Hadley

Managing Diabetes and Vision Loss

Presented by Ricky Enger

**Ricky Enger:** Welcome to Hadley Presents. I'm your host, Ricky Enger, inviting you to sit back, relax, and enjoy a conversation with the experts. In this episode, we discuss diabetes management with vision loss. And our guest is Director of Community Engagement for the American Diabetes Association, Jessica Grogan. Welcome to the show. Jessica.

**Jessica Grogan:** Hi. Thanks for having me. I'm excited to be here.

**Ricky Enger:** I'm delighted that you could be here to come and share your expertise. I know that this is a subject that so many people want to know a little more about. In some cases, people think, well, I know everything I need to know about my diabetes, and I've got all this covered. But there are often just those little tips and tricks that people may not be aware of. So, I'm hoping that today we can dive into some of that and give people some valuable info. Before we do that, why don't we just get a bit of info about you? Tell us about who you are and what you do with the American Diabetes Association.

**Jessica Grogan:** Thanks. Well, I am a certified diabetes care and education specialist. Within the American Diabetes Association, I'm privileged to work with several different national initiative programs from eye health, heart health, women's health, and additional initiatives within the ADA, so just bringing patient-facing or consumer-facing education to the masses. Personally, I had worked as a diabetes care and education specialist in a large hospital for about 10 years. The ADA was always my go-to resource for expanding my knowledge, for professional education, but then, the different ways to share with people because as times change, people have the technology available, and the ADA had so many resources available to share with people.

It was really exciting to actually come and work with the organization that I used so often. In addition to hospital experience, I also was working in some community and workplace wellness and screening events with the goal of prevention. So, I was able to bring my knowledge from seeing in-hospital complications, and then, try to impress upon people why management in the early stages was so important. I feel passionate about working with diabetes. With diabetes affecting so many Americans, we all know someone who has diabetes in their life and want our friends and loved ones to have the best quality of life possible.

**Ricky Enger:** Absolutely. That's amazing. I always love hearing about how people came to do what they do. I think I can relate to finally working at the place that I used as a resource. I had a similar journey, so that's really cool. I know that when you are diagnosed with diabetes and you're figuring out how to manage it, blood sugar is not always at the forefront of your mind because you're kind of like, "I got this, and if I feel well, then I am well. So, I'm doing fine." But that's not always the case. When it comes to managing blood sugar, why is it important to really keep on top of it, even if you're feeling fine?

**Jessica Grogan:** So, managing blood glucose or blood sugar is the cornerstone for diabetes care. For some, it's cumbersome or unpleasant. It can get frustrating when the numbers don't seem to make sense or they're not where you think they need to be. But for some people, managing their blood glucose, the approach they take is like taking their temperature when they're ill. They don't take their temperature every day unless they feel feverish. But when it comes to having diabetes, we need to monitor our blood glucose daily so that we can be aware when things are creeping out of line. Your numbers are slowly increasing, that's when you're having those small injuries. Blood glucose, the extra glucose in your blood vessels can cause little micro injuries. We don't always see it, or you don't feel it. But over time it starts to build up in your body and even accumulates with some of the feelings that you have with high blood sugar.

Some of the symptoms of raised blood sugar can just be like feeling extra fatigued, and everyone feels fatigued. You just feel like it's a case of the Mondays. However, people don't necessarily take action until it's very severe or until they have a severe complication where their vision is blurring, and then, they might seek medical attention. We don't want it to get to that point. We want people to be monitoring their blood glucose regularly, daily, to just see those changes, and to work with your doctors so that as you do see your blood glucose changing, you can make those lifestyle changes. Whether that be activity or dietary changes to manage your blood glucose better, but also, working with your healthcare team so that they can remind you, keep you on a schedule for all the screening and preventative measures that can help reduce any complications, like having that annual comprehensive dilated eye test done.

**Ricky Enger:** Right. Let's talk about if you're going to manage your blood sugar effectively, it might actually be a bit of an extra challenge if you add vision loss to the mix. You have to get the right amount of blood, and you have to squeeze it onto the testing strip, and hopefully, not everywhere else. And then, you have to take that testing strip and put it in the machine or whatever. And then, there's getting the results of that. And sometimes, that's hard to see. So, are there some tips that you can give people if vision loss is happening in addition to their diabetes? What are some ways that they can still get those essential measurements in ways that are not so cumbersome and overwhelming?

**Jessica Grogan:** And of course, vision loss would absolutely make this task challenging. Having a support system around you is wonderful. Asking your doctor about any resources there are available is important. So, if there's any kind of additional education, training, or tools such as a talking reader and other new and developing technology may be right for you. Things like the continuous glucose monitoring systems are becoming more common. So, that's something to talk to your doctor about if it's right for you. We talk about time and range, so having more blood glucose readings in a stable range. Some people do the individual finger stick blood glucose monitoring, and that'll tell us your blood glucose at that time. But the continuous glucose monitoring systems, you're getting a lot more readings throughout the day so you're seeing more trends.

So, there's a lot of different emerging technologies out there for people and that's why we don't want anyone to feel isolated or feel that this is hard or cumbersome and feel stuck. There's always a resource, there's always something new on the horizon. Everyone is unique in their condition and in their ability so it's important to take things one day at a time, try not to get too frustrated, don't quit or give up on yourself. Take the time to thrive. Don't be afraid to ask for help. I've always been so impressed by how people with diabetes can take this challenge on and acclimate so quickly.

**Ricky Enger:** Yeah, because there's a lot to manage. I think that over time, people make it look easy because they do develop those tricks of the trade and just manage to roll all that in to the daily routine. I know that there are some medications by mouth that people can take that might lower blood sugar and that kind of thing, but often, you're looking at an injection of some kind, whether that's insulin or some other sort of medication to manage the blood sugar. That can feel really overwhelming too, if again, you've added vision loss to the mix and you're like, "How do I make sure that I've gotten the right dosage, and how do I prepare the syringe by myself, and that kind of thing?" So, do you have any techniques or thoughts about how people can go about doing this independently?

**Jessica Grogan:** Absolutely. Again, everyone is so unique in what they can do, but there's also the technology and the modifications that a lot of these medications have been making. Often, when we think about injecting insulin, we're thinking of the syringe and the vial, but more so now, insulin is prescribed in a pen where it's a simple pen that you write with. And this had come up for me early in my in-hospital teaching experience where someone had impaired vision. So, I wanted to try it out myself. And having my eyes closed and just playing with the pen to see what everything felt like. So, we would just take our time, go very slowly, having your hands develop that muscle memory for how these tools feel. So, you're aware of which end is the top, which end is the injection site where you screw on the needle, and then, removing the cap of the needle. It doesn't have to feel scary.

Everyone hears the word needle; they think they'll immediately get injured. But there's a lot of safety mechanisms developed around these tools to make it usable for everyone. So, again, it just takes a lot of practice. There are even more advanced technologies like automatic insulin delivery systems that could be available for people. Again, that just goes back to talking with your individual healthcare provider on what options out there are best for you. But no matter what, it's practice, practice, practice until you feel comfortable. Don't be afraid to ask for help. Sometimes, even the most basic little tips and tricks like adding a rubber band or a piece of tape, something that, can help when you're touching something, you know that this insulin pen feels different than the other one because it has this different texture on it, things like that, that help. Or if it needs to be low vision. Any kind of additional highlight to it that can help you.

**Ricky Enger:** Yeah, those are great tips. And for those of you who may not be aware, Hadley has a series of workshops on diabetes management, and we share a bunch of tips and tricks that could help. We will have a link to that series in the show notes. Of course, there's also talking medication management where you can scan that medication using a phone or a little standalone device. I think the important thing then is just to ask your healthcare provider about what is available and not make those assumptions that there's only one right way to do this. And that helps a lot, I think.

**Jessica Grogan:** Absolutely. Diabetes has been around. We've seen it whether with our parents or grandparents. So, we may remember mom back in the day, using the syringe and the needle or very cumbersome glucose monitor where you had to add in some extra codes and hold it to the sun or a certain light and hope the weather, the wind was blowing the right direction to get everything to work the right way. Times have changed, and they really tried to make everything more convenient and easier to use so that people aren't hesitating to take advantage of these tools.

**Ricky Enger:** Yeah, that's so helpful. Let's talk about getting wounded, and then, caring for those things because I know that's a thing that happens to all of us. If you have diabetes, those wounds may heal a little more slowly. You might not feel what's happening because you've lost that sensation. And again, adding vision loss to this, you may get wounds and not even realize it, or you might be more prone to that as you're adjusting to your vision loss, and you're accustomed to using your vision for things, and that vision just isn't working. So, you're bumping into something, and then you've injured yourself. So, can you talk about challenges with this that might be particular to people with vision loss, and ways to manage that?

**Jessica Grogan:** Well, you're absolutely right that when you have diabetes, wound healing can be slowed. And that's for everything across the body from head to toe, including your eyes. Having eye surgery when you have diabetes, there are some additional steps that your healthcare team will take to ensure proper healing and prevent infection. This ties back to why the blood glucose monitoring is so important. If you did have an injury or an infection, it would show up also in your blood glucose. Your body is being stressed and is raising that blood glucose. So, your monitor would be telling you your numbers are high. And that would also be a sign to reach out to your doctor. "I'm eating my same normal diet. I don't know why it's changed." And that is the cue to reach out for your health and healthcare provider.

Everyone’s scenario is different. So, you might benefit from having an evaluation of your home setting to make sure that it's safe as your vision is changing. You're having an evaluation therapist come in to see if there's any changes that can be made to your household to prevent any additional wounds. Again, that monitoring really goes a long way in all aspects of your health.

**Ricky Enger:** Oh, for sure. What about food and exercise then? Because that is certainly an important component to diabetes management, just keeping that blood sugar within the range that you want. You learn the things that will spike your sugar, but what if you are not really able to read the label and you eat a food and like, "Oh, wow, I didn't know that contained something that was going to spike my sugar." Or maybe you are struggling with getting some exercise because well, I don't have transportation to go to the gym and get some exercise. Or I'm not feeling super comfortable walking around in my neighborhood yet. I've just started to learn my white cane. Do you have any tips for people that are dealing with this sort of thing and how they can effectively still manage that food and exercise with this added challenge?

**Jessica Grogan:** You're right. Food and exercise are key components for managing diabetes. There are things that are within our control and things that are not within our control. We don't have control over our family history, our age, and things like that. But things that we do have a little more control about, not absolute control, but a little more control are the foods we have available and choosing to move our body and be physically active. Some things to keep in mind are keeping it simple, like having real fresh foods, like fresh veggies and fruits, and meats, and things like that that are foods you're familiar with. They don't have to be overly complicated foods, but you also know what the ingredients are. Sometimes, we're often tricked, even if you don't have a vision impairment, that you might see a food label or a food box that says it's good for you, but really, you dig deep into those ingredients and you might find it's not so great or there's a little trickery to it.

So, I think keeping it simple goes a long way with healthy eating. Again, technology has expanded, so if you have specific questions about nutrition, ask your smartphone. So amazing that you can just ask your phone anything now, and it can tell you what the nutritional facts are for food X, Y, Z. But in regard to exercise, the gym is not a requirement for staying active and healthy. There's plenty of options home-based and anywhere-based for that matter. Exercises and activities you can do with your own body weight or simple items around the house like a water bottle or a package of food that's a little heavier, or a textbook, anything you have sitting around. You can do these cardiovascular exercises, the strength building exercises. Balance is key for everyone.

But all these different things can be done in the comfort of your home. So, talk to your doctor if you are hesitant or not sure what kind of things you could do. You might benefit from a visit with a physical and occupational therapist to give you exercises that are right for your body if you have any injuries, or concerns, or pain that needs to be taken into account. In addition to that, the other resources, personally myself, I find so many to try on the internet. So, if you have a friend or family member who's also interested in being physically active, team up with them and see what kind of activities they're into or home exercises and make it a together activity. Makes it a lot more enjoyable and it holds you more accountable.

**Ricky Enger:** Yeah, that's a fantastic idea. You add that little bit of competition or just camaraderie. Hey, I'm doing this with somebody else, and we're both working together to stay healthy. Once again, for those who might not know this, Hadley has a monthly discussion group, we call the group “Get Up and Go” and it’s where we discuss tips like this for staying healthy and active. We’ll have a link to that in our show notes as well.

So, we have talked a lot about managing diabetes with vision loss, but we haven't really touched on the vision loss itself. I'm wondering if there are things when it comes to your eye doctor, things that you might discuss with your eye doctor specifically about how you think your diabetes is being managed? And then, are there things that your doctor's going to look for? Maybe there are things in your eyes that the eye doctor can see that points to what might need to managed a little better or that are doing great. Things look stable.

**Jessica Grogan:** Absolutely. Right off the bat, if you smoke, get help to quit. That makes a huge impact on your overall health and the health of your eyes. Overall management of your diabetes, like we've discussed, healthy eating and being physically active. When it comes to monitoring your blood sugar or having that A1C test, it's been shown that having an A1C at the 7% level or below helps to reduce your risk of diabetes-related eye complications. Everyone that has diabetes should have an annual comprehensive dilated eye exam. It allows your doctor to monitor the health of your eyes and begin treatment if signs of complications appear.

When diabetes eye disease is diagnosed quickly, treatment could be easier, and it can be more effective. So, there are a lot of tools that these eye health professionals have when it comes to improving and preventing the progression of ongoing loss of sight, but they need to be aware of it first. So, we so strongly want to stress that everyone with diabetes should visit their doctor to have that dilated comprehensive eye exam. Diabetes retinopathy is the leading cause of vision loss for working-aged Americans. So, we want to help people before it affects their day-to-day life.

**Ricky Enger:** Absolutely. Well, this has been really informative and just so many little tips that when you hear them, you think, oh yeah, well, of course. But it's a lot to take in initially so people don't know everything. And I think this does help a lot just to give us all something to think about. Is there anything else that you would like to leave the listeners with as we wrap up?

**Jessica Grogan:** I would encourage everyone to not lose that motivation and realize that they're capable of more than think they are. These conditions can feel bigger than we are, but we are bigger than them. So, taking these little steps, asking for help, utilizing the changing technologies we have will make the quality of life improve so much for everybody. If you're interested in hearing more from the American Diabetes Association, please visit our website at diabetes.org. We have fantastic resources for eye health. And if you're a healthcare provider, we also have healthcare professionals at DiabetesPro, where we have our Institute of Learning, some health practice toolkits, webinars, and all kinds of exciting things to help you stay up to date on the changing field.

**Ricky Enger:** Excellent. And we'll have links in our show notes, so if you didn't get the URL that you were frantically trying to write down, no worries. We've got that in the show notes. Jessica, thank you so much again for stopping by, sharing your expertise, it's been really, really helpful. We appreciate it.

**Jessica Grogan:** Thank you so much. It's been a pleasure.

**Ricky Enger:** Got something to say? Share your thoughts about this episode of Hadley Presents or make suggestions for future episodes. We'd love to hear from you. Send us an email at podcasthadley.edu. That's P-O-D-C-A-S-T at hadley.edu. Or leave us a message at (847) 784-2870. Thanks for listening.