



Checking Your Blood Sugar Levels



Keeping track of your blood sugar levels is the best way to tell if your diabetes self-care plan is working.

Check your own blood sugar levels at home. If you do not know how to do this, ask your provider to show you how. Be sure to write down the results of all of your tests and the time you checked them, and then share your log with your diabetes care team.

BEFORE-MEAL

Blood sugar target range = 70 to 130

AFTER-MEAL

Blood sugar target = Less than 180

Ask your provider when and how often you should check your blood sugar level, and what your goals should be.

You also need to have your provider check your blood sugar level. This test is called an A1C. You should have an A1C test done by your provider two or more times a year.

This test shows your average blood sugar control over the past 2 to 3 months.

- A1C target goal = Less than 7%*

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Need Help Quitting Smoking?

If you need help quitting, call the "I Can Quit" program at 1-800-480-7848 to speak to a counselor.

You are receiving this newsletter as part of a disease management program. If you do not want to receive this newsletter or participate in any disease management program please let us know. Please call us at 1-888-898-7969.

All material in this newsletter is for information only. This does not replace your provider's advice.

What is Diabetic Kidney Disease?

Diabetic kidney disease is a decrease in kidney function that occurs in some people who have diabetes. This means that your kidneys are not doing their job as well as they once did in removing waste products and excess fluid from your body. A build up of these wastes can cause damage to other organs.

In the early stages, there may not be any symptoms. As kidney function decreases further, toxic wastes build up, and patients often feel sick to their stomach and throw up, lose their appetites, have hiccups and gain weight due to fluid retention. If not treated, you can develop heart failure and fluid in your lungs.

It is common for people with Type I and Type II diabetes to start having some signs of decreased kidney function

within two to five years of diagnosis. About 30 to 40 percent of these people will go on to more serious kidney disease within 10 to 30 years.

There are new treatments that can help. A group of high blood pressure medicines called ACE inhibitors may help to prevent or delay the progression of diabetic kidney disease. Taking these medicines can decrease the amount of protein in your urine. Talk to your provider to see if these medications could help you.

If your kidneys would fail, there are two types of dialysis treatments available. One is called hemodialysis and the other is peritoneal dialysis. Another option may be to have a kidney transplant. Talk to your provider about which treatment would be the best choice for you.

What is a GFR or an eGFR?

Your kidneys filter your blood and help control blood pressure. They remove waste and water and make urine. Your provider uses a blood test to measure how much blood your kidneys are filtering. This test is called an estimated glomerular filtration rate (eGFR).

It is important to know your eGFR because you may not be able to feel if your kidneys have been damaged.

Your provider will test your blood for creatinine. Creatinine is a waste that comes from your muscles.

This test is NOT for you if you are:

- Younger than 18 years old
- Over 70 years old
- Very over weight
- Very muscular
- Pregnant
- Have another serious illness

An eGFR result may mean:

- 30 – 59 = Moderate Kidney Damage
- 15 – 29 = Severe Kidney Damage
- Less than 15 = Kidney Failure (Dialysis or transplant may be needed soon)

If your eGFR is 60 or higher, your provider will check other things to make sure you do not have early-stage kidney disease. **Examples of these are:**

- Your urine for protein or blood
- Your health history
- Your blood for wastes and toxins
- Your family's health history
- Your blood pressure

Take care of your kidneys and they will take care of you.

Diabetes and Chronic Kidney Disease



One in seven adult Americans has Chronic Kidney Disease (CKD) and most do not know it. The two main causes of CKD are diabetes and high blood pressure. High blood sugars cause damage to your kidneys, heart, blood vessels, eyes and nerves. High blood pressure can cause CKD, heart attacks and strokes. Therefore, having CKD also increases your risk of having heart or blood vessel disease.

You may be at risk for CKD if you:

- Have diabetes, high blood pressure or a family history of kidney disease
- Are over 60 years old
- Are African American, Asian, Pacific Islander, Hispanic, or Native American

If you have any of these risk factors ask your provider about having the following screening tests:

- Blood pressure measurement
- Urine test to check for protein in the urine
- Blood test to measure creatinine. The results of this

blood test will be used to estimate your glomerular filtration rate (GFR) which tells how much kidney function you have.

If you are at higher risk, here are some things you can do for your kidney health:

- Get regular checkups
- Keep your diabetes and/or high blood pressure under control
- Lose extra weight
- Stop smoking
- Do not take large amounts of over-the-counter pain medication such as Advil
- Learn how to eat a healthy diet. Eat less salt, protein, and fat.
- Limit the amount of beer, wine and alcohol you drink

Getting screened for kidney disease is a great way to protect your health.



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Questions about your health?

Call Our Nurse Advice Line!

1-888-275-8750 English

1-866-648-3537 Spanish

OPEN 24 HOURS!

Your family's health is our priority!

For the hearing impaired please call

TTY/866-735-2929 English

TTY/866-833-4703 Spanish