



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 levels, 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 Molina Healthcare's **Health Improvement Hotline** at 1-800-377-9594, ext. 182618 to get information about smoking cessation programs.

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 1-866-891-2320.

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 CVD



If you have diabetes, you are at risk of having cardiovascular disease (CVD). That means that your chances of having a heart attack or stroke are high. In addition, many people with type 2 diabetes also have high blood pressure, high cholesterol and are obese. These add to the risk of CVD. If you have diabetes and you smoke, it doubles your risk of CVD.

The good news is that you can lower your risk. The first step is to know what your risk factors are. These include cigarette smoking, high blood pressure, high cholesterol, and high blood sugar. Other risk factors include overweight or obesity, physical inactivity, and a family history of CVD. The next step is to reduce your risk. Some factors you cannot help, like your age and family history. But others you can do something about.

The National Diabetes Education Program encourages people with diabetes to control their ABCs:

A is for A1C. Aim to keep your A1C (average blood glucose) test less than 7%.

B is for blood pressure. Aim to keep yours less than 130/80 mmHg.

C is for cholesterol. Aim for LDL less than 100 mg/dl.

Just how do you do all that? Try to add some physical activity to your day. Do your best to make healthy food choices. Choose low fat dairy, lean meats and whole grains. Stop smoking. Take your medications as prescribed.

Your efforts will make a difference! Blood pressure control reduces the risk of CVD by 33% to 50%. Better control of cholesterol can reduce CVD problems by 20% to 50%, something to be proud of!



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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