

What is diabetes?

If you or someone you know has diabetes, you're not alone. Millions of people have diabetes. Diabetes cannot yet be cured. But it *can* be managed.

The most common types of diabetes are type 1 and type 2

Type 1

In **type 1 diabetes**, the body makes little or no insulin, due to an overactive autoimmune system. So people with type 1 diabetes must take insulin every day. Type 1 diabetes usually occurs in children and young adults, but it can also appear in older adults. (An autoimmune disease means that the body attacks its own cells by mistake.)

Type 2

In **type 2 diabetes**, your body prevents the insulin it does make from working right. Or it may not make enough insulin. Most people with diabetes have type 2. Some risk factors for this kind of diabetes include older age, being overweight or obese, family history, and having certain ethnic backgrounds.

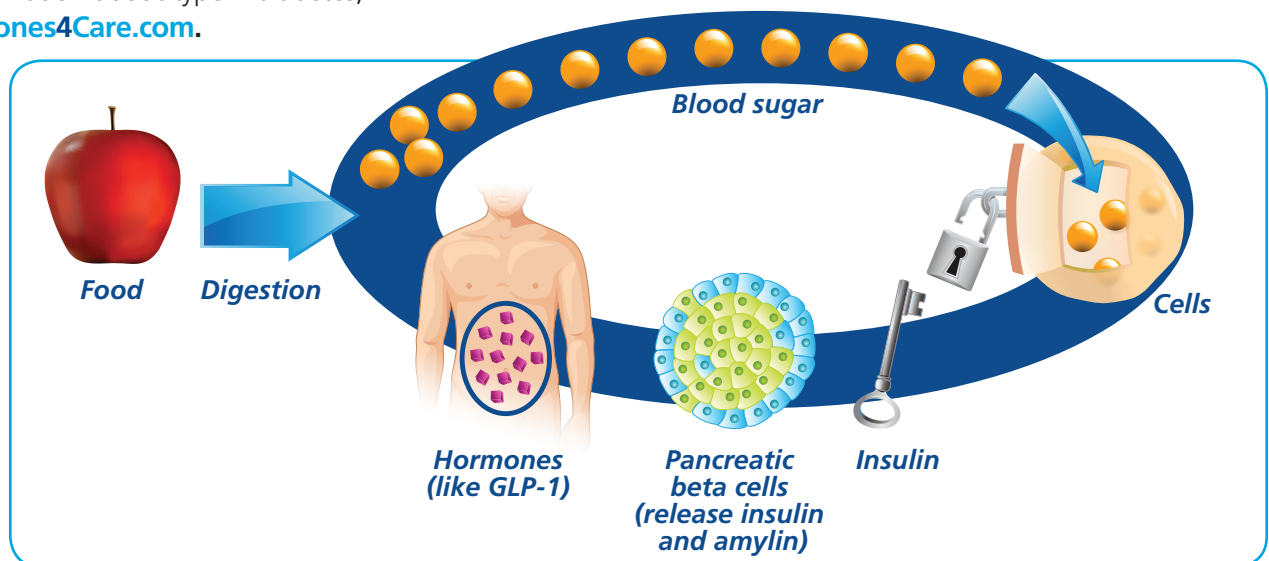
What happens in diabetes?

Diabetes is a condition in which the body doesn't make or use insulin correctly. The image below shows, in a simple way, what happens normally when you eat.

In people without diabetes:

- When you eat, some of your food is broken down into sugar (also called glucose). Sugar travels in your blood to all your body's cells. Your cells need sugar for energy. Sugar from food makes your blood sugar level go up
- In response to increased sugar, beta cells in the pancreas release a hormone called insulin. Insulin is like a key that unlocks the doors of your cells so that sugar can get into the cells, where it is used as a source of energy
- There are other hormones that play important roles in how the body uses sugar. For example, amylin and GLP-1 help reduce the amount of sugar made by the liver and slow the emptying of food from the stomach. Another hormone called glucagon tells the liver to release stored sugar if your blood sugar gets too low or if you have not eaten for many hours, such as overnight

The information below focuses on type 2 diabetes. For more information about type 1 diabetes, visit [Cornerstones4Care.com](https://www.cornerstones4care.com).



What is diabetes?

In people with diabetes:

- Your pancreas makes little or no insulin, or
- Your body prevents the insulin you do make from working right. This is called insulin resistance

Checking your blood sugar

Checking your blood sugar yourself can be an important part of a diabetes care plan. Checking often will tell you:

- If your insulin or other diabetes medicine is working
- How physical activity, the foods you eat, and stress affect your blood sugar

You'll usually feel better and have more energy when your blood sugar stays at or near your goal. Managing your blood sugar can also reduce your risk of developing problems from diabetes.



Knowing your A1C

The A1C test measures your estimated average blood sugar level over the past 2 to 3 months. It's like a "memory" of your blood sugar levels. It shows how well you're controlling your blood sugar levels over time.

Your A1C is made up of 2 other blood sugar measurements:

- FPG is your fasting plasma glucose. This is your blood sugar number when you have been fasting (not eating) for at least 8 hours
- PPG is your postprandial plasma glucose. This is your after-meal blood sugar level, which you check about 1 to 2 hours after you eat. It measures the blood sugar spikes that happen after you eat

Both your FPG and your PPG have to be at their targets in order for your A1C to be at target.

Your A1C and your blood sugar levels go up and down together. Here is how A1C relates to the estimated average blood sugar level:

A1C levels	Average blood sugar
6%	126 mg/dL
7%	154 mg/dL
8%	183 mg/dL
9%	212 mg/dL
10%	240 mg/dL
11%	269 mg/dL
12%	298 mg/dL

Adapted from the American Diabetes Association. Standards of medical care in diabetes—2016. *Diabetes Care*. 2016;39(suppl 1):S1-S112

It is recommended that you get an A1C test:

- At least 2 times a year if your blood sugar is under good control
- 4 times a year if you're not meeting your goals or if your treatment has changed

According to the American Diabetes Association, lowering your A1C to below 7% may reduce your risk of some diabetes-related problems, like problems with your nerves, eyes, and kidneys. Your health care provider will tell you what your personal A1C goal should be.

Talk with your diabetes care team
about your A1C goal and write it here: _____

When to check your blood sugar

You and your diabetes care team will decide when and how often you should check your blood sugar. Here are some times when you may want to check:

- At bedtime and when you wake up, to see if your blood sugar is staying under control while you're asleep
- Before meals or large snacks, to know what your blood sugar is before you eat
- 1 to 2 hours after meals, to see how the food you eat affects your blood sugar
- Before and within minutes after physical activity, to see how being active affects your blood sugar

Depending on the medicine you're taking, your health care professional may want you to check your blood sugar more or less often. Talk with him or her about how often and when you should be checking.

How to check your blood sugar and keep track of your numbers

Many different kinds of blood sugar meters are available today. Your diabetes care team can help you choose a meter and show you how to use it.

It's important to write down your blood sugar levels so that you can keep track of what makes them go up or down. Some meters also keep a log of your past blood sugar levels. You can also ask your diabetes care team for a copy of the **Cornerstones4Care®** booklet *Staying on Track*. Or go to Cornerstones4Care.com for an online tracker.



What is diabetes?

Managing type 2 diabetes

As part of your diabetes care plan, your care team may start by asking you to take different diabetes medicines such as pills or other non-insulin medicines.

Your diabetes care team will help you develop a diabetes care plan that is right for you. In addition to taking medicine, you should aim for a balanced and healthy eating plan, making physical activity a regular part of your daily routine, getting to and staying at your target weight, and tracking your blood sugar numbers.

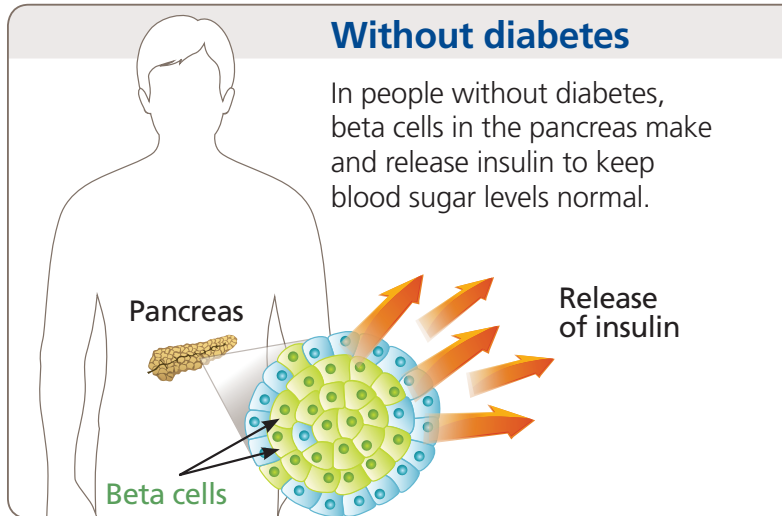
It is now clear that type 2 diabetes will continue to change over time:

- The beta cells may stop working. Research suggests that many people with type 2 diabetes may already have lost about 50% to 80% of their beta cell function by the time their diabetes is diagnosed
- As the number or function of beta cells goes down, the pancreas may make less and less insulin. As a result, your treatment may also need to change over time

To avoid problems related to diabetes, it is important to keep your blood sugar as close to your target as possible. You can learn more at Cornerstones4Care.com. Or ask your diabetes care team for more information. And talk with them about which diabetes treatment is right for you.

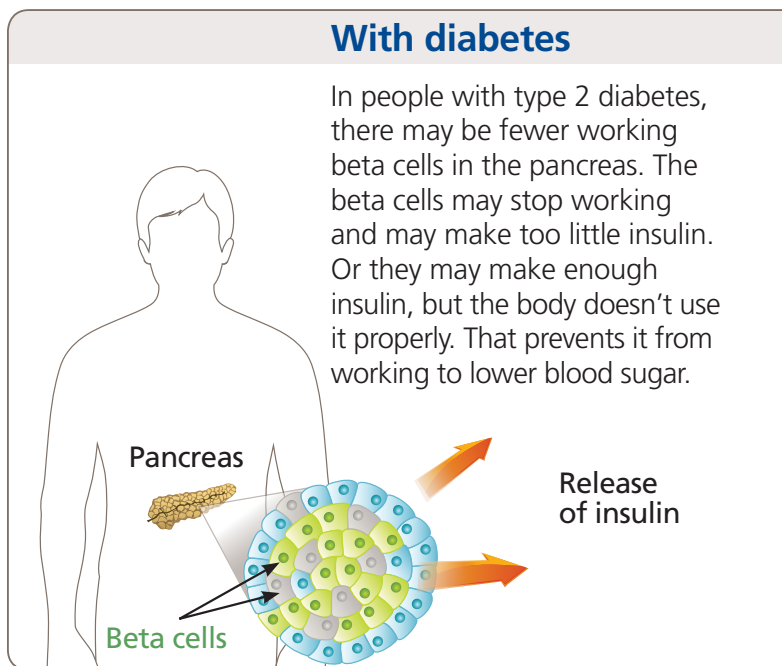
Without diabetes

In people without diabetes, beta cells in the pancreas make and release insulin to keep blood sugar levels normal.



With diabetes

In people with type 2 diabetes, there may be fewer working beta cells in the pancreas. The beta cells may stop working and may make too little insulin. Or they may make enough insulin, but the body doesn't use it properly. That prevents it from working to lower blood sugar.



For more information about diabetes, visit Cornerstones4Care.com

Novo Nordisk Inc. grants permission to reproduce this piece for nonprofit educational purposes only on condition that the piece is maintained in its original format and that the copyright notice is displayed. Novo Nordisk Inc. reserves the right to revoke this permission at any time.

Cornerstones4Care® is a registered trademark of Novo Nordisk A/S.

Novo Nordisk is a registered trademark of Novo Nordisk A/S.

© 2016 Novo Nordisk Printed in the U.S.A. USA16PCT01543 August 2016 Cornerstones4Care.com





Cornerstones4Care®
Your diabetes, your way.

Support and diabetes management tools built around you.

Enroll today to get **FREE**, personalized diabetes support with Cornerstones4Care®.



Diabetes Health Coach

An online program that builds a customized action plan around your needs to help you learn healthy habits



Meal Planning Tools

Create tasty, diabetes-friendly meals



Interactive Trackers

Record A1C, weight, and blood sugar numbers

Enrolling is easy. Just complete this form.

All fields with asterisks (*) are **REQUIRED**.

* ☐ I have diabetes or ☐ I care for someone who has diabetes

* First name _____ * Last name _____ MI _____

* Address 1 _____

Address 2 _____

* City _____ * State _____

* ZIP _____ * Email _____

* Birth date mm/dd/yyyy ____ / ____ / ____

* What type of diabetes do you or the person you care for have?
(Check one)

☐ Type 2 ☐ Type 1 ☐ Don't know

* What type of diabetes medicine has been prescribed? (Check all that apply)

☐ Insulin ☐ GLP-1 medicine
☐ None ☐ Other
☐ Diabetes pills (also called oral antidiabetic drugs, or OADs)

* If you checked "Insulin," "GLP-1 medicine," or "Other," please fill in the following for each:

Product 1: _____

How long has this product been taken?

☐ Prescribed but not taken ☐ 7-12 months
☐ 0-3 months ☐ 1-3 years
☐ 4-6 months ☐ 3 or more years

Product 2: _____

How long has this product been taken?

☐ Prescribed but not taken ☐ 7-12 months
☐ 0-3 months ☐ 1-3 years
☐ 4-6 months ☐ 3 or more years

3 easy ways to enroll:

1. Fax the completed form to 1-866-549-2016
2. Email the completed form to C4Csignup@hartehanks.com
3. Call 1-888-825-1518 and follow the voice prompts

Review and complete below.

* Phone number:

(_____) _____ - _____

* Cell phone number:

(_____) _____ - _____

Novo Nordisk Inc. ("Novo Nordisk") understands protecting your personal and health information is very important. We do not share any personally identifiable information you give us with third parties for their own marketing use.

I understand from time to time, Novo Nordisk's Privacy Policy may change, and for the most recent version of the Privacy Policy, please visit www.C4CPrivacy.com.

By signing and dating below, I consent that the information I am providing may be used by Novo Nordisk, its affiliates or vendors to keep me informed about products, patient support services, special offers, or other opportunities that may be of interest to me via mail and email. Novo Nordisk may also combine the information I provide with information about me from third parties to better match these offers with my interests. These materials may contain information that market or advertise Novo Nordisk products, goods, or services.

☐ Yes, I'd like to be contacted by Novo Nordisk via phone calls and text messages at the phone numbers I have provided.

By checking this box, and signing and dating below, I authorize Novo Nordisk to use auto-dialers, prerecorded messages, and artificial voice messages to contact me. I understand that these calls and text messages may market or advertise Novo Nordisk products, goods, or services. I understand that I am not required to consent to being contacted by phone or text message as a condition of any purchase of goods or services.

I may opt out at any time by clicking the unsubscribe link within any email I receive, by calling 1.877.744.2579, or by sending a letter with my request to Novo Nordisk Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536.

By providing my information to Novo Nordisk and signing and dating below, I certify I am at least eighteen (18) years of age and agree to the terms above.

* Signature (required) _____

* Date (required) _____
mm/dd/yyyy

