

Diabetes Bites



Gary Scheiner Named Diabetes Educator of the Year

The American Association of Diabetes Educators (AADE) announces the selection of Gary Scheiner, MS, CDE, as the recipient of the 2014 Diabetes Educator of the Year award. Scheiner received the award in August at AADE's 40th Annual Meeting & Exhibition in Philadelphia, PA. He is the owner and clinical director of Integrated Diabetes Services in Wynnewood, PA, and author of several books, including, "Think Like A Pancreas."

The award, sponsored by LifeScan, Inc., recognizes individual diabetes educators who have made special contributions to the field of diabetes education by exhibiting dedication, innovation and sensitivity in patient care.

Scheiner was singled out for his contributions to both AADE and the specialty of diabetes education and care. "Gary has demonstrated a strong commitment to diabetes education, particularly in the area of promoting the benefits of physical activity in managing diabetes," said AADE President Tami Ross, RD, LD, CDE. "He also has had a high level of involvement with AADE, serving as lead author on two white papers



Gary Scheiner received the 2014 Diabetes Educator of the Year award from AADE dignitaries Joan Bardsley and Tami Ross, and former US Surgeon General Dr. Kenneth Moritsugu

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relating to insulin pump therapy, participating on expert panels around the topic of physical activity, moderating educational programs, and producing an online course on insulin pump therapy.”

More than 3,000 of his peers looked on as Scheiner received the award during one of the meeting’s general sessions. In the presentation, Scheiner’s use of novel and innovative approaches to diabetes care, including his use of technology to deliver individualized advice and therapy around the U.S. and world were cited as just a few of the reasons he was chosen for this award.

“It is a tremendous honor to be selected,” says Scheiner, who has lived with type 1 diabetes since he was 18. “Years ago, when I started my own practice, many wondered if I could pull it off -- much less be included among some of the top experts in the diabetes field.”

During his year as Diabetes Educator of the Year, Scheiner, a masters-level exercise physiologist and certified diabetes educator, will provide educational programs to AADE groups throughout the country. His topic will be *Bringing Out Your Inner Exercise Expert*.

According to Scheiner, “The growth in diabetes is outpacing the healthcare system’s ability to treat and manage it. It is imperative that more providers, regardless of their background and field of expertise, become adept at prescribing safe, effective forms of exercise for their patients.”

Scheiner’s practice, based in Wynnewood, PA (just outside of Philadelphia) provides advanced diabetes self-management education and blood sugar regulation for insulin users. His team of Certified Diabetes Educators (all of whom have diabetes) consult with children and adults remotely via phone and internet, as well in-person at his office.

For more information, visit www.integrateddiabetes.com

Additional Nutritional Support

Since the beginning of August, our top-notch Director of Lifestyle and Nutrition services, Jenny Smith, has been working with us five days a week. In addition to being a Registered Dietitian and Certified Diabetes Educator, Jenny has type-1 diabetes herself and recently had her first baby, who is now 9 months old (and just starting to walk)!

A type-1 athlete in her own right, Jenny is one of the educators working with Team Wild, a volunteer

**Jenny Smith
RD/LD/CDE is
now available 5
days a week.**

organization that educates and inspires people with diabetes to tackle a variety of challenging athletic endeavors. Jenny is a certified trainer on all models of insulin pumps, and is a pump & CGM user herself.



Please contact our office (877-735-3648 within the U.S., 1-610-642-6055

outside the U.S.) to schedule an appt. with Jenny via phone or video chat. She is available to assist with:

Jenny Smith...

- Weight control
- Meal planning
- Training for athletic events
- Specialized diets (including gluten-free, heart-healthy, vegetarian, reduced-carb, and renal)
- Insulin pump fine-tuning
- Advanced carb counting skills
- Pregnancy planning/management



...and Oskar (9 mos)

Will You Win Our Logo Contest?



We're looking for a new logo for our "Diabetes Bites" newsletter. The current logo shows a creature taking a chomp out of a glucose meter displaying a high-ish reading (view page 1 of the current issue). We're open to

just about anything, keeping in mind that we like a sense of humor but still want a professional look. And this should go without saying, but keep it appropriate for all ages!

Finalists will be selected by our esteemed panel of hypoglycemic experts, and presented in an upcoming issue of Diabetes Bites for reader voting. The winner will be the focus of a feature story in the following issue.



Send your designs (preferably in pdf or jpg format) to: info@integrateddiabetes.com

Medicare Coverage of Blood Glucose Testing Supplies

Medicare Part B (Medical Insurance) covers some glucose testing supplies, including blood sugar test strips as durable medical equipment (DME). All people with Medicare who have diabetes are covered. If you need a specific type of test strip, your provider must prescribe it in writing. Your doctor must also document in your medical record that you need this specific item or brand of supply for medical reasons. Medicare beneficiaries pay 20% of the Medicare-approved cost. Medicare will only cover your DME if your medical supplier is enrolled in Medicare. If a DME supplier doesn't work with Medicare, then Medicare doesn't limit how much this supplier can charge you. You may also have to pay the entire bill (your share and Medicare's share).

Enter "Competitive Bidding"

As of July 2013, Medicare significantly reduced the amount it will reimburse suppliers for diabetes testing supplies. Each supplier needed to accept or reject this change. They call it "competitive bidding," but it's more like a loan shark who has you over a barrel dictating his or her terms to you, take it or leave it. Those who "took it" may continue to serve as approved suppliers. Those who chose to "leave it" may no longer bill Medicare. In other words, Medicare will only pay for items and supplies if they're provided by approved suppliers.

If you have Medicare and want your supplies delivered to your home, you'll need to use a Medicare national mail order contract supplier. If you don't want diabetes supplies delivered to your home (or can't find a mail-order company to serve you), you may go to any local retail pharmacy that is enrolled with Medicare and obtain your supplies/equipment there.

This new program doesn't require you to change your glucose meter. If you're happy with your current meter, look for a mail-order contract supplier or a local pharmacy that can provide the supplies you need.

To find a mail-order supply company, go to:
[http://medicare.gov/supplierdirectory/results.html?loc=ZIP|53705|43.0716332|-89.4600369|0&filters=catg|904\\$mpart|0&sort=15|ASC&paging=1|10&prtlname=&mfrname=&mdlname=&vmap=0](http://medicare.gov/supplierdirectory/results.html?loc=ZIP|53705|43.0716332|-89.4600369|0&filters=catg|904$mpart|0&sort=15|ASC&paging=1|10&prtlname=&mfrname=&mdlname=&vmap=0)

FYI, Medicare-contract suppliers are required to:

- Give you the exact brand or form of item you need.
- Help you find another contract supplier that offers that brand or form.
- Work with your provider to find another brand or form that's safe and effective for you.
- Not attempt to switch you to a brand other than the one you and your provider request

If you have Medicare and a different primary insurance, and your primary insurance policy requires you to use a supplier that doesn't participate in Medicare's mail-order program, Medicare may make a secondary payment to that supplier. The supplier must meet Medicare enrollment standards and be eligible to receive secondary payments.

18 Years Later, A1c Still Matters for DCCT Intensive Control Group

Almost two decades after the landmark Diabetes Control and Complications Trial (DCCT) ended, we are still seeing dramatic reductions in diabetes complications among the intensive glucose control group.

After 18 years, the overall prevalence of diabetes complications is **50% lower among the type 1 diabetes patients in the DCCT** who were randomly assigned to

intensive glucose control compared with those who received conventional treatment, despite the fact that HbA1c levels are no longer different between the 2 study groups.

The findings were presented at the American Diabetes Association (ADA) 2013 Scientific Sessions, in a special symposium commemorating the 30th anniversary of the launch of the National Institutes of Health-

funded study. This study proved the benefit of intensive glucose control for patients with type 1 diabetes and established the practice as the standard of care.

DCCT/EDIC biostatistician John M. Lachin, ScD, professor of biostatistics and epidemiology, and statistics at the Biostatistics Center of George Washington University, Rockville, Maryland, stated that, even after so many years, "The message is exactly the same. The HbA1c matters today, tomorrow, and for many, many years to come. It matters."

The new data comes from the DCCT's long-term follow-up study, Epidemiology of Diabetes Interventions and Complications (EDIC), which began in 1994, the year after

The lesson we learn from the DCCT is to start intensive diabetes management as soon and as safely as possible.

DCCT ended. Glycemic control in the two groups became roughly the same soon after patients went back to their communities for care. The newer EDIC is measuring the ongoing impact of glucose control in the initial study's 10 years, a phenomenon investigators have dubbed "metabolic memory." **Previously reported complications of retinopathy, nephropathy, neuropathy, and cardiovascular disease continue to be reduced among those originally in the intensive-treatment group, albeit to a lesser degree than in previous EDIC analyses in 2000.** (N Engl J Med. 2000;342:381-389).

The original DCCT, which involved 1441 patients with type 1 diabetes, demonstrated that intensive glucose control – defined as a mean **HbA1c of about 7%** -- **reduced the risk for retinopathy, nephropathy, and neuropathy by 76%, 50% and 60%, respectively, compared with the conventional-treatment group, whose HbA1c averaged about 9%.** After DCCT ended, patients who had been in the conventional-treatment group were instructed in intensive glycemic control. Their average HbA1c levels dropped to about 8%.

At 18 years there was a 39% reduction in risk for the development of microalbuminuria among the subjects who did not have it at the start of DCCT. At eight years, that risk reduction had been 57%.

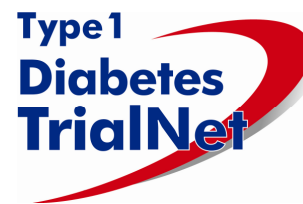
The comparable numbers for the development of macroalbuminuria were 61% at 18 years, compared with 84% at the 8-year analysis. A parallel reduction in high blood pressure is a likely mechanism, he said. Previously, his group had shown a 50% risk reduction in the development of impaired kidney function with intensive control. The cardiovascular data were summarized by Dr. Lachin, who explained that the end of DCCT was too soon to assess cardiovascular disease outcomes in the still relatively young study population.

However, at nine years into EDIC, there was a 42% decrease in any cardiovascular event and a 57% reduced risk for nonfatal heart attack, stroke, or death from cardiovascular causes, as previously reported (N Engl J Med. 2005;353:2643-2653). Extending those analyses through 2012, those same risk reductions are 33% and 35%, "both still statistically significant and of course clinically meaningful," he observed. (Diabetes. 2011;60:607-613).

The lesson we can learn from the DCCT is to start intensive diabetes management as soon and as safely as possible.

American Diabetes Association (ADA) 2013 Scientific Sessions. DCCT/EDIC 30th Anniversary Symposium-Contributions and Progress, presented June 22, 2013.

There's a New Clinical Trial in Town...



...and it's called the Abatacept Prevention Trial. Are you interested in participating?

TrialNet has already discovered that people recently diagnosed with Type 1 who took Abatacept (CTLA4-Ig) continued to produce insulin for a longer period of time than those who did not receive the drug. The details of the study were published in 2011 in *The Lancet*, a peer-reviewed medical journal. Now Trialnet is recruiting high risk relatives of people who have Type 1 to learn whether Abatacept can prevent or delay the onset of the disease.

Even though the chances remain small, relatives of people with type 1 diabetes are 15 times more likely to develop the disease than those with no family history. TrialNet offers a screening test that can identify individuals at increased risk years before symptoms occur. Screening is available at no charge to relatives of people with type 1 at more than 200 TrialNet locations nationwide. A screening kit is also available by mail.

For more information, visit www.diabetestrialnet.org, like their [Facebook page](#), subscribe to their [e-newsletter](#), or check out their [YouTube channel](#).

OMNIPOD user FYI

If you require 200 units of insulin per Pod change, do not fill the syringe beyond the 200 unit marking.

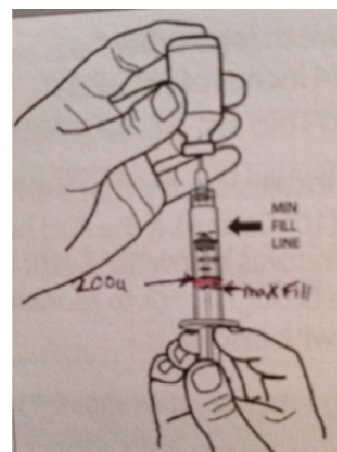
As illustrated in the graphic to the right. The syringe at its maximum will hold slightly more than 200 units.

Be sure to stop at the 200 unit marking.

A Pod filled with more than 200 units of insulin may lead to an alarm during priming and a pod error.

To avoid this **DO NOT fill the Pod with more than 200 units of insulin.**

As a reminder, general guidelines for how to change and fill a new Pod can be found in Chapter 5 of the User Guide.



News Youz* Can Use

* Philly for “you all”

Working together for greater loss!

Many adults in the United States are overweight or obese, which increases mortality rates and adds higher cost to employers, private payers, and public health insurance programs. Despite the experiences of the obese population, alleviating the problem has had limited long-term success. Thus, there is significant interest in new approaches to decreasing obesity and changing behaviors that contribute to it.



The use of financial incentives has shown promise in promoting healthy behaviors. An estimated 67% of large employers are using this strategy. The goal, of course, is to decrease the incidence of chronic disease and slow the growth of health care costs to the company as well as the individual.

Past studies have shown that financial incentives can produce **short-term** weight loss. Interventions have focused more on incentivizing individual people and less on leveraging a group dynamic inherent in workplace settings to potentially achieve greater effectiveness. The goal of this study was to test the effectiveness of two financial incentive designs in promoting weight loss among obese employees. Both programs used the same up-front allocation of resources but delivered the incentive through an individually targeted approach or a group-based approach.

The study was conducted among employees at Children’s Hospital of Philadelphia. Participants included 105 employees with a BMI between 30 and 40. These participants were followed for 24 weeks with monthly weigh-ins. Those in the individual group were compensated \$100 each per month for meeting or exceeding weight loss goals. The group incentive was to provide \$500 monthly, which was then divided evenly among the participants who met or exceeded monthly weight-loss goals (groups of 5 people).

Outcomes were measured at 24 and 36 weeks with the primary outcome evaluating weight loss, and the secondary outcome evaluating changes in behavior.

Overall results show that group-incentive participants lost more weight than the control and individual participants. Evaluation 12 weeks after the incentives ended also showed group-incentive participants maintained greater loss than the control group participants.

Although this is a limited study (only one employer and a short follow-up time), it is a great way to show what the power of working with a group can allow one to accomplish. Take advantage of group activities such as Weight Watcher’s programs, work/employee wellness programs and group exercise. You can achieve more when you can share the outcome with someone.

Green Tea, Glucose Control and Insulin Sensitivity



A recent study published in the American Journal of Clinical Nutrition investigated dose effects of green tea on fasting glucose and insulin concentrations.

Final results for the study were derived from seventeen trials comprising a total of 1133 subjects. Green tea consumption was shown to notably decrease fasting glucose and hemoglobin A_{1c}. Further stratified analyses showed that green tea significantly reduced fasting insulin concentrations. Green tea consumption significantly reduced the fasting glucose and hemoglobin A_{1c} (Hb A_{1c}) concentrations by 1.62 mg/dl (0.09 mmol/L) and -0.30% respectively.

The researchers suggested that green tea had favorable effects on insulin resistance. Notable improvements during the study were: decreased fasting glucose and Hb A_{1c} concentrations. A final subgroup analysis showed a significant reduction in fasting insulin concentrations in trials with high Jadad scores (a procedure to independently assess the methodological quality of a clinical trial), suggesting this study does hold a valid amount of accuracy.

Amer J of Clin Nutr (2013): Web. 1 Jul. 2013. <<http://ajcn.nutrition.org/content/early/2013/06/26/ajcn.112.052746.full.pdf.html>>.

TSA Cares



Transportation
Security
Administration

Here's a great program for those with diabetes who are traveling. We have all likely encountered the looks, funny questions, and pat downs while traveling through the airport. It's great to learn there is a program to make travel less traumatic and more like you are a super-star in need of a top notch escort. For all the info, and to ensure this program continues to be available please read this fantastic article by Meri at Ourdiabeticlife.com:

<http://www.ourdiabeticlife.com/2013/07/tsa-cares-use-it.html?m=1>

If you don't have time to read the article, the link to the information is:



<http://www.tsa.gov/traveler-information/travelers-disabilities-and-medical-conditions>

Or call 1-855-787-2227

Marijuana May Have Beneficial Effects for Glucose Control

(Note: IDS is not a proponent of illicit drug use. However, a better understanding of the relationship between cannabinoids and metabolic processes may help clinicians decide when to use the herbal or synthetic form of this drug when other treatment options have failed.)

Marijuana, one of the most commonly used illicit drugs in the US, has been linked to a lower BMI and decreased prevalence of obesity and type 2 diabetes among its users. A recent study published in the American Journal of Medicine has found that marijuana use was associated with better glucose control and less insulin resistance.

4657 participants from the National Health and Nutrition Examination Survey (NHANES) from 2005-2010 were studied to find a possible association between marijuana use and glucose control through fasting blood levels of glucose, insulin and determination of insulin resistance. During the survey time frame, 11,335 adults aged 20 to 59 years answered a survey on illicit drug use. From this group, 4,657 participants provided a 9-hour overnight

fasting blood sample which was analyzed for insulin, glucose, Hemoglobin A1c and various other factors.

Lead researcher Murray Mittleman, MD, DrPH reported, "Previous epidemiologic studies have found lower prevalence rates of obesity and diabetes mellitus in marijuana users compared to people who have never used marijuana, suggesting a relationship between cannabinoids and peripheral metabolic processes, but ours is the first study to investigate the relationship between marijuana use and fasting insulin, glucose, and insulin resistance."

Marijuana use among participants was assessed by a computer-based questionnaire. Of the 4,657 participants, 2,103 had never smoked or ingested marijuana; 1,975 participants had used marijuana previously but not within the last 30 days; and 579 were current users who used marijuana at least once within 30 days of the survey.

The participants who were considered current users of marijuana (use within 30 days) had an average of 16% lower fasting insulin levels compared to those who have never used the drug. Current use was also associated with a 17% lower insulin resistance score in comparison to those who reported never using marijuana.

The study did not find beneficial effects on insulin and insulin resistance in participants who had used the marijuana in the past, compared to current use. The authors concluded, "These associations were attenuated among those who reported using marijuana at least once, but not in the past 30 days, suggesting that the impact of marijuana use on insulin and insulin resistance exists during periods of recent use."

Amer J of Med, 2013;

DOI:10.1016/j.amjmed.2013.03.002

Dietary Tweaks That Improve Control for Children With Type-1

According to new research, foods containing the amino acid leucine and foods rich in omega-3 fatty acids could help lower the amount of insulin needed in type 1 children and adolescents.

Elizabeth Mayer-Davis, lead author of the study, added, "After the diagnosis of type 1 diabetes, a branch-chain amino acid and long-chain fatty acid were related to C-peptide levels, which are important because they've been shown to improve control of glucose, and may help prevent complications."

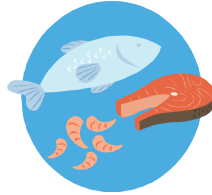


"This is **very early work**, however, and parents of children with type 1 diabetes need to continue to follow their child's doctor's orders with regard to insulin and any other medications," said Mayer-Davis, Professor of Nutrition and Medicine and Interim Chairwoman of the



Department of Nutrition at the University of North Carolina at Chapel Hill.

Examples of foods that contain the amino acid leucine are dairy products, meats, eggs, soy products, nuts, and whole wheat. Omega-3 fatty acids are abundant in fatty fish, such as salmon.



To evaluate the idea of nutritional factors contributing to beta cell preservation, Mayer-Davis and her colleagues reviewed data on over 1,300 young people as old as 20 years with type 1 diabetes. The average duration of diabetes for the participants was approximately ten months.



Information on the participants' nutrition, including consumption of leucine-containing foods, was obtained directly from the

participants and their mothers. Blood samples were analyzed for various nutrients including Vitamin D and fatty acids. The blood samples were also used to measure C-peptide levels, a byproduct of endogenous insulin production.

After two years, the research team observed that leucine and omega-3 fatty acids had a meaningful association with higher levels of C-peptide.

Vitamin D, also believed to be protective against type 1 diabetes, was associated with lower levels of C-peptide according to this study. Mayer-Davis commented that this was probably by chance because it is not consistent with previous research.

Higher levels of omega-3 fatty acids appeared to have a direct relationship with the preservation of beta cell function, meaning the more omega-3 fatty acids in the blood, the greater the likelihood of higher levels of C-peptide.

"It's possible that there are approaches that may improve the ability to produce insulin after diagnosis," Mayer-Davis said. "Within the context of a healthy diet, dairy products, high-protein foods and salmon may help. But parents shouldn't expect that these foods will be a miracle. Their children will still need insulin."

INSULIN Nation ^{IN} | technology science therapy

Have you checked out the Insulin Nation web site lately? It's a wonderful way to stay current on what is happening in the world of intensive insulin therapy. Jump over to their page to check out this tidbit about Iron Man Andy Holder and his work with Integrated Diabetes Services: <http://insulinnation.com/intv-video-feature-why-a-good-a1c-isnt-enough/>

??? Trivia Question ???

Which hormones does the body produce in response to hypoglycemia to help raise blood sugar levels?

- A. Insulin
- B. Glucagon
- C. Adrenaline
- D. Cortisol
- E. Thyroid Hormone

Find the answer on the last page of this newsletter

New Product Feature:

Novo Nordisk Echo Pen



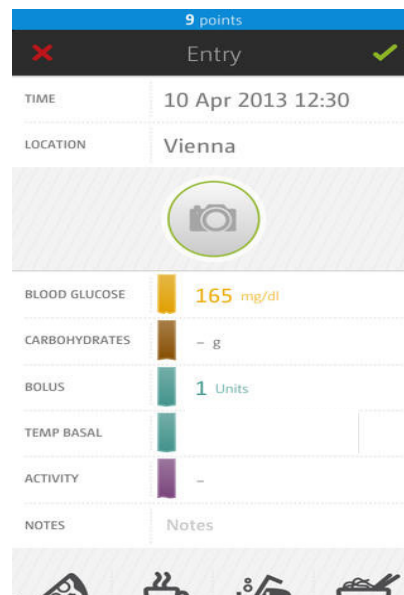
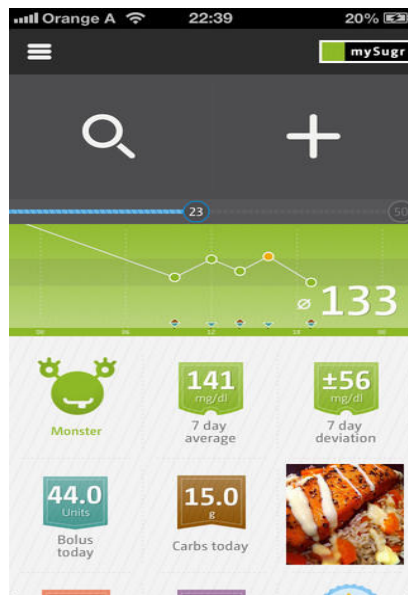
The echo pen from Novo Nordisk was recently approved by the FDA. It is a durable pen available in red or blue with a choice of skins. It records dose and time since last injection and can dose from 0.5 to 30 units in ½-unit increments. NovoPen Echo will be available to patients for use with NovoLog (insulin aspart) PenFill cartridges. It will likely be available early 2014.

App Rap: MySugr Companion

Diabetes can be a troublesome and annoying monster. That's why this App has been created! The motivating and fun companions help tame that monster: the [Companion App](#) for big people with diabetes, and the [Junior App](#) for the little ones.

The Companion is a charming, sometimes outspoken diabetes manager. The app has a similar purpose as a diabetes logbook. It provides immediate feedback and helps you stay motivated. You win points for every entry made, which helps tame your diabetes monster. The goal is to tame your monster every day. Challenges are available to help you set and attain personal goals. You also have the option of naming your diabetes monster!

It's all the diabetes management you're used to, with a side-order of context to make it meaningful. It also includes the ability to send data from the app via PDF file to a person of your choice – doctor/nurse/caregiver.





“DAD” Innovations



In his late teens, Mark Lippe, founder of DAD Innovations, encountered difficulty with his diabetes at work one day. After a brief rest he was sent home. While driving, his low blood sugar caused him to black out, lose control of his car and smash into a tree. Truck drivers on the highway stopped to help and called police. After regaining consciousness Mark tried to explain to the police that he had diabetes. None of the officers were interested in his explanation. He was given three citations and placed in the back seat of a squad car. During the ride to the police department he was interrogated by an officer and asked what illegal drugs he had consumed. Many times while resolving his ordeal Mark contemplated how this could have been prevented.

Several years later, Mark's daughter Lisa was diagnosed with Type 1 diabetes. She was entering her sophomore year of high school and taking driver's education. Mark recounted his experience and Lisa thoughtfully told her Dad that they really should do something so no one else would go through what he did.

The idea of a medical awareness decal for people with diabetes was born and DAD Innovations was created. With these decals, medical/emergency personnel could be alerted to the drivers' condition and give appropriate medical treatment.

In support of diabetes research, a portion of all proceeds from these medical awareness decals and key chains will be donated to the American Diabetes Association and the Juvenile Diabetes Research Foundation. A friendly reminder... test your blood sugar before driving. ABC News' Kim Berryman has written an article on the effects of diabetes and driving. Read "[Driving With Diabetes: Preparation Is Key](http://www.dadinnovations.com/)" on ABC News. <http://www.dadinnovations.com/>

My Diabetes Home

My Diabetes Home was created by Anuj Bhargava, MD, MBA, CDE, FACP, FACE, an endocrinologist and founder of the Iowa Diabetes and Endocrinology Research Center (www.iderc.org).

Dr. Bhargava has devoted his career to defeating diabetes and he is passionate about helping people with diabetes live better lives. This passion developed years ago, after Dr. Bhargava watched his favorite uncle die from diabetes complications. "I was 14 and his death had a major impact on me," said Dr. Bhargava. "I also saw how hard it was for his family, especially his children. He was only in his 40s when he died of a heart attack, because he did not understand how to take care of his diabetes or his health." □ My Diabetes Home is part of Dr. Bhargava's ongoing mission to improve the health and lives of people affected by diabetes. In addition to Dr. Bhargava, My Diabetes Home is staffed by a team of other health care professionals, including registered dietitians, pharmacists and certified diabetes educators.

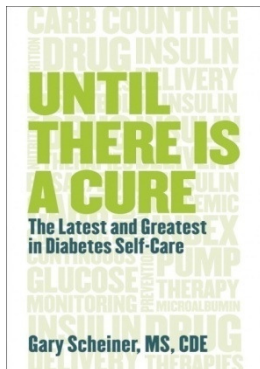
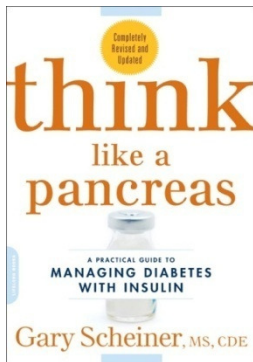
My Diabetes Home is a user-centered technology platform that empowers and enables members with diabetes to achieve better health. My Diabetes Home intends to engage and educate members by providing extremely personalized, credible, and relevant information presented by passionate healthcare professionals. The main goal is to motivate and activate members by providing the tools necessary for positive behavior change while comprehensively meeting all their needs in one place. Check out our patient videos: take a virtual tour and simplify your diabetes management.

My Diabetes Home launched MedSimple, the most comprehensive medication management platform on the market with seamless syncing across the three platforms: web, iTunes and Android. MedSimple (Meds made Simple...) is designed to simplify the lives of patients on multiple medications, reduce their out-of-pocket costs, and improve their adherence.

The Diabetes Store Is Open!

Choose from:

- Books
- Pump Accessories
- Hypoglycemia Treatments
- Skin Wipes
- Lancing Supplies
- Food Scales
- Supply/Travel Cases
- Cooling Pouches
- Injection Aids
- Chair Exercise Videos



For a complete catalog and to place orders, please visit
<http://www.integrateddiabetes.com/webstore/>
or call 877-735-3648. Outside the U.S., call 1-610-642-6055.

The 2nd edition of **Think Like a Pancreas: A Practical Guide to Managing Diabetes With Insulin** has sold more than 30,000 copies worldwide...and counting! This all-new edition includes detailed sections on continuous glucose monitoring, new medical options for insulin users, smart pump therapy, web-based support and management resources, and pregnancy & type-1 diabetes.

To order a copy (or two or ten) *personally autographed by the author*, call Integrated Diabetes Services or visit the Diabetes Store at the IDS website. \$17 plus s/h.

Until There is a Cure, Gary Scheiner's latest book, details all that is new and effective in diabetes treatment. 160 pgs; from Spry Publishing. Order from Integrated Diabetes Services by calling 877-735-3648 (outside US: +1-610-642-6055) or visiting the IDS webstore. \$16 plus s/h.

This just in: **Raising Teens with Diabetes: A Survival Guide for Parents** by Moira McCarthy. Do you need a copy? We have 'em in stock now! Call or go online to order.

Sample a CGM

Use of Continuous Glucose Monitors (CGM) is growing steadily as the systems become more accurate and user-friendly, and insurance coverage expands. Still, many people are hesitant to purchase a system outright without knowing if it's really worth all the effort. If you're interested in trying a CGM (and learning some things that can improve your control), Integrated Diabetes Services offers a CGM Trial Service.

This service is available just about anywhere since we can ship the necessary equipment to you and talk you through the sensor attachment process via phone or video chat (Skype or Facetime). Select either a two-week Dexcom Seven-Plus or G4 trial, or a one-week Medtronic sensor-augmented pump trial (you must have a Medtronic 522, 722, Revel or Veo pump). The trial service includes a detailed analysis of your sensor data as well as specific recommendations for fine-tuning your glucose control.

The cost for the service is \$290, including all necessary equipment, initial training and data analysis. Details can be found at http://www.integrateddiabetes.com/cg_trialserv.shtml. Call 1-877-735-3648 to schedule.



Analyze Your CGM

Continuous glucose monitoring systems provide a wealth of valuable information, but are you really benefitting from all that data? Integrated Diabetes Services' team of clinicians is available to analyze your CGM data and offer insight to improve your diabetes control. This unique service includes a review of your current management practices, downloading/data transfer instructions, and a comprehensive breakdown of the data from your continuous glucose monitor. The fee is \$199. To make arrangements, contact our office.



For mail-order diabetes supplies (test strips, pump supplies, sensors, prescriptions and more), we are proud to recommend Byram Healthcare. Byram works with most private insurance plans, provides a very wide selection of diabetes self-management products, and offers excellent customer support. Call 877-902-9726 (mention referral number 126736) or visit www.byramhealthcare.com.

Diabetes Bites is published (nearly) monthly by Integrated Diabetes Services LLC and is distributed to more than 6,000 individuals who either have or treat diabetes. For advertising opportunities, please contact gary@integrateddiabetes.com or call (877) 735-3648.

Integrated Diabetes Services provides diabetes management consultations and self-management training for children and adults. Services are available in-person or worldwide via phone and the internet.



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??? Answer to Trivia Question ???

B (Glucagon) and C (adrenaline). However, the glucagon response may be blunted in the presence of large amounts of insulin, and the adrenal response may not take place in those with hypoglycemia unawareness. So... do what you can to prevent hypoglycemia, and keep proper treatment handy at all times!

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