

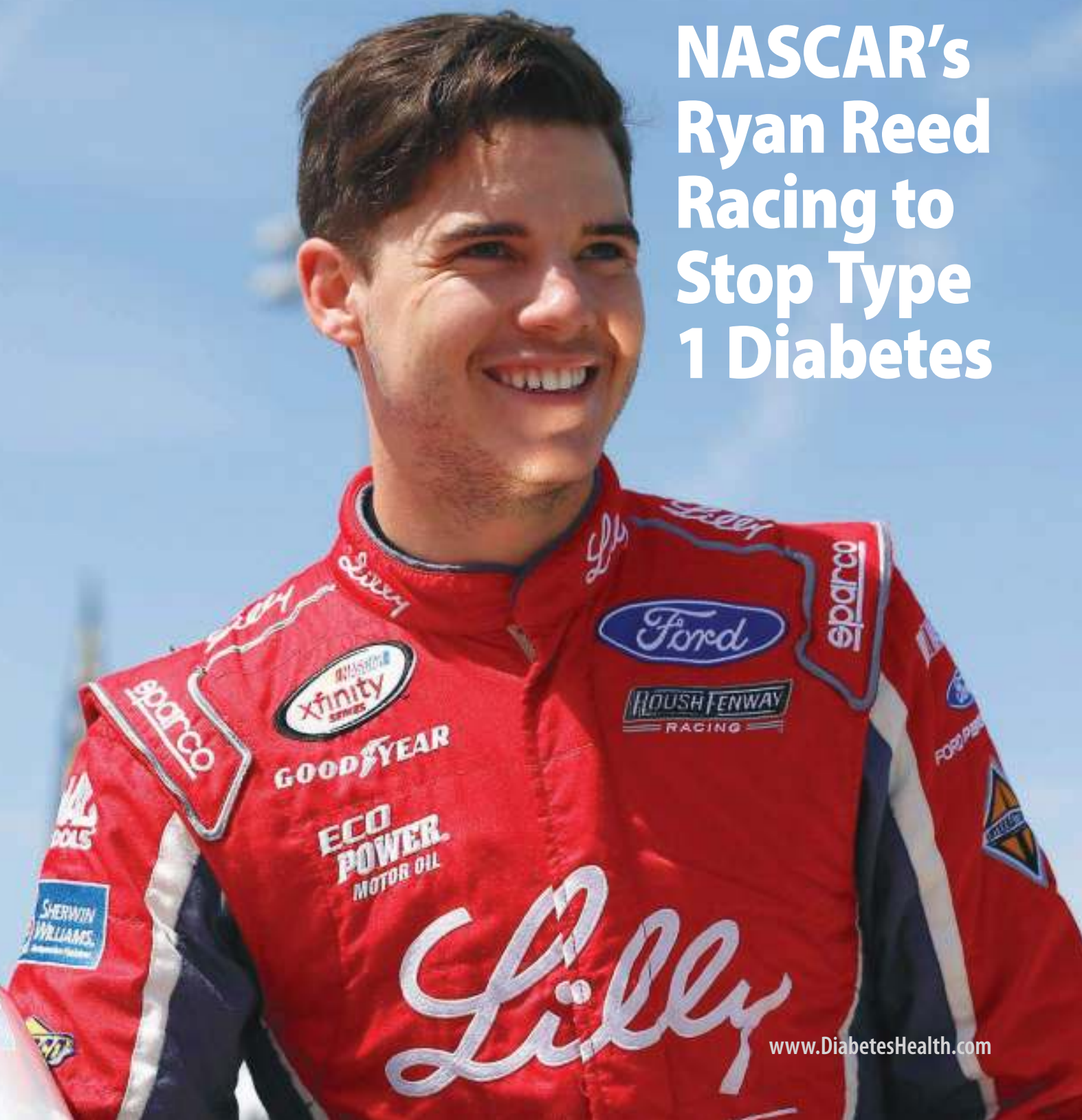
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Diabetes Health is the essential resource for people living with diabetes—both newly diagnosed and experienced—as well as the professionals who care for them. We provide balanced expert news and information on living healthfully with diabetes. Each issue includes cutting-edge editorial coverage of new products, research, treatment options, and meaningful lifestyle issues.

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FROM BALLET DANCER TO GRANDMOTHER, FIVE INSPIRING PEOPLE

Nadia Al-Samarrie was not only born into a family with diabetes, but also married into one.

She was propelled at a young age into “caretaker mode,” and with her knowledge of the scarcity of resources, support, and understanding for people with diabetes, co-founded *Diabetes Interview*—now *Diabetes Health* magazine.

Nadia’s leadership has spanned 25 years, establishing the magazine as a preeminent consumer and professional resource.

With our profound Web presence, *Diabetes Health* leads the way with an informative blend of content and technology, delivering Nadia’s enduring vision to investigate, inform, and inspire.

Assembling the articles for this issue of *Diabetes Health* was a pleasant, inspirational task. Along with the thousands of articles published each year about diabetes—some grim and others too abstract and specialized for most readers—there are the articles about people from all walks of life who have learned to address their diabetes in resolute, often courageous ways.

We profile five such people, a fascinating cross-section of the diabetes community:

When race car driver Ryan Reed hits speeds of 200 miles per hour, he not only checks his speedometer and oil pressure, he also takes quick glances at a dashboard monitor that tracks his blood sugar. Read about it in “NASCAR’s Ryan Reed” on page 16.

Is it possible to control type 2 diabetes without medications? The best answer is that some type 2s can attain very low A1c’s with just diet and exercise. That’s what Bonny Damocles has been able to do for a quarter of a century. “Man Controls Type 2 Diabetes Without Meds for 25 Years” on page 8 will tell you how he did it.

Singer Ben Rue is quickly rising in country music ranks despite a diagnosis of type 1 at age 14. He refused to let his diabetes stand in his way, and has used it as an inspiration that extends beyond his career to helping young people with type 1: “Rising Country Star Inspires Kids With Type 1 Diabetes,” page 19.

Fourteen-year-old Alaskan ballet dancer Erin Stapely was diagnosed with type 1 at age

10. In the four years since, she has learned to fold her disease into her dancing life, with hopes of someday landing roles with the American Ballet Theater: “Dancer Doesn’t Let Diabetes Interfere With Her Dreams,” page 26.

Older people deserve their diabetes heroes, too. Despite all sorts of bad consequences and obstacles posed by type 2, grandmother Connie Reed has steadfastly taken them on and come out still thriving on the other side: “Diabetic Grandmother Stays Upbeat While Battling Cancer.” page 28.

UPDATE FROM THE ADA

Tanya Caylor reports on some research findings from the always exciting and incisive American Diabetes Association’s annual scientific sessions, held this year in New Orleans. Among the topics: The glucagon pump works well in preventing hypoglycemia; and the bionic pancreas is moving ever closer to reality. See “Advances in Diabetes Research Presented at ADA Conference,” page 21.

Megan Esler keeps us up to date with life as a type 1 from her “Living With Type 1” column on page 13.

Don’t forget our crossword puzzle (page 18), and our Buffalo Chickpea Salad recipe on page 30.

Here’s to inspiring people!

— **Nadia Al-Samarrie Founder, Publisher, and Editor-in-Chief**

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Blood Sugar Testing FAQs

What is Blood Sugar Testing?

A blood sugar (or blood glucose) test tells you how much sugar is in your blood at the moment it is tested. One way to find out the amount of sugar in your blood is to get a blood test in a doctor's office. Another way to find out is to test it yourself. This is called self-monitoring or self-testing. Many factors affect your blood sugar levels every day. Testing your blood sugar will let you know if your meal plan, medication, and physical activity levels are working to help you manage your diabetes.

Who Should Test Their Own Blood Sugar?

Blood sugar testing is important for everyone with diabetes. People living with diabetes can learn how to test their own blood sugar using a blood glucose (sugar) meter.

How Can Blood Sugar Self-Testing Help Me?

When you self-test regularly, you learn what makes your blood sugar too high or too low. With the help of your healthcare team, you can make adjustments to your meal plan, medications, and physical activity levels that will help you better manage your diabetes. When you keep your blood sugar in a normal range, you lower your risk of developing problems with your heart, eyes, kidneys, brain, feet, and nerves that can occur because of diabetes.

How Often Should I Test My Blood Sugar?

Both the American Diabetes Association (ADA) and the American Association of Clinical Endocrinologists (AACE) recommend self-testing for patients with diabetes.

For patients taking multiple insulin injections per day or on insulin pump therapy:

- ADA recommends self-testing 3 or more times a day¹, and
- AACE recommends self-testing 2 or more times a day, and additionally, before any injection of insulin²



For patients not on insulin therapy, the ADA and AACE recommend self-testing because of the potential benefits of receiving feedback on the effects of lifestyle and medications.^{1,7} Your healthcare team will help you decide how often to test your blood sugar. The decision to test depends on your individual diabetes treatment plan. A personalized blood sugar testing schedule may help you understand how your meals, medications, and level of physical activity affect your blood sugar levels.

When Should I Test My Blood Sugar?

Your healthcare team will help you decide when you should test your blood sugar. Testing at different times during the day is a good idea. The number of tests you need to do each day or each week is different for everybody. One approach to blood sugar testing that your healthcare team may ask you to consider is called Paired Testing. Paired Testing recommends that you test your blood sugar level twice a day.

When you compare a "pair" of numbers, you may be able to see how actions, such as diet and exercise, affect your blood sugar levels.

References:

1. American Diabetes Association. Standards of Medical Care in Diabetes – 2015. *Diabetes Care*. 2015; 38 (1): 1 – 95.

2. Handelsman Y, Mechanick JL, Blonde L, et al. American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for developing a diabetes mellitus comprehensive care plan. *Endocr Pract*. 2011;17(suppl 2):1-53.

Man Controls Type 2 Diabetes Without Meds for 25 Years

Tanya Caylor

When Bonny Damocles was diagnosed with type 2 diabetes, he asked his doctor if he could try diet and exercise before starting the recommended medications.

Granted a reprieve, he immediately began the most grueling workout he could think of: running stairs. Because his export business allowed him to work from his Midland, Mich., home, where he served as the primary caregiver for a son with Duchenne muscular dystrophy, he broke his workouts up into segments totaling two hours per day. He quit eating sugar and most processed foods. When he reported back to his doctor 10 days later, his blood sugar had dropped from 468 to readings in the 130s and 140s.

"Continue what you are doing," his doctor told him. "These are very encouraging results."

When Bonny Damocles was diagnosed with type 2 diabetes, he asked his doctor if he could try diet and exercise before starting the recommended medications.

Twenty-five years later, the 80-year-old still runs stairs and watches his diet rather than using medication to control his diabetes. His a1c tests typically range from 5.2 to 6.3 percent; his most recent result was 5.8. He reports no diabetes complications and considers himself in excellent health.

But he knows he hasn't conquered diabetes. About 3½ years after his diagnosis, after a long streak of excellent blood sugar readings, a friend suggested he was cured. Damocles believed him.

"So I drastically reduced my stair-running time to practically none on some days and started eating the wrong foods for me: steaks, fried chicken, pork chops, and other high-fat foods." Then one day, out of curiosity, he tested his blood sugar. "It was 486 mg/dl. I nearly fainted."

These days Damocles does his stairs exercise in four 25-minute increments, primarily before meals. He knows better than to let up.

"I know, as all type 2 diabetics know, that once a diabetic, always a diabetic. I will never get rid of this disease."

TOO MUCH OF A GOOD THING

When Damocles and his family immigrated to the United States from the Philippines in 1972, the 5-foot-7 management analyst weighed less than 130 pounds.

"Where we came from, we seldom ate chicken, beef, and pork because they were expensive," he said. "We had no pizza and no packaged foods like corn chips and tortillas. We ate mostly leafy vegetables, dried beans, fish, nuts, fruits, seaweed, canned sardines, canned salmon, and once in a long while, canned corned beef."

Damocles had worked in the Manila mayor's office. His wife worked in the Philippines Patent Office. Both had engineering degrees. "Although we felt then that we were doing well in life," he said, "we had no house, no car, no jewelry, no savings, none of anything except the big dream to reach the U.S. someday."

Diabetes Health

Stay Inspired with the Publication that was Nominated for "Best in Health" in 2014

When The Wall Street Journal quoted a major public figure who called Diabetes Health the best weapon against diabetes, what did he say?

Former Chrysler Motors President Lee Iacocca said: "Diabetes Health magazine provides the best, most unbiased information to the diabetes community. I highly recommend it."

What makes Diabetes Health different from any other publication out there?

Diabetes Health magazine is a lifestyle publication for those living with diabetes or the people who care for them. Whether newly diagnosed or experienced with diabetes, readers are delighted and impressed by the articles written by people living with type 1 and type 2 diabetes.

Other contributors include family members who care for those with diabetes. In fact, our founder and publisher, Nadia Al-Samarrie, was not only born into a family with diabetes, but also married into one. Nadia's articles are published nationally online by many news outlets. She has also been featured on ABC, CBS, NBC, and Fox television on "America's Premiere Experts."

Nadia was propelled at a young age into "caretaker mode," and with her knowledge of the scarcity of resources, support, and understanding for people with diabetes, co-founded Diabetes Interview—now Diabetes Health magazine.

With Nadia's leadership, Diabetes Health magazine was nominated for "Best in Health" by the Western Publishers Association in 2004 and 2014.

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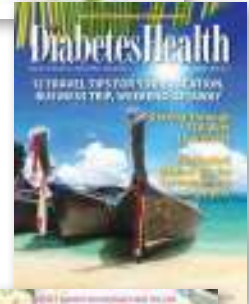
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When that opportunity came, through a U.S. program that encouraged Filipino degree holders in certain fields to immigrate, they went for it.

Though their family of six arrived in America “totally broke,” owing thousands of dollars for plane tickets, they quickly found jobs that paid much better than what they were used to. Suddenly even the most decadent foods were easily affordable. Over time, Damocles’ weight crept up to 165 pounds.

When he suddenly lost 20 pounds within two weeks in 1991, despite nearly constant hunger, he feared he had cancer. His son Arnold’s courageousness in dealing with a debilitating, eventually fatal condition put every other problem in perspective, but

Damocles couldn’t help worrying what this might mean for his family. Given his initial fears, he was “very, very happy” to learn he had type 2 diabetes instead.

DIETARY CHANGES PAY OFF

Looking back, Damocles blames his diabetes on a lack of physical activity combined with too much of the goodies he came to love in America: hot dog sandwiches, pizza, fried chicken, potato chips and his personal favorite

from their early years in Chicago, “big beef sandwiches with jalapeno peppers.”

These days he indulges in fresh fruit. When he and his wife go out to eat twice a week, he sticks to unsweetened dishes low in fat, salt, and MSG. He knows from the diabetes forums he consults regularly that his carbohydrate intake, which he estimates at 60 percent of his diet, is higher than recommended. His blood sugar typically rises to 180 after each meal. But because he now eats only twice per day, interspersed with vigorous exercise, his evening reading invariably falls below 100.

Damocles describes a typical meal as two bananas, a grilled chicken breast, a scoop of nonfat plain greek yogurt, a plain cheese or peanut butter sandwich and some unsalted cashews.

“Avoiding one meal a day is giving me more time to be more productive, healthier and have an easier time and effort to manage my diabetes,” he says.

He now tests his blood sugar only periodically, to make sure his diet-and-exercise program is working. But on testing days he may use up to 10 strips, to see how his readings fluctuate.

His regimen may sound like a lot of work, but to Damocles it’s worth the effort.

“I save a lot of money for not using pharma drugs, for not going to the gym, for not needing nice shoes and nice clothes by exercising in our house, for eating carbohydrates – which are the cheapest foods – and for testing my blood sugar only 100 times per year.” **DH**

Sharing the facts about diabetes may be difficult, but it is crucial in forging a lasting relationship. According to Ullman, open communication is the best way for couples to handle diabetes.

Ask Nadia: Medicare Stopped Covering My Novo Nordisk Insulin

*Dear Nadia,
My mail order company that fulfills my insulin orders just informed me that I can no longer get my Novo Nordisk insulin? They said that Medicare will only cover Eli Lilly's insulin. Should I choose to continue to buy Novo Nordisk's insulin, my co-payment will be \$200 for my prescription.*

My insulin preference is Novo Nordisk because I tend to experience more hypoglycemia episodes when using the Eli Lilly insulin.

— Ed

Dear Ed,
How wonderful for you to have learned which insulin works best for you when it comes to diabetes self-management. People do respond differently to the insulin brands; from hypoglycemic episodes to getting allergic skin reactions when injecting.

Since your pharmacy informed you about the insulin formulary, ask them to provide you with information on how to reach out to the Medicare plan to discuss your drug coverage. Then reach out to the plan and request "Evidence of Coverage." Read this

carefully and call them should you need clarification on the description of benefits.

The good news is that you can appeal Medicare coverage for your Novo Nordisk insulin. When speaking to the plan request the "Medicare Prescription Drug Coverage and Determination." This is going to be the form you complete and submit in asking Medicare to make an exception for your Novo Nordisk insulin coverage. Additionally, speak to your prescribing physician to discuss your appeal. They will need to support your claim as to why an exception should be approved.

Once you submit your request, expect to receive a response within 72 hours.

I have included a link to the pdf form below so that you have an

Since your pharmacy informed you about the insulin formulary, ask them to provide you with information on how to reach out to the Medicare plan to discuss your drug coverage. Then reach out to the plan and request "Evidence of Coverage."

understanding of what will be asked of you and the options that are available for coverage under the exception clause.

REQUEST FOR MEDICARE PRESCRIPTION DRUG COVERAGE DETERMINATION

You might also be interested in reading these related Medicare coverage articles:

[AskNadia: Why Medicare Covers Some Insulin Pumps](#)

[AskNadia: Why Doesn't Medicare Cover the OmniPod Insulin Pump](#)


Disclaimer:

Nadia's feedback on your question is in no way intended to initiate or replace your healthcare professional's therapy or advice. Please check in with your medical team to discuss your diabetes management concerns.

About Nadia:

Nadia was not only born into a family with diabetes but also married into one. She was propelled at a young age into "caretaker mode," and with her knowledge of the scarcity of resources, support, and understanding for people with diabetes, co-founded Diabetes Interview now Diabetes Health magazine.

Nadia holds 14 nominations for her work as a diabetes advocate. Her passion for working in the diabetes community stemmed from her personal loss. She has used her experience as a caretaker to forge a career in helping others.

Nadia has been featured on ABC, NBC, CBS, and other major cable networks. Her publications, medical supply business and website have been cited, recognized and published in the *San Francisco Chronicle*, *The Wall Street Journal*, Ann Landers, Lee Iacocca, *Entrepreneur* magazine, *Houston News*, *Phili.com*, *Brand Week*, *Drug Topics*, and many other media outlets. 

That's What D-Friends Are for

Meagan Esler

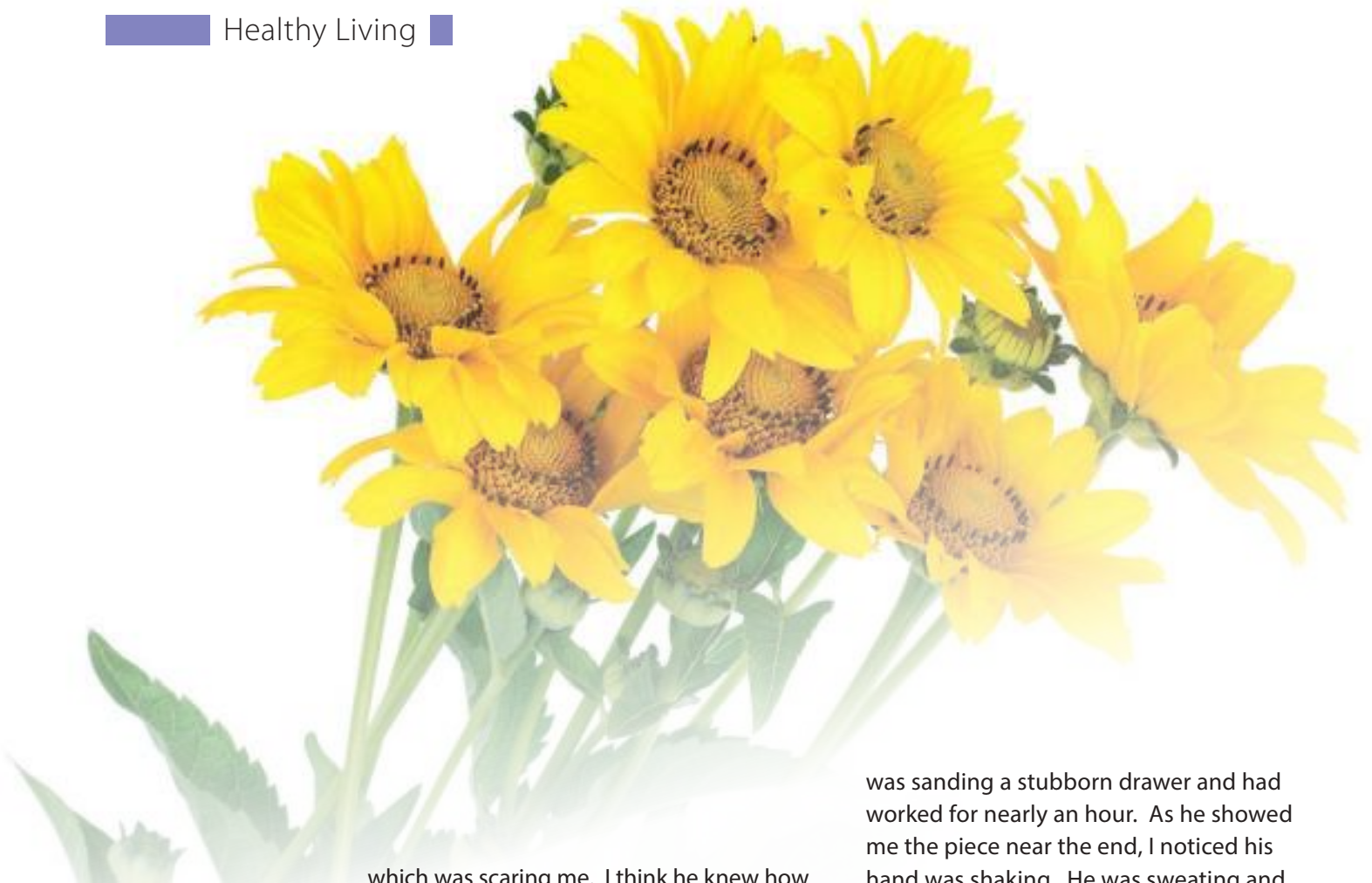
It's funny how life puts you together with people who are dealing with the same health issues. Maybe there are just so many of us struggling with diabetes that it's natural to find each other, or maybe we are in the right place at the right time.

I manage a charity store where I meet all kinds of donors, customers, consignors, and volunteers. I'm surprised at how many I meet that have diabetes. I met a man who mentioned his type 2 diabetes to me when he was shopping one day and he turned out to be one of my best donors/customers/consignors. After I shared that I live with type 1 diabetes, he shared his A1c with me. I think he is the only person other than my husband that I've shared mine with (before my recent *Diabetes Health* post where I shared it with the D-Community). It's hard for me to share that number, but easier with people who understand the challenges of diabetes.

One day I wasn't feeling well and was worried about some vision issues I had been having. I was so worried that it was my diabetes. Thankfully, it wasn't but

at the time I was in full panic mode. My friend stopped in and wanted some help with some consignments. I went outside with him where it was hot enough to fry pancakes on the parking lot asphalt. I had been wearing my glasses which I never wear out so I wasn't used to them. I was having the worst time focusing and was feeling nauseated. My glasses were sliding down my face in the extreme heat. I told him I couldn't stand in the blazing hot-box truck he had parked there in the summer sun and that I wasn't feeling well. I pointed out the pieces we could accept for consignment and went back inside. He followed me into the shop and asked what he could get me. He said he'd run and get me something to eat. He had figured I was low. I explained it wasn't that kind of ill, rather my vision

Maybe there are just so many of us struggling with diabetes that it's natural to find each other, or maybe we are in the right place at the right time.



which was scaring me. I think he knew how worried I was. He politely left his items and agreed that I'd call him later with prices.

That afternoon he stopped back at the shop for his paperwork. He handed me a big bunch of sunflowers and said he hoped

Whether you need a friend to lean on when you are scared of diabetes complications, or when dealing with a low blood sugar, it's good to know we are not alone. Every little act of kindness can mean so much to someone dealing with a chronic illness.

I was feeling better and that he knew I needed cheering up. After my initial shock and blurting out "You didn't have to do this, you really shouldn't have" I thanked him and said something about how just looking at them really does cheer one up. He just said to feel better and went on about his day.

Another day when he was at the shop preparing an antique armoire for sale, he was working hard at getting all the pieces together from the move. He

was sanding a stubborn drawer and had worked for nearly an hour. As he showed me the piece near the end, I noticed his hand was shaking. He was sweating and appeared to be having a really low blood sugar. I gently asked if he needed a snack and he agreed. I hurried to the kitchen in back and grabbed one of my juice boxes, some crackers, and a water bottle. I set them on a table next to him and mentioned the carb count and he drank the juice. A short time later he was back to himself and he remarked how funny it was that sometimes we need someone else to see it to realize we are low. He returned the unopened crackers and water and said the juice was perfect.

Whether you need a friend to lean on when you are scared of diabetes complications, or when dealing with a low blood sugar, it's good to know we are not alone. Every little act of kindness can mean so much to someone dealing with a chronic illness. We need all the support and sunflowers that we can get. **DH**

I ALWAYS KNOW

WHEN MY GLUCOSE LEVEL IS READY FOR MY BEST MOVES

If you have diabetes, now you can always know your glucose level with the new DEXCOM G5[®] Mobile Continuous Glucose Monitoring (CGM) System. It sends readings every five minutes*—and alerts when necessary—from a small, body-worn sensor to your smart device.** You will always know your level, so you can avoid highs and lows.

dexcom

G5
mobile



SEE HOW IT WORKS AT DEXCOM.COM

*Dexcom G5 Mobile user Guide, 2016. **For a list of compatible devices, visit www.dexcom.com/compatibility.

BRIEF SAFETY STATEMENT: The Dexcom G5 Mobile Continuous Glucose Monitoring System is a glucose monitoring system indicated for detecting trends and trending patterns in patients (ages 2 years and older) with diabetes. **CONTRAINDICATIONS:** Remove the System before MRI, CT scans, or diathermy treatment. The device is **NOT** for use on any portion of the System into the MRI environment. Taking acetaminophen while wearing the sensor may falsely raise your sensor glucose readings. **WARNING:** Do not use the System for treatment decisions. The System does not replace a blood glucose meter. The System is not approved for use in pregnant women, persons on dialysis, or critically ill persons. If a sensor breaks and no port (that it is visible above the skin), do not attempt to remove it. Seek professional medical help if you have infection or inflammation. Report broken sensors to Dexcom technical support. Sensor placement is not approved for sites other than under the buttocks (ages 2 years and older) or upper buttocks (ages 2-17 years). Your smart device's internal settings override your app settings. Accessory devices (like a smart watch) might override your smart device's alert and notification settings. The Share feature must be turned "On" with an active internet connection to communicate glucose information to a Follower. The Follower must download and install the Dexcom Follow App onto a separate smart device with an active internet connection to receive data. Contact Dexcom Toll-Free at 1-877-339-2663 or www.dexcom.com for detailed indications for use and safety information.

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NASCAR's Ryan Reed Racing to Stop Type 1 Diabetes

Tanya Caylor

The son of former NASCAR driver Mark Reed, Ryan began racing go-karts at age 4. As a teenager growing up in California, he would grab some fast food after school, go work on race cars until 10 p.m., “then grab a sugary energy drink and get home to do some homework so my mom wouldn’t be mad at me.”

When he’s racing in NASCAR’s Xfinity Series, driver Ryan Reed keeps a close eye on his dashboard monitors, which track his blood sugar along with his car’s tire pressure, RPMs and water temperature.

Reed was told his racing career was over when he was diagnosed with type 1 diabetes at age 17, that it was too dangerous to risk the disorientation of hypoglycemia (low blood sugar) at 200 mph.

Thanks to advances in diabetes-monitoring technology, however,

the 22-year-old is not only living his dream but inspiring others with the Drive to Stop Diabetes campaign.

The son of former NASCAR driver Mark Reed, Ryan began racing go-karts at age 4. As a teenager growing up in California, he would grab some fast food after school, go work on race cars until 10 p.m., “then grab a sugary energy drink and get home to do some homework so my mom wouldn’t be mad at me.”

Reed was in the process of moving to North Carolina to begin his own NASCAR career when he began losing weight and “drinking tons of water.” Devastated by his diagnosis, he googled “athletes with diabetes” and

came across the story of IndyCar driver Charlie Kimball. Kimball's doctor, Anne Peters, had a practice just two hours from Reed's parents' home. He talked the receptionist into an appointment the very next day.

Peters got Reed a Dexcom continuous glucose monitor to mount on his dashboard. She also insisted he adopt the mindset of a professional athlete who fuels his body for optimum performance. He hired a personal trainer and switched from a "typical teenage diet" to one that includes "a decent amount of healthy carbs" such as whole grains, along with lean protein and healthy fats such as avocado.

"Every NASCAR driver has to go through a health screening," Reed said. "Ann worked closely with NASCAR on all of that. She told me to focus on learning to manage my diabetes and driving my race car."

Other drivers had lots of questions for him at first. They weren't suspicious or unfriendly, he says, "just curious about my situation." They've since gotten used to the No. 16 car emblazoned with the word diabetes in giant letters, reflecting the support of Eli Lilly and the American Diabetes Association. Dexcom has also been "a huge supporter" of his foundation, Ryan's Mission, along with the Drive to Stop Diabetes.

Reed now serves as a diabetes advocate both on and off the track, visiting children's hospitals, support groups and summer

camps. The passenger door of his race car bears the name of a different diabetes patient every month.


"Sometimes they'll come out to the race track and get their picture taken beside their name on the door," he says. "The idea is to let the racing be a part of someone else's life, too."

While Reed would rather not have diabetes, there have been many positives along the way.

"I understand my body so much more now because of diabetes," he said, noting that he runs and bikes and recently completed his first 5K. "That was my first race that wasn't in a race car."

Reed especially appreciates his strong connection with the diabetes community. Around three-fourths of all NASCAR fans either have diabetes themselves or a family member who does, according to www.drivetostopdiabetes.com.

"Probably the most rewarding thing is the time I spend with kids, seeing how much it means to them," he said.

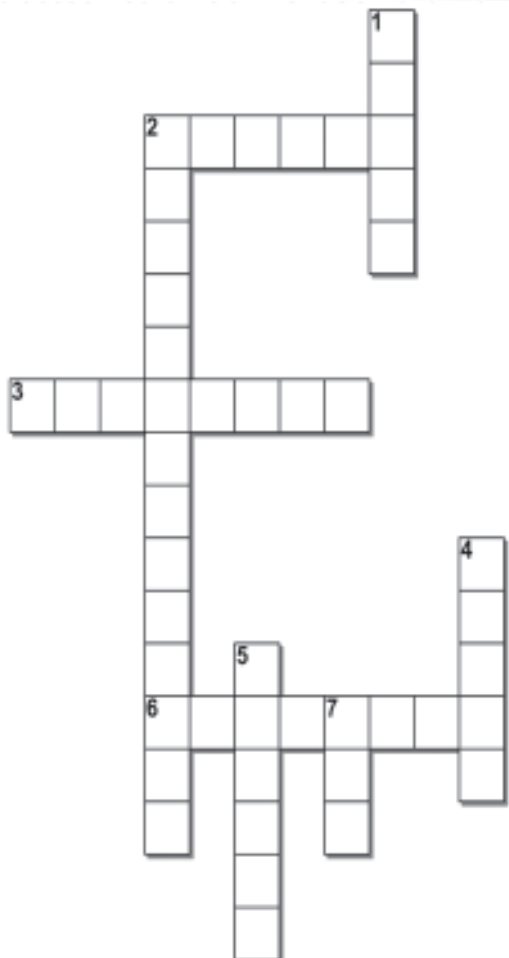
Through his racing, he hopes to show kids that they, too, can achieve their dreams. 

Other drivers had lots of questions for him at first. They weren't suspicious or unfriendly, he says, "just curious about my situation." They've since gotten used to the No. 16 car emblazoned with the word diabetes in giant letters, reflecting the support of Eli Lilly and the American Diabetes Association.

DIABETES HEALTH CROSSWORD PUZZLE

Test your knowledge to see how well you understand the articles in this magazine.

If you would like to sign up to receive a weekly puzzle, please email puzzle@diabeteshealth.com. In the subject area write "add me to your weekly word puzzle list." If you would like us to create a puzzle for you and our players, send your 8 words to puzzle@diabeteshealth.com and we will post your challenge online. In the subject area write "create my special word puzzle." We can all have fun posting and solving your word puzzles.



Across:

- 2 Name of a country singer who helps families with children with diabetes
- 3 A hormone produced by the pancreas that works in conjunction with insulin to regulate blood glucose
- 6 What tops weight loss in diabetes prevention

Down:

- 1 You can lower your A1C by doing more of this
- 2 This novel device used in studies determines how much glucagon and insulin to deliver subcutaneously
- 4 This famous Nascar driver has which type of diabetes
- 5 Which CGM does Ryan Reed use
- 7 People who use and check their results with this medical device more frequently have lower average blood glucose levels

RISING COUNTRY STAR INSPIRES KIDS WITH TYPE 1 DIABETES

Tanya Caylor

When country singer Ben Rue isn't on the road, you can sometimes find him working with kids who have type 1 diabetes, sharing stories about overcoming the challenges that come with the disease.

"Just today, I got a note from a mom of one of the kids at camp, a 10-year-old who was recently diagnosed," says Rue, one of four national finalists for this fall's Country Music Sing-Off, in a phone interview from the Diabetes Youth Foundation Camp in Noblesville, Ind.

The mother, worried about her son's negative outlook on facing life with diabetes, asked if Rue would talk to him, try to lift his spirits. "So yeah, I'm going to connect with this kid tonight."

Rue, 29, went to diabetes camp himself for three years after his diagnosis at age 14. He then spent 10 years as a camp counselor. Now, as a budding country star, he makes even more of an impression on kids.

"It's a real blessing to be able to have that kind of impact," he said. "It's cool that I have a bigger pad to launch off of, to reach more people with my music."

A FARM KID WITH BIG DREAMS

Rue grew up on a 2,000-acre grass seed farm near Silverton, Oregon, a small town

that provides the setting for "Country Cloth," the original song he performed during June's Country Music Sing-Off before a judging panel that included country music star and "American Idol" Season 10 winner Scotty McCreery. He drove a tractor and combine at age 11, helping to harvest grass seed for lawns and golf courses in much the same way other farmers harvest wheat.

Though his lyrics show he clearly loves his agricultural roots, Rue always dreamed of being a country star. On his bio at benruemusic.com, he describes the time his dad caught him belting out a song while standing on a railroad tie. "I was fillin' up one of our tractors with diesel, while looking out in the field, pretending I was singing on stage in Madison Square Garden."

He laughs, remembering a moment that surely generated a lot of teasing over the years from a guy with two older brothers. Since then, though, he's had "one or two of those pinch-me moments where I realize how far I've come in a fairly short time."

Rue was a scholarship baseball player at Concordia University and played a

Rue, 29, went to diabetes camp himself for three years after his diagnosis at age 14. He then spent 10 years as a camp counselor. Now, as a budding country star, he makes even more of an impression on kids.

Country Music Charts

year on an independent team in Michigan before realizing he had no future in the major leagues. He moved to Nashville 4½ years ago to focus on his music career, cutting his debut single, “I Can’t Wait (Be My Wife),” with Arista Nashville in 2014.

A SURPRISE DIAGNOSIS

Looking back, Rue now realizes he was lucky his diabetes was discovered before he got sick. His mom, a nurse, brought home a blood sugar-testing kit one day. His brothers went first, scoring in the 80-100 range. Then it was his turn.

“I was 585, and I thought I won the contest,” he says.

Though he laughs about it now, in retrospect he can see that the symptoms were there. “I was very skinny, 5-10 and 110 pounds at that age.” He was always thirsty, but hadn’t really thought much about it. After his diagnosis, “I was finally able to grow into my size 13 shoes.”

Figuring out the best way to manage his diabetes took several years. “There was a definite learning curve.” As an athlete, he preferred taking shots rather than using an insulin pump. “I’m so active, I just never

wanted anything connected to me.” It took him a while to learn to live without the sugar and carbs that had been such a big part of his teenage diet. Though he now feels like “I can eat anything I want to,” he no longer craves sugar. If he has a sip of soda, “it tastes super sweet. I don’t even like the taste.”

A BIGGER STAGE LIES AHEAD

Though managing his diabetes can be difficult as a traveling musician, Rue says, “I rely heavily on technology and my Accu-Chek Connect system to make sure I stay on track with logging what I eat or drink and testing my blood sugar regularly. My Connect meter automatically logs my numbers and lets me access them straight from my phone no matter where I am. Because of this, I don’t have to worry as much about my diabetes and I can focus on my music.”

Rue is looking forward to this fall’s Country Music Sing-Off finals. A win would earn him a \$50,000 sponsorship deal with Eckrich Meats and a chance to work with Grammy-nominated producer Dave Brainard.

He’s also thrilled to be partnering with Roche Diabetes Care, the maker of his Accu-Chek Connect system, to spread diabetes awareness among his growing number of fans.

“I’m excited to help other people with diabetes know that they don’t need to be limited by their condition and that they can do.” **DH**

Though managing his diabetes can be difficult as a traveling musician, Rue says, “I rely heavily on technology and my Accu-Chek Connect system to make sure I stay on track with logging what I eat or drink and testing my blood sugar regularly.”

Advances in DIABETES RESEARCH Presented at ADA Conference

Tanya Caylor

Could getting more sleep lead to lower A1c

scores? According to a study presented at the American Diabetes Association's 76th Scientific Sessions, held June 10-14 at the Ernest N. Morial Convention Center in New Orleans, people who got the recommended seven to nine hours of sleep per night had lower A1c scores than those who got less.

In the study of 25,474 working adults from a large fitness and wellness company, collected over three years, 5.7 percent (1,452 individuals) were reported to have diabetes. The group with diabetes got slightly less uninterrupted sleep on average, with 63 percent reporting seven to nine hours per night compared with 71 percent of non-diabetic participants. However, within both groups, the same pattern held true: Optimum sleep correlated with lower A1c scores.

"Sleep duration appears to impact on the prevailing levels of HbA1c in both individuals with and without diabetes," according to the authors, led by David Kerr, director of diabetes research and innovation at the Sansum Diabetes Research Institute in Santa Barbara, Calif.

The ADA's Scientific Sessions are the world's

largest gathering of researchers focused on the study of diabetes. More than 2,500 presentations were made during this year's conference, which attracted more than 16,000 participants. Here are some of the other findings that were presented:

Drug lowers death risk: In a study that was published in the *New England Journal of Medicine* the same day it was presented at the ADA conference, the glucose-lowering drug liraglutide was shown to reduce overall mortality levels in a double-blind analysis of 9,340 adults with type 2 diabetes at high risk for heart disease. The drug also lowered the overall risk of heart attack, stroke, kidney disease, and cardiovascular death.

Participants in the study, assigned to either liraglutide or a placebo, were followed for an average of 3.8 years and were seen at 410 sites in 32 countries. They had an average age of 64 years. Participants in both groups

According to a study presented at the American Diabetes Association's 76th Scientific Sessions, held June 10-14 at the Ernest N. Morial Convention Center in New Orleans, people who got the recommended seven to nine hours of sleep per night had lower A1c scores than those who got less.



produced by the pancreas that works in conjunction with insulin to regulate blood glucose concentrations. Glucagon raises blood glucose, while insulin has the opposite effect. Both glucagon and insulin production are impaired in people with type 1 diabetes.

took additional medications as needed to control their diabetes, high blood pressure, cholesterol, or other complications. Those in the liraglutide group exhibited 22 percent lower risk of cardiovascular mortality and a 15 percent lower risk of overall mortality compared with the placebo group, with no indications of safety issues.

The double-blind, randomized, placebo-controlled crossover study included 22 patients with type 1 diabetes who used an insulin pump or multiple daily injections of insulin and who had reduced hypoglycemia awareness. During the study, all participants wore an experimental device that used a continuous glucose monitor to read their blood glucose levels and a pump to deliver small doses of glucagon in response to those levels. Participants received either glucagon or placebo on alternate days without knowing which type of treatment they were receiving.


“Our study found that using automatic glucagon delivery reduced hypoglycemia by 75 percent during the day and 91 percent at night,” said lead investigator Courtney Balliro, clinical research nurse at the Massachusetts General Hospital Diabetes Research Center in Boston.

“Our results should give patients and providers comfort that liraglutide can safely improve outcomes beyond the core treatment of type 2 diabetes,” said lead investigator John B. Buse, Verne S. Caviness Distinguished Professor at the University of North Carolina School of Medicine in Chapel Hill.

Glucagon pump reduces hypoglycemia: Small doses of glucagon administered through an automated continuous glucose monitoring system reduced hypoglycemia (low blood glucose levels) in patients with type 1 diabetes, according to one study presented at the conference. Glucagon is a hormone

“Our study found that using automatic glucagon delivery reduced hypoglycemia by 75 percent during the day and 91 percent at night,” said lead investigator Courtney Balliro, clinical research nurse at the Massachusetts General Hospital Diabetes Research Center in Boston.

Low blood glucose levels are especially dangerous at night, when patients are less likely to detect symptoms. Untreated hypoglycemia can lead to seizures and other complications, including possible cardiac



arrhythmias that may prove fatal in cases known as “Dead in Bed” syndrome.

Brain changes detected in teens with type 2 diabetes: Teenagers with type 2 diabetes have significant changes in total brain gray matter volume and in regions of gray matter involved in seeing and hearing, memory, emotions, speech, decision making, and self-control.

Researchers at Cincinnati Children’s Hospital Medical Center discovered that these teens have six regions with significantly less gray matter and three with significantly more. They found a relationship between less gray matter volume in the brain and the ability to pronounce and sound out unfamiliar words. Previous studies suggested that young people with type 2 diabetes scored lower on cognitive function tests compared with their peers.

The researchers studied 20 teens with type 2 diabetes and compared them to 20 teens without type 2 who were similar in age, race, and sex. All participants in the study had high-resolution MRIs. Neither group had prior neurological or psychological disease or prior abnormal MRIs.

“Our results do not show cause and effect,” said Jacob Redel, lead author in the study and a fellow in the division of Endocrinology at Cincinnati Children’s Hospital. “We don’t

know if the changes we found are the direct result of diabetes.”

However, Redel noted that previous studies of adults with type 2 diabetes also show brain volume differences and cognitive decline with duration of the disease.

In a future study the researchers may add a larger number of participants, including a group who are obese without type 2 diabetes, to see if differences found on MRI are more closely related to obesity or high blood sugar.

Progress reported on bionic pancreas: In the first study of a dual-hormone bionic pancreas done in a home setting, participants using the device exhibited a 20 mg/dl decrease in average blood glucose levels than during an equivalent period of time using an insulin pump. The bionic pancreas consisted of a continuous glucose monitor providing data to a device that used an autonomously adaptive algorithm to determine how much glucagon and insulin to deliver subcutaneously and when to administer it.

Low blood glucose levels are especially dangerous at night, when patients are less likely to detect symptoms. Untreated hypoglycemia can lead to seizures and other complications, including possible cardiac arrhythmias that may prove fatal in cases known as “Dead in Bed” syndrome.

Exercise tops weight loss in diabetes prevention: Physical activity, even without weight loss, may help prevent type 2 diabetes in people who are at high risk for diabetes, according to new follow-up data from the landmark Diabetes Prevention Program (DPP) study.

In this study, 39 adults with type 1 diabetes used the bionic pancreas for 11 consecutive days and their own insulin pump for the same amount of time. There were no restrictions on diet and exercise. The findings were consistent with three previous studies done in more supervised settings.

“These results, in addition to the results from our previous studies, suggest that the bionic pancreas, as an autonomous system, could profoundly reduce patient burden and provider involvement in type 1 diabetes management,” said lead investigator Edward R. Damiano, professor of biomedical engineering at Boston University. Damiano, who has been working on an artificial pancreas since his teenage son was diagnosed with type 1 diabetes as an infant, recently formed a medical device company called Beta Bionics and is working to bring a product to market by the time his son goes to college in 2017.

Exercise tops weight loss in diabetes prevention: Physical activity, even without weight loss, may help prevent type 2 diabetes in people who are at high risk for diabetes, according to new follow-up data from the landmark Diabetes Prevention Program (DPP) study.

Originally published in 2002, the DPP found that lifestyle changes reduced participants’ risk of developing type 2 diabetes by 58 percent over three years in overweight people with prediabetes. The group asked to focus on lifestyle changes, which included 150 minutes of physical activity per week and a modest 7 percent weight loss, were more successful than a group placed on metformin. Results from that study, largely funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), an arm of the National Institutes of Health, have helped shape medical advice on at-risk patients in the years since.

The current study is a 12-year follow-up of 1,793 participants. The new data showed that diabetes incidence was lower for participants who were more physically active, regardless of changes in weight.

“Until now, the importance of physical activity in preventing diabetes development in the DPP was thought to be due to its role in achieving weight loss and weight maintenance; however, it was not considered a strong key factor alone,” said

one of the lead investigators, Andrea M. Kriska, a professor in the department of epidemiology at the University of Pittsburgh Graduate School of Public Health. “It is important for health care professionals to look beyond their high-risk patients’ weight, and also consider their physical activity levels, when discussing strategies to prevent progression to type 2 diabetes.”

Patients who interact most with CGMs get biggest benefit: In a study presented by Dexcom, which is marking its 10-year anniversary since coming out with its first continuous glucose monitor, data records of patient use show that those who check their CGM results more frequently have lower average blood glucose levels.

The 17.5 million data points, collected voluntarily from patients seeking technical support, also showed the value of customizable patient alerts for high and low blood sugar. According to the study, 92 percent of users set their alerts. Of those, 77 percent chose a low glucose level of 80 mg/dL and 79 percent selected a high glucose alert at 180 mg/dL or higher.

“The results show that when patients set their high glucose alert lower, their average and variation of CGM glucose decreased significantly,” said Dexcom CEO Kevin Sayer. “When they set their glucose alert higher, their average and variation of CGM glucose

increased. A more involved patient with customized settings can have a large impact on their own diabetes management.”

Though there is mounting evidence of the benefits of getting real-time data, CGMs are still being used by a minority of people with diabetes, in part because not all insurance carriers cover the cost.

“Despite being around for over 10 years now, CGM is still a relatively new technology for diabetes management,” Sayer said. “It just takes time to make all of the health care professionals and their patients aware of a new technology and the positive outcomes it drives, especially when it’s such a game-changing approach. CGM is changing diabetes management because it offers a new, better way of thinking about managing glucose levels. We know that when people learn about Dexcom CGM for the first time, they are immediately interested and most want to obtain the device. It’s just a matter of reaching all of the patients and providers with our message and that’s the focus of our campaign this year.” **DH**

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Dancer Doesn't Let Diabetes Interfere With Her Dreams

Tanya Caylor

Erin Stapley has dreamed of becoming a professional dancer ever since age 10, when she auditioned for and made the Anchorage Ballet Company in Alaska.

Though the 14-year-old was stunned by last year's discovery she has type 1 diabetes, Stapley refuses to let the disease

interfere with her dreams. She continues to train up to five hours a day, six days a week, besides maintaining a normal class schedule at West Anchorage High School, where she's a freshman.

If anything, Stapley says, the discovery has sharpened her focus on the future, because now in addition to dancing,

she plans to get involved in diabetes education.

Stapley was diagnosed shortly after returning from ballet camp last summer. At first she attributed her excessive thirst to the summer heat and the strenuous training program she'd recently been through.

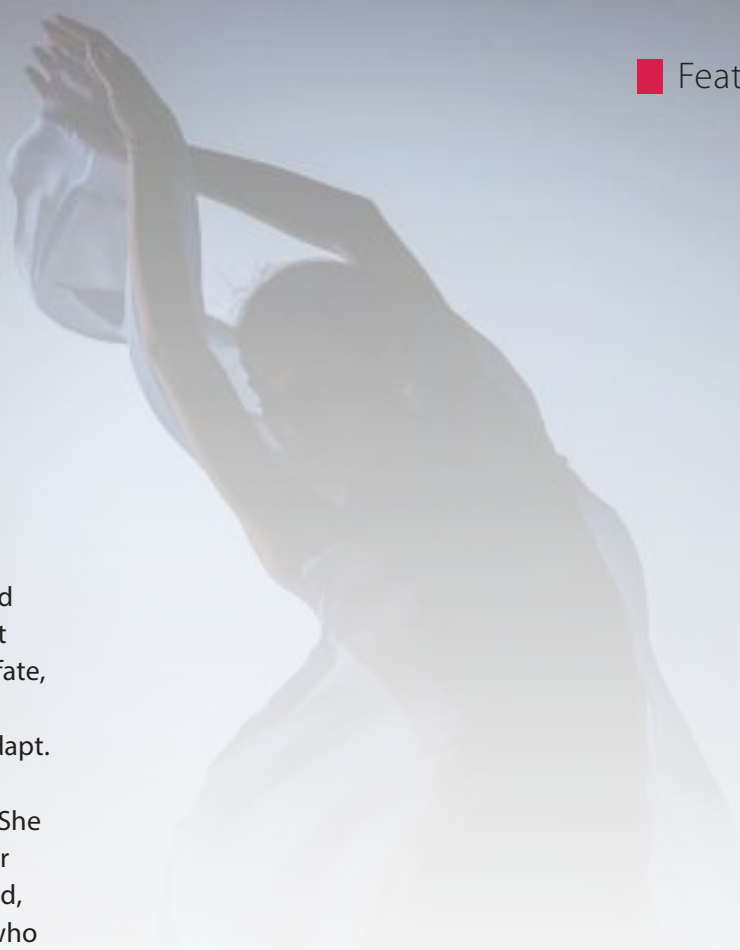
Stapley was diagnosed shortly after returning from ballet camp last summer. At first she attributed her excessive thirst to the summer heat and the strenuous training program she'd recently been through. But when she experienced a tingling sensation in the back of her throat while eating breakfast one morning, her mother took her a doctor to check things out.

When Stapley's blood was drawn to check for allergies, she learned her glucose level was a startling 852. She was ordered to report to the hospital.

"I was just shocked," she said. "You always think this is the kind of thing that happens to other people."

When the doctor left the room, Stapley immediately looked at her mom. "Does this mean I have to stop dancing?" she asked.

But when the doctor returned, he assured her that wouldn't be necessary.



Stapley has no idea how she developed diabetes. She has no family history. But she didn't waste time bemoaning her fate, choosing instead to accept it and start educating herself on how she could adapt.

Her family and friends are supportive. She shares strategies with a couple of other girls she knows who've been diagnosed, one at her school and another friend who moved away but still keeps in touch. The tight-knit group of dance buddies who've been traveling with her to San Francisco the last few years to compete in the Youth America Grand Prix competition remind her to check her blood sugar and try to avoid tempting her to eat things she shouldn't.

As a dancer, Stapley has always paid more attention to her diet than the average teenager. She was careful to make sure she "got enough of the good stuff, like protein, fruit, and veggies," but didn't worry too much about sugar "because I could always burn it off" with all that dancing. Now she has to be more careful.

Stapley was concerned at first about how she could wear an insulin pump with her dance outfit, but that hasn't been a problem. She wears an Omnipod, which is both wireless and tubeless. The pod can be worn up to three days without being changed. "I love it," she said. "It's really

nice, because I don't even notice it when I'm dancing."

At this point in her career Stapley is preparing to audition for summer programs and investigating boarding schools for dancers. She's particularly interested in the American Ballet Theatre and a program in Russia.

She's been learning to speak Russian in a class at her school.

Wherever Stapley's dance career takes her, someday she wants to get a job working with other people who have diabetes. "I wouldn't mind working for Omnipod, or maybe becoming a nurse who could help people," she said. Whatever path that leads her down, she wants to show others what she's already learned: Diabetes doesn't have to slow you down. [DH](#)

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Diabetic Grandmother Stays Upbeat While Battling Cancer

Tanya Caylor

TEN YEARS ago,

Connie

Reed had no job, no health insurance and no way to pay for the insulin she needed to manage her type 2 diabetes.

The laid-off payroll clerk got help from an agency that works with uninsured residents in DeKalb County, Ind., and now she shows her appreciation by volunteering at St. Martin's Health Care Services two days a week.

Though her health has gotten considerably more complicated over the past decade, Reed refuses to dwell on her problems. In addition to diabetes, she's being treated for both Addison's disease and Cushing's disease.

As if that weren't enough, she recently had surgery to remove half a cancerous kidney.

"I try to keep a positive attitude," she says. "You have to." Her religious faith and sense of humor, along with staying busy as a volunteer, grandmother and bucket-list tender, all contribute to her sense of optimism.

"I try to keep a positive attitude," she says. "You have to." Her religious faith and sense of humor, along with staying busy as a volunteer, grandmother and bucket-list tender, all contribute to her sense of optimism.

Reed was diagnosed with diabetes a little over 35 years ago, around the time her adopted son was born.

"A lot of people with diabetes have kidney trouble," she said a few days before her Feb. 25 surgery. "Here I am with two good kidneys, and one had to go and get a tumor on it. Once I get down to 1½ kidneys, I will have to be extra careful."

Despite her "cookie monster" tendencies, Reed tries to stay away from sugar as well as artificial sweetener. Though she continued a 67-year ritual of visiting the Coney Island hot dog shop in nearby Fort Wayne on her 70th birthday in January, she notes that she didn't allow herself to eat more than a bite or two.

"That's hard, because I love those hot dogs," she said. "But if I want to stay around for my grandchildren and play with them in the future, then I've got to pay attention to the present."

The benefits that losing more than 100 pounds after bariatric surgery had on her blood sugar have since been wiped out by the high dosage of steroids she must take to manage her other health issues.

"Steroids run my sugar levels up," she explained. While recuperating in the hospital after her recent surgery she was accidentally given even higher dosages than usual, which led to glucose readings that were "out of sight." But once she got back into her normal routine they started coming back down. She is hopeful that if a biopsy shows the cancer is gone, her endocrinologist can help her find a better balance between steroids and insulin.

In the meantime, Reed continues to add to her bucket list. She didn't get to

travel much in earlier years, when she worked long hours as a single mother after a divorce. Now she's making up for it by doing everything from attending an Indianapolis Colts game with her son, Cory, to accompanying her grandchildren, ages 7 and 11, on a school field trip. Though Cory and his family live in Virginia, where he's stationed at Langley Air Force Base, he was able to come home for his mom's surgery.

Up next, as soon as she's feeling better: Ziplining and exploring caves in southern Indiana.

"I used to say I wanted to make it to 70," Reed said.

"Now I guess I'd like to make it to 75. But until then, I'm going to have some fun." **DH**

Reed continues to add to her bucket list. She didn't get to travel much in earlier years, when she worked long hours as a single mother after a divorce. Now she's making up for it by doing everything from attending an Indianapolis Colts game with her son, Cory, to accompanying her grandchildren, ages 7 and 11, on a school field trip.



Buffalo Chickpea Salad

INGREDIENTS

1 Can Organic Chickpea
3 Romaine Hearts
1 Bag Spinach
2 avocado, Chopped
1/2 Red Onion, Chopped
4 Celery Stalks
1 Bottle Daiya Blue Cheeze Dairy-Free Dressing
3 Tbsp Frank's Hot Sauce

DIRECTIONS

Drain the can of chickpeas and rinse well.

Toss the chickpeas in buffalo hot sauce until evenly coated.

Roasting is optional: heat the chickpeas over medium heat in a saucepan with hot sauce and vegetable spread and then roast in the oven at 450 degrees on a baking sheet lined with parchment paper and bake for 30 minutes, tossing halfway through.

Combine all ingredients and toss in a salad bowl with Daiya Blue Cheeze Dairy - Free dressing.

Approximately six servings.

Recipe courtesy of Daiya Foods. For more recipes please visit <http://daiyafoods.com/recipes/>

Nutritional information:

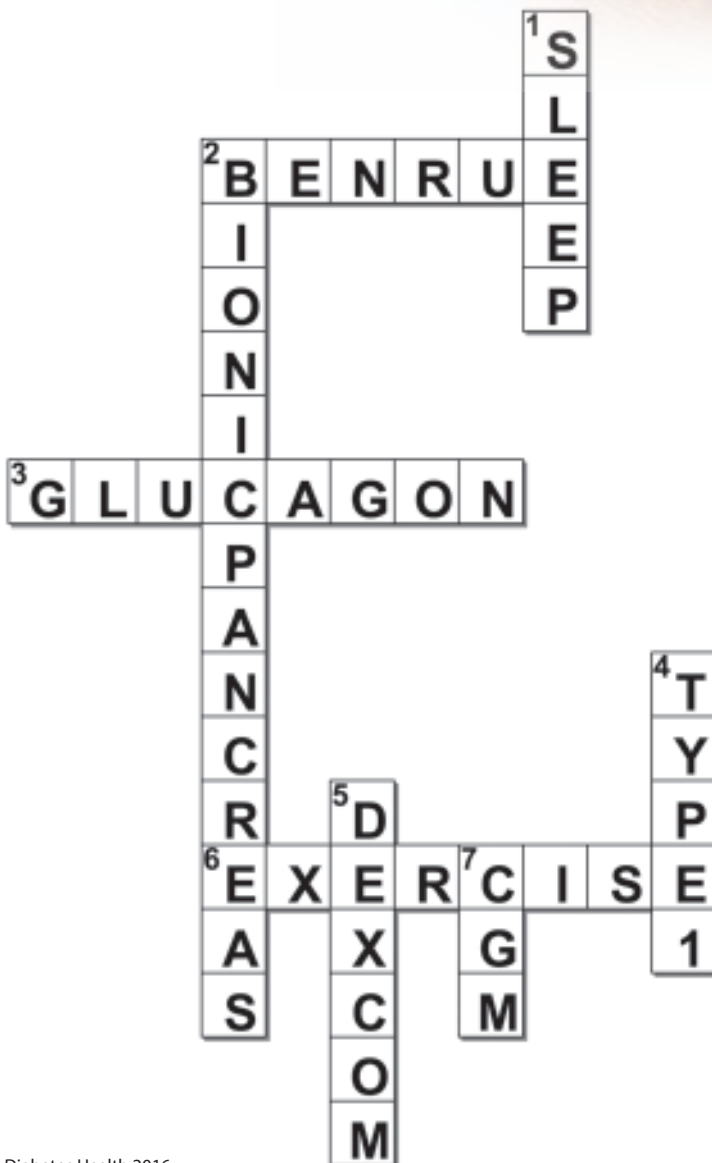
Salad ingredients: Calories 239; Protein 12g; Fat 9g; Carbs 34g; Cholesterol 0; Sodium 246 mg; Sugars 6g; Dietary Fiber 18g

Salad dressing (2 tablespoons): Calories 120; Protein 0g; Fat 13g; Carbs 1g; Cholesterol 0; Sodium 220 mg; Sugars 1g; Dietary Fiber 0g

Disclaimer: Nutritional information may vary slightly. For more information please visit <https://www.supertracker.usda.gov/myrecipe.aspx>

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