

# *Taming the Tiger*



*Your first year  
with **Diabetes***

*By William "Lee" Dubois*

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with diabetes*



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**Taming the Tiger**  
**Your first year with diabetes**

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Taming the Tiger



William “Lee” Dubois



Taming the Tiger

## *Dedication:*

This little volume is dedicated to my patients, who expand my universe by opening their lives to me. Every day when I get out of bed, I am thankful that I get to spend my waking hours helping others of my kind be healthier and happier. Life, truly, is good.



William "Lee" Dubois      1

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*It's going  
to be OK*

*You're going  
to be OK*

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Taming the Tiger

## *Welcome*

*Welcome to the family!* What? I'm the first to say that to you? Well, now that you have diabetes, you're part of a *huge* family. More people than you can imagine are facing the same exact challenges you are. In fact, more than 4,000 Americans were diagnosed with diabetes on the same day you were. And the same thing is happening today. And 4,000 more will join us tomorrow.

Thanks for picking up my little book. I have diabetes myself, and

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William "Lee" Dubois 1

I work at a clinic that helps men, women, and children deal with their diabetes. We help them to survive. To thrive.

Did you know that being given a diagnosis of diabetes delivers the same level of shock to your system as having a heart attack?

Yeah, it's a *big* deal. Everything just changed. Now you've got a disease that never goes away, requires a lot of attention, and gets worse on its own no matter how hard you try.

### *It's OK to be a little bummed.*

There's a *lot* you need to learn, but you don't need to learn it all *today*. That said, your diabetes education needs to start somewhere. There are a ton of books about diabetes out there, and most try to tell you *everything* you'll ever need to know. The authors mean well, but they probably don't have diabetes themselves. They don't understand that all you really want to do is just pull the covers up over your head and stay in bed. Forever.

This slim little pocket guide doesn't have the goal of teaching you everything. Its goal is simple: just to give you the bare-bones information you need to get started. It's the first step of a lifelong journey that will be easier than you can possibly imagine today.

Your diagnosis isn't a death sentence. It's a life sentence, in every sense of the word. It's with you forever, but I promise you that if you take the right steps, you'll be healthier because of it.

*Lee*



*First . . .*

It's going to be OK  
You're going to be OK

Yes, you've got diabetes. But it's not the end of the world. You're not disabled, merely inconvenienced. Actually, you're lucky. This is a great time in history to have diabetes. No, really. We have great tools, great medications, and a great understanding of how to keep diabetes in check, how to keep it from harming you.





You might not feel too great right now. On top of the shock of being diagnosed, your body hasn't been at its best for a while. Diabetes, at least the most common kind, tends to creep up on its victims over a period of many years. The high blood sugar caused by diabetes makes you feel like crap, but you probably don't even know it yet because the changes happen so slowly, a little bit at a time. It is so gradual that you chalked up your symptoms to getting older, being busier than usual, or being stressed out. Diabetes typically doesn't get diagnosed until after

you've been feeling terrible for quite a while. The good news is that you are going to feel ten years younger in a matter of months. Your energy is about to start going up, up, up. You won't be so thirsty. Instead of getting up four times a night to pee, you'll sleep through the night. Your love life will . . . ummm . . . improve. Your vision will get sharp. You won't be so crabby, you might not notice, but your loved ones sure will.

Bottom line: From this very day forward, it all gets better.



## *Second . . .*

What caused my diabetes?

Can you have a pet tiger? Sure. So long as you feed it well, groom it, and never turn your back on it, you can coexist with a tiger in your living room. But if you neglect the tiger, starve it, turn your back on it—the tiger will pounce on you and tear you to shreds.

***Diabetes is the tiger.*** Feed it right. Take care of it right. And the two of you will live just fine together.

If you let diabetes run wild, it will kill you. At the same time, I promise you that it's possible to live for a very long time with diabetes. You probably know people who died or are dying from diabetes. Some may be in your own family.

*But that is not going to happen to you.*

Things are different now. I'm going to show you how to grow old, healthy, and happy—with the tiger at your side. Now I want to spend a just quick moment on

how this happened to you. What caused your diabetes? Let me be absolutely clear about this point: You *did not* do this to yourself.

***It's not your fault.***

We all know the saying “shit happens,” right? Well, in a similar vein, diabetes happens. There is a belief, a myth, a falsehood, that people with diabetes gave it to themselves by eating too many sweets or by being overweight.

Nothing could be further from the truth. There are plenty of

300-pound sugar addicts out there who do *not* have diabetes.

You have to be special to join our family. Your body has to be designed for diabetes at the most basic level. Without getting too medical, your genes are either set up for diabetes or they are not. That is why diabetes often happens in families over many generations.

Now sometimes I see someone with diabetes whose parents don't have it. Well, you are the unique joining of two family

trees. Maybe Mom's side didn't have diabetes. Maybe Dad's side didn't have diabetes. But you do. Something happened when mixing your mother's genes and your father's genes that created a new family of people with diabetes. Everything starts somewhere.

Once you have the design for diabetes built into your body, something needs to trigger it. Your genetics are your diabetes hardware. Your age and weight are your diabetes software. If you are set up for diabetes, it shows



up when you are old enough (usually about 40) or heavy enough. If you are really skinny, you probably got your diagnosis later in life. If you are a bit hefty, you probably got your diagnosis earlier in life.

But either way, here you are.

*No guilt, please.*

It would have happened sooner or later anyway. It was your genetic destiny. And now that you have it, you have to take care of it. You can't give the tiger back.



Plus, if you take care of your diabetes, you will actually be *much* healthier than the average American who does not have diabetes.

So it's a gift of sorts. Diabetes is the carrot *and* the stick. The threat *and* the reward. Diabetes—the tiger—will eat you alive if you don't do the few basic things you need to do to feed it. But if you take care of it, it will, in a sense, take care of you, too.





### *Third . . .*

Bad stuff that's happened  
to other folks that doesn't  
have to happen to you

I'm trying to avoid using a lot  
of medical-speak today. You've  
got enough to deal with without  
learning a new language. That  
said, you might have heard your  
doctor say something about  
“complications.”

Complications are poorly named.  
*Scary-assed-side-effects* might be  
a better word. “Complications”

are what doctors call damage to your body caused by high blood sugar from diabetes. Complications are like the worst hangover you can imagine. It's the morning after, the party's over, and you feel awful.

Except, unlike a hangover, complications don't go away. Some can be treated, but for the most part, once your body is broken by diabetes, it stays broken. If you let the tiger maul you, you'll never fully recover. Bottom line: Don't let yourself get complicated in the first place.

Let me be clear: It's not diabetes that's the killer; it's the sugar in your blood that's the real enemy. All diabetes really does is make it hard for your body to deal with sugar. **Having high levels of sugar in your blood is like having battery acid in your veins.** Over time, it will destroy every single part of your body.

Especially at risk: your vision; your kidneys; and your feet. I don't want you scared, but I do want you careful. Trust me, you do not want to die from your diabetes.



It is a slow, awful, painful, and expensive process.

Beyond the nasty stuff above, sloppy control of your diabetes increases your risk for heart attacks and strokes, either one of which will absolutely ruin your weekend.

But please don't think the grim reaper is on your doorstep. You do need to be careful. You do need to accept some cold, hard facts. You do need to keep your mind on the game, always. But you do not need to live in fear.



## *Fourth . . .*

You're in the driver's seat

Let me tell you why I love having diabetes. Yes, I said I love having diabetes, and I'm not crazy. I am healthier with diabetes than I was without it. I think about my body, what I put into it, what I ask it to do. I am more keenly aware of my mortality, and yet will probably live longer and sweeter than I would have had diabetes not joined my team.

But that's just the sugar-free icing





on the cake. What I love most about diabetes is that it is what the medical world calls a “self-managed disease.” Yep. I’m in charge. Little ol’ me. Not my doctor. Not some specialist. I get to be in the driver’s seat.

With most illnesses, the medical folks are in charge from start to finish, and you are just along for the ride. Usually in the back seat. Here, take this pill. Don’t do this. Don’t do that. Avoid stress. *Yeah. I’ll get right on that.*

With diabetes, you drive and your



doctor is the tour guide. Make tiny changes in your eating and activity, and you change your health destiny. You call the shots.

And it’s simple.



*You  
call the  
shots*

*Fifth . . .*

It's as simple as A-B-C  
and 1-2-3

*If you do six simple things,  
you've got it made.* If you take  
care of these six things, you'll live  
a long and wonderful life, even  
with diabetes as your constant  
companion. Now, I'm not saying  
it will be easy, but it *is* simple.

Follow me . . .

*Your **A**verage blood sugar needs to be in control.*

*Your **B**lood pressure needs to be in control.*

*Your **C**holesterol needs to be in control.*

- 1. Take your damn meds.*
- 2. Think about what you eat and how you move.*
- 3. If you fall off the wagon, get back on.*

## *A-b-c*

A is for Average blood sugar

So the most important thing you need to do is keep your blood sugar at whatever level your doctor says is right for you. There are two tools to help you do this. One is a lab test that your doctor will run every three months to see how you are doing overall. The other tool is literally in your hands: a small, pager-sized device called a meter.

A meter is an easy-to-use machine that lets you take a tiny sample

of blood from your fingertip any time you need or want to, and in seconds, it tells you what your blood sugar level is. (See Appendix A for important meter tips.)

Blood sugar matters, a lot, because over time high levels of blood sugar cause damage to your body. So high numbers are bad, right? Yes, but you can't take any one number too seriously. A bad number doesn't make you a bad person. I like to say that *even bad numbers are good information.*



That's the secret to blood sugar testing: It's good information. "Bad" numbers are simply good information that you need to do something about. The tiger is telling you that it's hungry.

Generally speaking, your blood sugar is lowest first thing in the morning when you wake up and highest after eating. One really cool thing about having a meter is that you are now equipped to do science fair projects on yourself. Read on. Different foods will have different effects on your blood sugar, and each of us reacts



differently to any given food. That's why a list of foods you can or can't eat is an insane idea. Simply put, your mileage may vary.

You can quite literally test how various foods affect your body and your blood sugar by simply testing before and two hours after any meal to see how much the food caused your blood sugar to go up.

### *a-B-c*

B is for Blood pressure

So the sugar in your blood is the main thing to worry about, but



the pressure of that sweet liquid inside your veins and arteries also matters.

Second only in importance to blood sugar is *blood pressure*. Having diabetes raises your risk of having a heart attack. You can lower that risk by keeping your heart happy, and keeping your blood pressure at a healthy level is a big part of that.

Eating right and getting some decent exercise can help your blood pressure, as can losing some weight if you need to, but



you may have to take a pill to keep your blood pressure at the right level.

## *a-b-C*

C is for C<sup>h</sup>olesterol

Sugar in range. Blood pressure in range. That's two out of three. The third blood thing to think about is your *cholesterol*, fats that are part of your blood. They come in various types. Some are good for you, and some are bad for you. Part of your cholesterol comes from your diet, but the lion's share of it is made by your body. The idea is to keep a



balance of good and bad, and that may require a pill.

## *1-2-3*

1. Take your damn meds

So all of this leads us to number one: Take your damn meds. Your doctor most likely wrote you some sort of prescription for your diabetes. You need to take it, but you need to know that your medications are a treatment, not a cure. Diabetes progresses. It gets worse over time. You and your doctor will spend the rest of your life adjusting these



medications as your age and weight change. Sometimes meds can be reduced. Sometimes they need to be increased. When the current medications no longer do the job, new ones will be added.

Simply put: Diabetes medications are tiger food.

Now if your neighbor takes the same diabetes medication that you do, but takes more of it, that does not make her sicker than you are. Everyone's diabetes is a personal affair and there are all kinds of different things that

dictate how much and what kind of medication you need. Some meds are pills, some are shots. *No fear.* I promise that the shots do not hurt. I also promise that unless you get run over by a FedEx truck, you will need to take medications that are shots before you die from old age. And you will do fine.

## 1-2-3

2. Eating and movement . . .

True, the word “die” is part of “diet.” But because we have diabetes, we need to think about what we eat for two reasons.



First we need to avoid foods, or combinations of foods, that cause our blood sugar to shoot up. High blood sugar makes the tiger unhappy. Second, like most people, our weight could be . . . ummm . . . better.

Those of us with diabetes can actually eat almost any food anyone else does. But you do need to learn (using your meter) which foods your body handles well, and which ones it does not. Then just keep your serving size small on the ones that give you trouble. Notice I didn't say to

do away with foods that kick up your blood sugar. Just eat less of them. In the next chapter, we'll cover a few simple tips that make it easier to predict what foods give most of us with diabetes the most trouble.

In terms of weight, you just need to be sure you only eat as much food as your body needs. Knowing if you are eating what your body needs is simple. If you are overweight, you are overeating. If you are overweight and putting on more weight, you are overeating a lot.





So knowing if you are eating the right amount is the easy part. Actually eating the right amount is quite a bit harder. The key to any change in something as complex and wonderful as eating, is something you learned in kindergarten: the story of *The Tortoise and the Hare*.

Slow and steady wins the race. This is a good rule of thumb for any radical change. Take baby steps.

Small changes over time will get you across the finish line and



cause you less stress than trying to change everything all at once.

As crazy as it sounds, I recommend starting out by buying a smaller plate. Let's face it, a small serving on a big plate looks depressing. Filling up a smaller plate will trick your mind into being happy and cut down on how much you are eating.

Speaking of eating, you'll feel full with less food if you eat slowly. The best way to do that is to turn off the frickin' TV and eat with your loved ones at a real



table with some pleasing music in the background.

Along with limiting the food that gives your diabetes trouble, you need to stay or get active. Don't panic. I'm not saying you need to join a gym, but the human body is engineered to move, not to sit on a couch.

Like changes in eating, changes in moving need to be small and steady. Where to start depends on where you are at, but for many people, doing something as simple as parking your car farther

away from stores where you shop, or parking farther away from the front door of the place where you work, is a great way to add some activity to your life. At first, increasing the amount you walk is hard, but the more you do, the better you'll feel. Also, as your blood sugar begins to come down, you're going to have more energy. It'll all come together for you. I promise.

*1-2-3*

3. Falling...

Oh dear. You were invited to a child's birthday party. And there



was cake and ice cream, and no one thought to buy any diet soda. And you tried to be good, you just had one little nibble. Then two. Then three. Then your blood sugar went through the roof, and, as it was messed up anyway, you just went ahead and had a full piece of cake. Then another one with two scoops of ice cream.

Now it's the morning after. You feel like hell physically, your blood sugar is still through the roof, and you're feeling a lot of guilt.



Welcome to the human race. We all fall off the wagon on a regular basis. What separates the winners from the losers is what you do next. Do you stay in a state of failure, or do you get up, wipe the cake crumbs off your shirt, and start over?



*A-B-C  
and  
1-2-3 . . .*

*It's as simple  
as can be!*



*Sixth . . .*

Can you eat that?

I hope your doctor didn't give you a list of foods you can and can't eat, because it really is simpler than that.

Here is the secret: The fuel that runs the human body is sugar.

The job of your digestive system is to turn everything that you put into your mouth into sugar to feed the trillions of cells that make up your body. From T-Bones to



Twinkies, it all becomes sugar. The problem is that some foods become sugar in your body more quickly than other foods.

Oh, and the second problem is that you have diabetes, which means your body doesn't deal too well with big amounts of sugar all at once.

At the risk of pissing off your doctor, I want you to know that you can eat anything you want to. So, how simple was that? Of course there are some rules.



To survive with diabetes, all you need to know is that food that is white in color will make your blood sugar go up more quickly than food that isn't white in color.

That doesn't mean you can't eat white foods, but you need to pay attention to how much you eat and what else you eat with them.

So . . . what is white? Obviously, anything made with sugar: candy, ice cream, cake frosting. Anything made with flour: bread, tortillas, crackers.



Anything that comes from a potato: fries, chips, hash browns. Did you know that a mouthful of baked potato will turn to sugar in your blood faster than a Hershey bar?

Pasta is white. So is rice. And corn, while usually yellow, acts like a white food. Milk is white. Most cereals are white foods, including oatmeal.

About the only two white-colored foods I can think of that don't hurt your blood sugar are cauliflower and cottage cheese.



Now before you try to slit your wrists with the cover of this book, please remember that you *can* eat all of the white foods. These are just the foods that you need to keep an eye on.

Don't go crazy with them. Don't stack them up too much in one meal. If you really need dessert today, don't eat a baked potato with dinner. Have some meat, a salad, and some veggies. If you really need a baked potato, skip dessert.

See how simple this is?



So what can you eat? Well, you can eat anything. And just as white foods can make it hard to control your blood sugar, other foods have little or no effect on blood sugar. Anything that used to run, walk, crawl, slither, fly, or swim is a freebie. Basically, a properly sized serving of meat has no effect on your blood sugar. Now if you take a piece of fish and batter-and-deep-fry it, it becomes a white food. If you don't have a gas grill yet, this would be a good time to buy one.

Cheese is another freebie, having



little or no effect on your blood sugar. Same for the green veggies.

Now you might have noticed I never mentioned fruit. Well, fruit can raise your blood sugar, but it can also be very healthy for you, especially fresh fruit.

You'll just have to use your meter to see how various types of fruit affect you.

Beans are middle of the road, and nuts tend to treat blood sugar well, but are high in calories, so too many can cause you to put on weight.



Can you have a beer? Sure. Can you have fourteen beers? No.

Can you have cake? Sure. But not every day.

Can you have a candy bar? Sure. But why don't you eat one of those small ones instead of the "king sized"?

Can you have pasta? Sure. Just watch the portion size! It is waaaaaaaay easy to eat too much pasta. Don't forget to have a salad with it.



Can you have a cigarette? Sure. But you shouldn't. Why take care of your diabetes if you are going to kill yourself by smoking?

That said, if you are a smoker, this is ***absolutely not*** the year to quit. You can do that next year.

Can you have . . . *Look, you can have anything anyone else does.* Just remember that the white foods will tend to raise your blood sugar faster and higher than other foods. Don't let white foods make up a large part of your meals.





Another rule of thumb is that fresh food is better than frozen. Frozen is better than canned. The more natural a food is, the better it is for you. The more processed a food is, the worse it is for you.

Oh wait, there is one thing you cannot have . . .

Can you have regular soda? Absolutely not. This is the *one* and *only* thing you must give up.

The tiger will not allow you to drink regular soda. Switch to diet. (Also beware of other



liquid sugars, like bottled teas, lemonade, energy drinks, and the like.) OK, so speaking of diet drinks, should you look for sugar-free foods too? Maybe. It depends.

First off, most sugar-free foods still have calories, so if you pig out because it's sugar-free, you'll still gain weight. Second off, some of the sugar substitutes, especially in chocolate candy, give many people painful diarrhea. Third off, sugar-free is still a white food that needs to be taken in small doses. So the



bottom line: Sugar-free drinks are a good idea; and if you previously put sugar in coffee and tea, you need to use the yellow stuff, the pink stuff, or the blue stuff instead.

When it comes to cakes, cookies, and ice cream, the jury is out on whether it's better to have a small amount of goodies with sugar, or to use sugar-free alternatives; but either way, you need keep your servings small. And, of course, you can always use your meter to find out if regular or unleaded is better for you and your tiger.

## *Seventh . . .*

Those other people who live with you who don't have diabetes

Now that you have diabetes, **so does your family**. You need to change the way you live your life a little at a time. You need to start watching what you eat, you need to start moving.

Those people who live with you need to do the same. This is a lifetime journey you are setting out on. You cannot travel a



separate path from your loved ones for your entire life. They have to come along for the ride.

The good news is that all the things you have to do to take care of the tiger are also good for people who don't have diabetes. Also, if you have children, they are at high risk for diabetes, too—so getting them into good habits now will save them a lot of stress later.

And speaking of stress, one problem that you will face is the fact that there are too many

Diabetes Doctors in your world. They will likely include your mother, your aunt, your brother, your boss, your . . .

Well, you get the idea.

Everyone on the planet thinks they know everything about diabetes. And, because they love you, they will want to tell you how you need to live your life. You will also encounter the Diabetes Police. These are people who are not content to just give you advice; they feel the need to enforce their views onto



you and monitor your behavior.  
Constantly.

Like many things in diabetes, the best defense is a strong offense. Teach your loved ones as you learn. Bring them into the loop. You need them, and they need you. As you learn about diabetes, teach them what you know.

## *Eighth . . .*

Continue the journey

So now you know all you need to know to survive the first year of your diabetes journey. Of course there's more to learn. Later. When you feel better. Follow the A-B-C's and the 1-2-3's and you will survive *and* thrive.

Yes, you have diabetes, but you will live a long and happy life. And you will find that the little things that you must do to keep the tiger happy are minor



annoyances. Soon, checking your blood sugar and taking your meds, moving more, and thinking about what you eat, will become as natural to you as breathing is.

Right now you may think that you can't do it. Yes, you can. I promise you that you can. A year from now, you'll wonder why it all seemed like such a big deal at the time. When you want to learn more, there are hundreds of places to go. There are books and magazines and websites and TV shows. If you want to, you can spend the rest of your life

learning more about diabetes. *And I think you should.* But . . . you know what? Even if you just follow the few little things laid out in this book, and never do anything more, you'll do better than most of our kind.

Lastly, you have diabetes. Does that make you a *Diabetic*? Maybe. I call myself a *Diabetic*. Other people don't like the word. They feel they are being defined by their disease. They prefer to be called a *Person with Diabetes*. It's your diabetes. It's your choice.





## *Ninth . . .*

See? It's easier than you thought it would be!

So here we are. I'm sure you're not happy about having diabetes, but I hope you're feeling better about it than you did before you opened this guidebook.

Your life will not change as much as you thought it would, and I'll bet in a year's time you'll feel better than you have for years. I'll also bet that you'll live a longer, fuller, and happier life

than you would have had you not developed diabetes at all.

In our clinic support groups, I use the following icebreaker: We go around the circle and I ask each person to tell me what they hate most about having diabetes. There is no shortage of answers!

When we are done with that, I spring my surprise on the group. I say, "Next tell me what you *like most* about having diabetes."

I've sprung that on hundreds of people over the years. Only one

man could not find a single thing he liked about having diabetes. Everyone else—man, woman, and child—could think of at least one way in which diabetes had improved their lives.

And I know you will, too.



*See? It's  
OK...*

*Everything's  
OK*

## *Appendix A . . .*

Your meter and strips

So you have this blood glucose meter and you are supposed to be checking your blood sugar. And you are hot under the collar about that. *Why?*

Being able to test your blood sugar anytime you want is awesome! How many other illnesses can you name that have the technology to let you see how you're doing at any time of the day or night in the comfort of your own home, or car, or . . .



You need to know two very important things about meters. The first is that if testing hurts like hell, you're doing it wrong.

Your meter came with a little plastic, pen-like contraption called a lancing device. Its job is to poke a very small hole in your fingertip so you can get a drop of blood to test. It has a dial with numbers on it. The larger the number, the deeper the needle goes into your fingertip. So the lowest number is for babies and rich high-society ladies who wear silk gloves. The highest number

is for lumberjacks with calloused hands. You are neither and need to be somewhere in the middle.

If you find using the lance hurts a lot, set the number lower. If you find you're milking your finger and praying for a blood drop, you need a higher number. It's that simple.

Oh, and by the way, most lances come with both a clear plastic top and a solid top. The clear one is for forearm testing and the solid is for fingertips. If you use the clear one for your fingers, it will



*always* hurt—no matter what the number's set to.

The other important thing to know about meters is called *calibration*.

With many meters, the machine needs to know stuff about the *strips*—the one-shot meter “food” that sucks in the drop of blood for testing. The vial of strips will have a code number printed on it.

It is **vital** that the meter knows what this number is.



Some meters use a chip that plugs into the back of the meter, some make you enter the code number using the keypad on the meter, and the newer models are self-coding so you don't have to worry about it at all.

That said, you need to know which kind your meter is. If you have a model that needs to be coded and you don't code it, your numbers can be waaaaaaaaay off. If you don't have the energy to read through the manual that came with the meter, call the toll-free phone number printed on the



back of the meter. The folks that make the meter will be happy to talk you through the process.

What is a good number, you ask? Remember that numbers are neither good nor bad. They just *are*. That said, in general our target numbers are:

*90-115 mg/dl in the morning when you wake up.*

*Under 150 two hours after eating.*

*Don't panic until you are above 200 or below 75 mg/dl.*



**Or wherever your doctor says they should be!**

When should you test? Well, you have ten fingers and there are 24 hours in the day... But seriously, you should test more often rather than less often. How else will you know how you are doing? The first-thing-in-the-morning check is important; but it should *not* be your only test, or you don't really know how the food you are eating is treating your tiger. In general, any number by itself is worthless. If you only checked after a meal, you wouldn't really



know how the meal treated your body because you'd have no idea where you were before the meal.

You need to embrace testing your blood sugar. It's not a chore.

**It's empowerment.**

## *Appendix B . . .*

Pocket change well spent

There are four drugs that are “standard operating procedure” for treating diabetes that, with one exception, don't really treat diabetes at all. But all four have been shown to improve the overall health of people who have diabetes. Yeah, it's a pain in the ass to have to take so many pills, but it's really worth it, and the cost is low. All of them are what are called generic drugs, meaning they run you four bucks



per month each at places like Wal-Mart.

The first type of pills, called ACEs or ARBs, are actually high blood pressure pills that have been shown to protect your kidneys. An example would be Lisinopril.

Even with perfect blood sugar control, some extra protection for your kidneys is a must. If your blood pressure is perfect, your doctor will give you a small dose. If your blood pressure could be better, your doctor can

kill two birds with one stone and use a higher dose to shield your kidneys and lower your blood pressure.

The next type of pills, called Statins, are actually cholesterol drugs. An example would be Lovastatin.

New studies have shown that even small improvements in cholesterol can add years to people's lives. This is one of those ounce-of-prevention is a pound-of-cure medications. You need this even if your cholesterol



is perfect. If you wait until your cholesterol is high, you have lost time that you will never get back. Trust me, you need this pill. Oh, and take it at bedtime.

Then there is a pill called Metformin. It is actually a diabetes medication, and often the first one you'll be put on, especially if your diabetes is discovered early.

But blood sugar control aside, Metformin helps protect your heart.



Last, not really a drug, and not remotely four clams in cost, is a baby aspirin every day.

So three generic prescriptions and a baby aspirin should run you, what? Forty-four cents per day?

Sounds like a cheap insurance policy to me.



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Beyond personal and direct clinical experience, the following key books have helped develop and shape my diabetes world view:

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I also use the ADA website at [www.diabetes.org](http://www.diabetes.org) as a source of data and statistics.

Our tiger stripe borders at the bottom of each page were made using a Photoshop tool created by the good folks at **Obsidian Dawn**. The tiger's footprints were created by **Shattered Shards**, and the human footprints are a licensed clip art product from **iStockphoto**. And last, but certainly not least, our wonderful cover tiger is a slightly modified licensed image from **Fotosearch** (yeah, we gave the poor tiger diabetes).



*Thank you  
for taking the  
time to read  
my book!*

## *About the author*



*William "Lee" Dubois*

Diabetic, diabetes educator,  
author, Lee walks in your shoes

every day. He writes from both clinical and personal experience with honesty, compassion, and humor.

He works full time as the Diabetes Coordinator for Pecos Valley Medical Center, a rural nonprofit clinic in one of the poorest counties in the United States, and is a tireless advocate for diabetes care and awareness.

He is the author of *The Born-Again Diabetic: The handbook to help you get your diabetes in control (again)*; and of

*LifeAfterDx*, a long-running Internet health blog.

He is a community faculty member for the diabetes specialty program of Project ECHO at the University of New Mexico Health Sciences Center, where he is engaged in teaching community health workers diabetes education skills via tele-medicine. He also sits on the steering committee of the New Mexico Diabetes Advisory Council and is a state board member of the American Diabetes Association.



*It's all  
OK...*

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Diabetes author  
**William "Lee" Dubois**

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