Improving access to specialists has been a top priority for all primary care providers and for the Ministry of Health. At our Centre, while we have many endocrinologists (diabetes specialists), we still have a wait time that varies between 6-8 months. The reason why? There are many more people living with diabetes in Toronto than the number of specialists we have to support them. Our goal is to start the new year off with some strategies to decrease the length of time that people have to wait to see our team. The first strategy was to change our referral form. By asking family physicians for just a bit more information, we can triage our referrals to be certain that those who need to see the specialist sooner can do so.

The second thing we did was to create an urgent diabetes clinic. Diabetes is a complex disease and some people need to be seen by a specialist within a week or two. This new clinic is designed specifically for those individuals. Third, we increased our staffing by hiring a nurse practitioner. Nurse practitioners are highly trained nurses who specialize in an area of practice (in this case, Diabetes). Nurse practitioners can write prescriptions, order tests and complete the same physical exam that a doctor would do for diabetes. Nurse practitioners are supported by the physicians in the clinic and even though a patient seeing a nurse practitioner might not see an endocrinologist, please be assured that an endocrinologist is supporting all the decisions that have been made for you. Our Nurse Practitioner, Tess Montada-Atin, will start seeing patients who would benefit from being seen by a specialist sooner but are not considered urgent.

Our hope is that these changes will lead to improvements in accessing our team. If you have any questions, comments, concerns or ideas please contact me at: 416 867-7436 or at whithamd@smh.ca

Editor's Note
Dear reader,

Welcome to 2018 and the 2nd issue of the diabetes newsletter. Did you overindulge during the holidays? Now that it is the new year, are you ready to make changes? We are happy to provide you with information that will help you to be successful. In this issue we have included information that will help you make lasting changes. We have also included tips on testing your blood sugar, changes in diabetes technology, and our feature story of a woman living with type 1 diabetes for over 50 years. You will also read about changes occurring in our centre to improve patient care.

Our aim is to provide information that is relevant to you, so please take the opportunity to fill out the survey included. You may even win a prize as we continue to search for a name for the newsletter. We look forward to hearing from you.

Annabel Hall RN, MN, CDE and Lucy Chen, BScPhm, PharmD

It is not too late to get your flu shot!

The flu season usually lasts until early spring. If you have not received a flu shot this year, it is not too late to start protecting yourself today. People with diabetes are more likely to get seriously ill from the flu.

In addition, having an infection like the flu can raise your blood sugar levels.
If you are like many Canadians, you may have started the New Year with resolutions for healthier living in 2018. You may be making these resolutions to get better control of your diabetes, reduce risk of complications or just to feel healthier.

Sometimes it can be overwhelming to think about the changes you want to make or the activities you want to accomplish. One way of making smart goals is looking at what you can realistically expect to accomplish within the next week and exactly how you are going to do it.

This is called “Action Planning” – something that is short-term, doable, and sets you on the road toward your goal. These are the steps of how to make an Action Plan:

1. The action plan should be about something you want to do or accomplish. You should clearly determine what that is.
2. Achievable – something you can expect to be able to do this week
3. Action specific – Make sure that your plans are “action specific”. For example, losing weight is not an action, but replacing pop with water is. Losing weight is the result of the actions.

4. Answer the questions:
   - **What are you going to do?** Are you going to increase the number of times you test your blood sugars, eat less carbs for breakfast, or take insulin regularly with meals? Be specific.
   - **How much will you do?** This question is answered with something like time, distance, portions or repetitions. Will you walk one block, walk for 15 minutes, test blood sugar every morning, take insulin at bedtime?
   - **When will you do it?** For example, what time of the day or day of the week? This must be specific as well.
   - **How often are you going to do this activity?** A good start would be aiming at 3-4 times per week. If you do more then so much the better. However remember it has to be realistic and starting small might be a great start.
   - **How sure are you** (on a scale of 0 to 10)

(Adapted from “The Chronic Disease Self-Management Workshop” – A Stanford University Self-Management Program)

### Areas you may want to set goals for:

**Nutrition** – Reducing portion size, increasing vegetable intake

**Exercise** – Starting an exercise program, increasing amount of exercise

**Monitoring** – Keeping a log book, testing more frequently

**Medications** – Rotating site of insulin injection, taking medications as prescribed

**Keeping well** – Checking feet daily, keeping health care appointments

**Reducing stress** – Introducing relaxation time into each day

(Adapted from University of Miami Diabetes Research Institute “Keeping on track with diabetes”)

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### Making your New Year’s resolutions stick

**Suela Cela MSW, Lucy Chen PharmD**

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Let loved ones know what your resolutions are so they can help you stay accountable.

**Good luck!**
I woke up on the morning of April 5th, 2017 with feelings of gratitude, disbelief and joy! I had reached my 70th birthday. This milestone has been marked by decades of uncertainty. At the age of 17, I was told that I would be lucky to live two thirds of a normal life span. When would the shoe drop, I often wondered? Would I reach 40, 50, or 60? I have now reached another milestone and as the famous Roman poet said “carpe diem” (seize the day), I enjoy the present rather than worry about the future. This is the story of my life living with Type 1 diabetes.

During a very hot summer in 1964, in Hamilton, Ontario, I was busy doing my summer job when I became ill. I was diagnosed with Type 1 diabetes and was hospitalized for two weeks at St. Joseph’s Hospital. My family doctor prescribed Protamine Zinc insulin, once daily. In those days we used glass syringes, steel needles and a file, and our method of sterilization was boiling. I was trained on how to perform insulin injection by using an orange. A very restricted diet was imposed on me and the guilt complex was introduced, which was emotionally devastating to a 17 year old. However I returned to my summer job and looked forward to starting grade 12.

The school, particularly the school principal, was supportive. I think that I was the only one with diabetes in the school at that time. In grade 13, I started to prepare for university. Tragedy struck on May 1st when my father died suddenly of a massive coronary. I still managed to write 9 exams that were required for admission to university.

In 1966 I enrolled in the University of Toronto for my first degree. Now I was under the care of the University Health Services and I changed the type of insulin I took to a Lente formulation. As a university student I continually lost control of my blood glucose. Beer, hamburgers, wine, you know... all those temptations and no way to test glucose levels. I hit nearly every emergency ward on University Avenue. Thank God for supportive friends who watched me carefully throughout my schooling.

My education accomplishments include two degrees from the University of Toronto: a Bachelor of Arts degree in Modern History and a Masters in Ministry and Spirituality from the Toronto School of Theology. I have taken other courses at York University in Non Profit Management and at McGill University in Public Relations and Financial Accounting.

The next phase in my life was the pivotal point of my personal story. The event that changed my life was the birth of my first child born four weeks before my university graduation. My daughter, Catherine, was born at St. Michael’s Hospital, Toronto, at 35 weeks. She weighed 10 pounds and was 22 inches in length and was perfect. Her sister, Karen, born two and a half years later at the Ottawa Civic Hospital did not fare as well. Although she weighed in at 9.8 pounds, she had a very low blood sugar reading. She was rushed to the neo-natal unit. Her beautiful black hair had to be shaved. For two weeks, she was monitored. It was determined that as insulin passed through placenta, she had to compensate for my high blood sugars. Gradually she was able to regulate her own metabolic system.

Later that year, I became a single parent. I returned to my home for five years, where I received emotional and financial support from my mother and family, for which I was grateful. The support I received from my family gave me strength and courage to move on to the next phase of my life which was to find a job.

In 1974, I was hired by the Royal Bank of Canada. Unlike some other institutions and employers, they offered me a position on their management training program with full benefits. This provided much more stability in our lives.

In 1988, Catherine went off to Queen’s University. Three years later, Karen enrolled at Ryerson University. Catherine completed a M.B.A at McMaster University. Karen completed a M.S.W at the University of Toronto. Both daughters are married. Our family has expanded. We have five beautiful grandchildren. Sadly, my mom died in 1997. She was such a strong support.
Another life changing event happened in 1977 when I met a fellow banker. Lucky me! He was kind and generous and it became clear that he wanted a family. We were married in 1978. Although this required adjustments for both children and my husband, we began a wonderful new adventure. The children were settled in school and I began a new position at Joseph Brant Memorial Hospital as development director. Weeks after, my husband was transferred to the head office of the Royal Bank in Montreal! For three years, we enjoyed the joie de vivre of this charming city. I was re-engaged with the bank. In 1984, we were transferred back to Toronto. Imagine the efforts needed to get the children into new schools, locate appropriate doctors, dentists, churches and engage in a new community.

Having diabetes has never deterred me from accomplishing my goals and I have held many positions in the workforce. Royal Bank of Canada, Management Trainee 1974, Branch Operations, Montreal, Staff Suggestions Coordinator, Managed administration for Technology Planning and Development Department; Assistant to the C.E.O., Manager of Operations, Process Reengineering, Calgary and Director of Alumni Relations at The University of St. Michael’s College, University of Toronto.

In addition to having demanding jobs I have taken pleasure in volunteering my service to several organizations and causes which include: St. Mark’s Elementary School on their Parent Teacher Council; St. Joseph’s Morrow Park, Catholic Secondary School – Parents Guild; St. Michael’s College Alumni – Board Member. The Creche Child and Family Centre (The Child Behavior Institute) – President and Board Member, Toronto, Southdown Institute, Holland Landing; University of Toronto Foundation Board; University of Toronto College of Electors and on the Holy Rosary Catholic Church, a variety of engagements, most recently fundraising on the 125 years of Ministry Stewardship Campaign.

I have seen many changes over the years living with diabetes. The development of the glucose monitor to me was the most significant invention since Banting and Best discovered insulin! Having diabetes has not been the easiest and was, at the best of times, challenging. My vision in my left eye has been affected by the diabetes. I am under the care of my retinal specialist and I have received laser treatment that has stabilized my eyesight but I lost my driver’s license. In 2010, I had one incident of ketoacidosis that affected my heart. This condition has remained stable. I am also a breast cancer survivor!

Since 1984, I have been under the care of a Diabetes Education Centre that includes not only my endocrinologist, but also a dietitian and nurse educator. I was on an insulin pump from 2000 until 2010. With the development of basal insulin (Levemir and Lantus) I switched to multiple daily insulin injections (MDI). Recently, a new insulin, Tresiba has been introduced. For me this has eliminated one shot a day. It promised to eliminate the late night (nocturnal) low blood sugars and the flex pens make determination of dose easier. My medical team has been critical to my survival. I remain very grateful and indebted to them.

I thank God for my 70th birthday. It is a milestone I never dreamed that I would reach. I encourage all those T1Ds to be attentive in their care. I wish for everyone the support and love I have experienced from my family and friends. Employ humor and use spiritual or psychological means to deal with stress. Appreciate each day!
Blood Sugar Testing—What You Need to Know!

Jane Mason, RN, CDE

Wash your hands before testing: Do you know that food and drink residue on your hands can affect your reading? For example, if you have been eating a piece of fruit and test your blood sugar before washing your hands, you will likely get a false high reading.

Keep your test strips in the original vial: The air tight vial protects the strips from sunlight and moisture, both of which can affect the strip integrity and give you an inaccurate reading.

Check the accuracy of your meter: It is a good idea to check your meter periodically, to ensure that it is working properly. You can do this with the meter control solution which you can obtain in the pharmacy. If you are not sure how to do the control test, check your meter instruction guide or ask your diabetes educator.

Diabetes Canada recommends that a meter reading be checked yearly against a lab reading. To do this, take your blood glucose meter along with you when you are having lab tests. Check your blood sugar level with your meter at the same time that blood is drawn. At your next visit with your diabetes doctor you can compare your meter’s reading with the lab results. The meter should be within 15% of the lab reading. If not, you should get a new meter.

Update your meter: Consider replacing or upgrading your meter if it is older than 3-5 years old. Newer meters may be more accurate and offer features like bolus calculators, Bluetooth and second chance sampling.

Minimize your discomfort: Most lancing devices will allow you to change the depth of the needle when you test. You could also try using the sides of your fingers instead of the tips which are more sensitive.

Reflect on your results: this can provide you with information on how medication, food, exercise and stress impact your blood sugar. Testing regularly can alert you to any changes or trends in your blood sugar that may require further action.

Does the world seem to be speeding up these days? The internet, cell phones, texting, activity trackers: the list is endless! Our quick access to information is ever increasing. Diabetes care is no different. There are many new technologies to assist people with diabetes. There are over 1000 apps out there to help people with diabetes. They target management from helping you follow a diet, tracking your blood sugar, suggesting insulin doses, remembering to take medications, exercise, attend medical appointments and even apps to help you not get too stressed out and be mindful.

Testing your blood sugar has become more technology based. The accuracy of the strips has improved to be within 15% difference from the lab, compared to older meters that were within 20% compared to the lab. Some newer meters can be linked to your smart phone so you can share your blood sugar readings with your healthcare provider. Others help you determine how much insulin you should take, count your carbs or analyze the patterns in your blood sugar.

The ultimate in blood sugar monitoring are wearable devices that read your blood sugar every 5 minutes and tell you where your blood sugar has been and where it is going. A tiny filament is inserted into fatty tissue and once saturated with your body fluid, it can measure your blood sugar. These tend to last 7-14 days depending on the device.

Think of these wearable devices like a GPS in your car. They allow you to see where you are so you can take corrective action to prevent high or low blood sugar in the future. Some devices allow you to share your data with a friend or family member. The amazing thing about these devices is that they are able to show what is happening with your blood sugar levels overnight, which was previously undetected. Your blood sugars while you are asleep represent 1/3 of your day, and 1/3 of your A1c! This information provides valuable insight to guide healthcare professionals and people with diabetes in adjusting doses of insulin. You can also see the impact of different foods in real time. This is another insight previously missed using fingerstick blood sugars. You will be stunned to see how fast some foods raise your blood sugar, while other foods tend to convert into sugar more slowly.

Continued on page 6
In addition to the integrated continuous monitoring system available in the Medtronic insulin pumps, Health Canada has approved two independent wearable devices. These are the Dexcom G5 Continuous Glucose Monitor (CGM) and the Freestyle Libre also known as “flash monitoring”. These are deemed to be accurate enough to use without a confirmatory fingerstick to adjust insulin doses.

**What are the differences between the two?**

**Dexcom G5**

The Dexcom G5 is a true continuous glucose monitoring device in that it will alert you when your blood sugar is increasing or decreasing quickly, or if your blood sugar is low. You need to calibrate the sensor with 2 finger prick blood sugars every day. The accuracy of the sensor depends on the calibrations. The person with diabetes can see their blood sugar any time by just checking their phone or an independent receiver. You can set the level when you want to be notified that your blood sugar is going to be high and when you will be low. There are arrows to indicate the speed at which your blood sugar is rising or dropping.

All of this information and technology comes at a cost. If you sign up for an annual subscription it costs $3100/year. If you have private insurance, you may have coverage for some or all of the cost. Your endocrinologist will likely have to complete “Medical Necessity” forms. For people on ODSP, coverage may be available. For more information about DEXCOM check out www.dexcom.com

**Freestyle Libre**

The Freestyle Libre is known as “flash monitoring”. The sensor which lasts for 14 days is worn on the arm and is factory calibrated. That means you don’t have to do fingerstick calibrations! All you have to do is use the reader to scan the sensor on your arm to get your blood sugar. Fingersticks are encouraged when what you feel does not agree with what your reader is reading. You can scan as many times a day as you want, but you need to scan at least once every 8 hours to download the data on to the reader. Similar to continuous blood glucose monitoring, you are provided with your blood sugar number and an arrow telling you where it is going. You can check back over the last few hours to see where your blood sugar has been, but you do not get alerts. You have to be curious to look back to see if, for example, you were low in the night.

The cost of flash monitoring is approximately $2400/year and may be covered by private insurance. You will need a prescription for coverage through insurance. If you don’t want to go through insurance you can buy it online www.myfreestyle.ca

We are living in exciting times in diabetes. If you are interested in adding some technology to your diabetes management, talk to your diabetes team!
Herb-Crusted Cod with Cauliflower Mash

**INGREDIENTS**

4 1/2 cups cauliflower florets, baby gold potatoes, and/or peeled carrots, coarsely chopped
1/2 teaspoon salt
2 ounces semi-soft cheese with garlic and fine herbs
4 fresh cod filets (about 1 ¼ pounds)
1 egg
2/3 cup panko (Japanese-style bread crumbs)
2 tablespoons snipped fresh dill weed
1/2 teaspoon salt
1/2 teaspoon ground-black pepper
1 tablespoon olive oil
Lemon wedges
Fresh herbs (optional)

Place vegetables in a Dutch oven. Add salt and enough water to cover. Bring to boiling. Reduce heat to medium. Cook covered, 15 to 20 minutes or until tender. Drain vegetables, reserving some of the cooking water. Mash potatoes to desired consistency. Stir in cheese. Season to taste with salt and pepper. Cover and keep warm.

Meanwhile, preheat oven to 300 degrees F. Rinse fish and pat dry with paper towels. Cut into 8 equal pieces. In a shallow dish, beat egg. In another shallow dish combine bread crumbs, dill, and 1/2 tsp. each salt and pepper. Dip fish pieces into eggs, then into bread crumb mixture. Set aside.

In a large skillet heat olive oil over medium-high heat. Add half the fish. Cook 2 to 3 minutes on each side or until fish is golden brown and flakes easily with a fork. Drain on paper towels. Keep warm in the preheated oven while frying remaining fish. Serve with cauliflower mash and lemon wedges. Sprinkle with additional fresh herbs, if desired.

**COMINGS AND GOINGS AT THE CLINIC**

**Danielle Goudge** is a nurse who joined our diabetes educator team in December 2017. She has been working as a diabetes educator for the last 4 years.

*Welcome Danielle!*

**Miriam Sarpong** has been part of our team as a bookings clerical assistant since November 2016. We are happy she will be staying with us in her role on a permanent basis.

**Jason Liu**, chiropodist, returns from paternity leave on January 18. We wish our temporary chiropodist, Jeremy Au, the best in all his future endeavours.

**Henry Halapy**, the Diabetes Centre pharmacist, has recently started covering the in-hospital diabetes education consults. He continues to see patients at the Diabetes Centre clinics throughout the week and is still available by contacting the Centre.
Announcing the launch of our new website

http://stmichaelshospital.com/programs/diabetes-clinic/

Johanna Prehogan, RD

We are excited to announce the launch of our new website! This website was designed to share information about our team, the services we provide, preparing for your appointment and ongoing research studies.

There is also a section dedicated to patient education. This section includes videos, slide shows and written materials developed by our team members to provide reliable information on a variety of diabetes topics. The patient education section also includes information about useful social services for people living with diabetes.

Please take a few minutes to check out our website and let us know what you think at your next visit.

Are you interested in contributing to this newsletter?

You can share your story of living with diabetes, a favourite healthy recipe, or helpful tips for other patients.

You can also sign up to receive email notices when a new issue of the newsletter comes out.

Contact one of the editors by email:

Annabell Hall
HallA@smh.ca

Lucy Chen
ChenLu@smh.ca

Become a Patient and Family Advisor at St. Michael’s

You sometimes notice things we don’t. Things like how your care is provided, and how we could be doing better.

Play a valuable role in helping to ensure the best possible patient experience at St. Michael’s.

Become a Patient and Family Advisor.
Visit stmichaelshospital.com/patientandfamilyadvisors for more information.

For more information, please contact PatientandFamilyAdvisor@smh.ca