

Achieve

▶ YOUR HEALTHIEST LIFE WITH DIABETES

A New Future With Diabetes Starts Here



Welcome to the AvMed Disease Management Program's new newsletter, *Achieve*. We've designed it specifically for our Members who are living with diabetes, and our goal is simple: to bring you expert-approved strategies that help you not only manage your condition, but also help you achieve your optimal health.

Each quarterly issue will deliver condition-specific articles with plenty of support for the rest of your life, from eating well, to moving more, to reducing stress.

And no matter where you are in your diabetes journey, AvMed's Disease Management team — staffed with registered nurses, care

advocates and a dietitian — can guide you every step of the way. Whether you need help making doctor's appointments, managing your medications or finding local resources, your care team is just a phone call or email away.

To speak with a Case Manager, please call **1-833-609-0735** or email us at **DM@avmed.org**. We are honored to be your partner in health care.

Sincerely,

Robert Bonnell, M.D.
AvMed Medical Director

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2 Tests You Don't Want to Miss if You Have Diabetes

Diabetes and kidney disease often go hand in hand. Make sure these screenings are part of your annual exam.



Diabetes and chronic kidney disease (CKD) are so closely connected that the U.S. has an organization devoted to both: the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). According to the NIDDK, nearly 1 in 3 people with diabetes have CKD.

Chronic kidney disease is a condition in which your kidneys are so damaged they can no longer filter your blood the way they're supposed to. Most CKD is caused by diabetes. That's because the blood vessels in kidneys can be damaged if blood sugar is too high for too long.

And because early CKD often has no symptoms, experts advise people with diabetes to have their kidney health checked at least once a year. This can be done with these two simple tests.

The Albumin-to-Creatinine Ratio Test

Known as an ACR, this test is done through a urine sample. It looks at two key compounds: a protein called albumin and a waste product called creatinine.

Albumin is made by your liver. It works to keep the right amount of fluid in your bloodstream. It's a valuable protein, which means you want to keep what you have. So if your kidneys are healthy, they work to stop albumin from entering your urine. But if your kidneys are damaged, they start to allow albumin and other proteins into urine.

Creatinine is a waste byproduct of muscle repair. Your kidneys pull the creatinine from your blood into your urine at a steady rate so it can be eliminated.

An ACR compares the compounds to see if albumin is being excreted at a higher rate than normal. **A normal albumin-to-creatinine ratio is 30-300 mg/g.** Levels consistently higher than that could be a sign of kidney damage.

The Glomerular Filtration Rate Test

Called a GFR for short, this blood test is another measure of how well your kidneys are working. It looks at tiny filters in the kidneys called glomeruli to see how much blood is moving through them per minute. That gives your doctor an idea of how well they're filtering out creatinine and extra fluid.

Here's how to read your results.
60 or more: Your GFR is normal.

Below 60: You might have kidney disease and should see a specialist called a nephrologist.


15 or less: This is a sign of severe kidney disease.


The positive news: Early detection and early treatment can help stop more damage from happening, which means your kidneys — and you — can stay healthier longer.


We're Here for You
Your Case Manager can connect you to the resources you need.
Just call 1-833-609-0735.


Your Screening Checklist


No matter how old you are, keeping diabetes under control is a game of numbers. Making sure they're all in the right range is key to staying healthy and living your best life. In addition to regular kidney tests, these are some of the health checks recommended by the American Diabetes Association. Your care team can help you determine how often you need each one:


 **Hemoglobin A1C**
Measures your blood sugar levels over the previous two or three months. A high A1C can indicate that your diabetes isn't well controlled.

 **Ankle-brachial index**
Measures your blood pressure at your ankle to check blood flow to your lower limbs. Clogged arteries can cause pain, weakness and numbness.

 **Blood pressure**
Measures the force of blood flow inside your vessels. High blood pressure contributes to heart disease, kidney damage and vision loss.


 **Bone mineral density**
Estimates your risk of fracture. People with diabetes have a significantly higher risk of osteoporosis.

 **Cholesterol**
Measures the level of fat circulating in your blood. High cholesterol can increase your risk for heart disease.

 **Dilated eye exam**
Checks for signs of diabetic retinopathy, a condition that can lead to vision loss.

Ask the Diabetes Doctor

When should I consider an insulin pump for my child?

 For some kids, an insulin pump might be a great solution to frequent injections. About the size of a cellphone, the pump slips into a pocket or hangs from a belt and sends insulin into your child's body via a tiny tube. It's programmed to give the right dose of insulin at the right times — and one cartridge of insulin lasts a couple of days.

"I recommend insulin pumps for almost all my patients with Type 1 diabetes," says Kathleen Bethin, M.D., Ph.D., a pediatric

After two weeks, Dr. Bethin brings patients back to her clinic to meet with a diabetes educator, who discusses how the pump is (and isn't) helpful and reviews the different options that are available.

"Probably 75% of my patients are on pumps, and most are pretty satisfied with them," says Dr. Bethin. "They're especially good for kids who play sports.

"But some kids don't like the sense of being attached to a device or don't like the fact that it may be visible to their friends. And for kids who don't check their blood sugars, a pump is definitely not recommended — after all, the only way you know whether it's working or not is to know your blood sugar numbers."



endocrinologist and a spokesperson for the American Academy of Pediatrics. But not right away. "For the first couple of weeks, we want parents to learn how to give the injections, because you never know when something might go wrong with a pump. So it's important to know what to do just in case."

The bottom line: Talk to your Case Manager about the availability of insulin pumps. And talk with your doctor about what's right for your child. Be sure your child is on board too. It can take some practice learning how to use one, and they'll have some responsibility for making sure things are working as they should.

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If you think you have bronchitis, an infection, an allergic reaction or need wound care, visit an urgent care center if your physician is unavailable. To find an in-network center, go to AvMed.org.

Emergency department

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