor if you should be taking a diabetes medication that will also protect your heart and kidneys.

Learn more at professional.diabetes.org/TherapeuticInertia

OVERCOMING THERAPEUTIC INERTIA

Protect Your **Kidney Health**

Diabetes is the leading cause of chronic kidney disease (CKD). There are tests your diabetes care team will do to help you understand how well your kidneys are working.

Early detection of poor kidney function can help prevent progression to kidney failure.

Albumin-to-creatinine ratio (UACR) urine test (at least once a year):

This test looks at the amount of a protein called albumin in your urine. Albumin can leak into the urine when kidney damage is present. An ACR below 30 mg/g is considered normal. An ACR between 30 mg/g and 300 mg/g means you could have moderate kidney damage. An ACR above 300 mg/g indicates more severe kidney damage.

Your last ACR result: _____

Your Last ACR date: _____

eGFR (glomerular filtration rate) blood test (every year):

This test gives your diabetes care team a personalized view of how well your kidneys are working. An eGFR below 60 can be a sign that your kidneys are not working well. An eGFR below 15 means you are at high risk for kidney failure. It is normal for your eGFR to decrease with age.

Your last eGFR result: _____

Your last eGFR date: _____

Learn more at professional.diabetes.org/TherapeuticInertia

OVERCOMING THERAPEUTIC INERTIA



“ My husband has had some kidney problems over the years. And he was recently diagnosed with type 2 diabetes which has made his kidney problems worse. I did some research and found that there are diabetes medications that can also help keep my husband’s kidney disease from getting worse. We are talking with his care team about this at his next visit. ”

-Sarah

Your Kidney Health **Action Steps:**

- Ask for an ACR or eGFR to be done every year and discuss results and what they mean for you with your diabetes care team.
- Talk with your diabetes care team about whether you need a change in your care plan to protect your kidneys.
- If you are at high risk for kidney disease, discuss whether a diabetes medication that can lower your glucose and protect your kidneys might be right for you.

If you already have CKD, talk to your diabetes care provider about taking a diabetes medication that could help reduce your risk for kidney complications.

Learn more at professional.diabetes.org/TherapeuticInertia

OVERCOMING THERAPEUTIC INERTIA

Protect Yourself from **Other Diabetes Complications**

Get an eye exam every year.

Diabetes can damage the blood vessels in your eyes. This is known as retinopathy. At its worst, this can cause blindness. Diabetes also increases your risk for other problems in your eyes. Every person with type 2 diabetes should have a retinal eye exam when diagnosed and every year following. This is very important because if diabetes-related eye disease is detected early, there are treatments to stop it from getting worse.

Your last eye exam date: _____

Get a complete foot exam at least once per year.

Diabetes can cause nerve damage, known as neuropathy. It can also cause poor circulation (blood flow) in your feet. This can cause problems including infection, injury, and bone changes. Your doctor should do an annual foot exam that includes looking at your feet, checking for pulses, testing for change in feeling, and testing your reflexes. If you already have decreased sensation in your feet, you should also examine your feet yourself on a regular basis (ideally daily) and get treatment if you have a wound/ulcer, particularly one that looks like it could be infected (red, swollen, draining pus). If you have decreased sensation in your feet, don't go barefoot or use open-toed shoes—this could lead to a foot injury that may cause a serious infection or even amputation.

Your last foot exam date: _____

Get your immunizations.

Diabetes can make it harder to fight some infections. This puts you at risk for getting hepatitis B and for more serious problems if you come down with the flu or pneumonia. You should get a flu shot every year. Ask your diabetes care team if you need to get vaccines for hepatitis B or pneumonia.

NOTE: You may also want to ask your doctor about the Tdap and Zoster vaccines to help protect against tetanus, shingles, and other diseases.

Your most recent flu shot: _____

Your pneumonia shot date: _____

Your hepatitis B shot date: _____

Your COVID-19 shot date(s): _____

Learn more at professional.diabetes.org/TherapeuticInertia

OVERCOMING THERAPEUTIC INERTIA

Protect Yourself from **Other Diabetes Complications** (continued)

Get a regular dental checkup every six months.

If you have diabetes, you're at a higher risk of developing periodontal (tooth and gum) disease. Most people need dental exams and cleanings twice a year to maintain oral health.

Your last dental check date: _____

Discuss your weight at every visit.

If you are living with overweight or obesity, weight loss of 5–7% of your body weight improves blood glucose levels. For example, if you weigh 150 pounds, try losing about seven pounds.

Your weight goal: _____

Your weight today: _____

Time to reach your weight goal: _____

Discuss how to address barriers keeping you from managing your diabetes at every visit.

It is easy to feel burnt out when you are living with diabetes. Emotional challenges like depression and anxiety, and life challenges like trouble with housing or access to food, can impact your diabetes. Tell your diabetes care team about anything getting in the way of managing your diabetes, taking care of yourself, or taking your medication. A referral to a behavioral health specialist and connecting you to social support groups can also be helpful.

Learn more at professional.diabetes.org/TherapeuticInertia

OVERCOMING THERAPEUTIC INERTIA

Your Diabetes Care and Management Plan Summary

Your name: _____

Your Diabetes Tests and Targets

Work with your diabetes care team to set targets, based on your health care needs.

Test	How Often	Target Values	Dates & Results	Dates & Results	Dates & Results	Dates & Results
<i>Example: A1C target</i>	<i>Every 3-6 months</i>	<i>7%</i>	<i>6.8% 9/20/23</i>			
A1C target	<i>Every 3-6 months</i>					
Glucose-fasting						
Glucose-2 hrs after eating						
Time in Range (TIR)						
Blood Pressure	<i>Every clinic visit</i>					
Cholesterol (lipid profile)	<i>Every year</i>					
Eye Exam	<i>Every year</i>					
Foot Exam	<i>Every clinic visit</i>					
Flu Shot	<i>Every year</i>					
Kidney Function (ACR or eGFR)	<i>Every year</i>					
Dental Exam	<i>Every 6 months</i>					

Learn more at professional.diabetes.org/TherapeuticInertia

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Lifestyle Change Goals:

- Weight goal_____
- Eating and nutritional changes_____
- Physical activity (resistance training)_____
- Physical activity (aerobic training)_____
- Stop smoking_____

Referrals Recommended:

- Diabetes self-management education and support (DSMES)
- Behavioral health specialist
- Medical nutrition therapy (MNT)
- Social worker/therapist (emotional health)
- Eye doctor (optometrist or ophthalmologist)
- Cardiologist (heart health)
- Foot doctor (podiatrist)
- Kidney doctor (nephrologist)
- Endocrinologist (additional diabetes health support)
- Dentist
- Exercise specialist/physical therapist
- Pharmacist
- Vaccines/immunizations
 - Pneumonia
 - Hepatitis B
 - Tdap
 - Zoster
 - COVID-19

NOTES:

OVERCOMING THERAPEUTIC INERTIA

Resources

Use these resources to help your patients with diabetes get the additional support and services they need.

Diabetes Self-Management Education and Support (DSMES) Services

Find a local ADA-recognized diabetes education program. These services focus on their concerns about diabetes. They will also empower them with the knowledge and skills to manage it.

They can find a program in their area at diabetes.org/findaprogram. The Association of Diabetes Care and Education Specialists also accredits diabetes education programs. They may be able to find additional programs at diabeteseducator.org/find.

Diabetes Mental Health Directory

The ADA's Mental Health Provider Directory lists licensed mental health providers with expertise in providing counseling and emotional support to meet the needs of people with diabetes.

They can find a mental health professional in their area at professional.diabetes.org/MHListing.

Center for Information

Representatives at the ADA's Center for Information are available to guide them to diabetes information and resources, as well as local programs and events.

To reach these representatives, call **1-800-DIABETES** (1-800- 342-2383) or email askada@diabetes.org.

Diabetes Food Hub

The ADA's Diabetes Food Hub® is a cooking and recipe destination made for people living with diabetes and their families.

They can save time during their busy week by browsing thousands of healthy recipes, using the interactive meal planner, editing their own grocery list, and accessing healthy tips from ADA food and nutrition experts at diabetesfoodhub.org.

Ask the Experts Q&A

The ADA's Ask the Experts Q&A series aims to educate people living with type 2 diabetes about healthy lifestyle solutions. Topics include nutrition, how to manage stress, and getting active. The phone-in and live online format provides a community where people can ask questions of ADA diabetes experts and hear from others who might share similar experiences. Hear full programs and audio clips at diabetes.org/experts.

For additional resources, visit diabetes.org/resources.

