YOU ASKED ABOUT DIABETES

But Wait, Can You Eat That?



THE INSULIN RESISTANCE

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Introduction

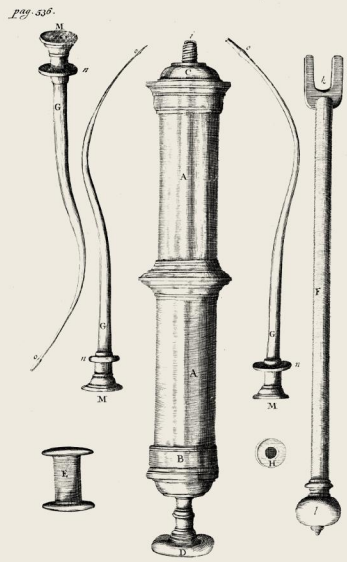
In 2021, I asked my friends on Facebook a simple question: What have you always wanted to know about diabetes?

I got more than 70 comments!

Some people wanted to know about food and blood sugar. Others asked about the technology I use, what it's like to travel, and how they could support someone with diabetes.

What I loved about the responses was how curious people were. There were questions about things I've been doing every day since I was 11, but that someone without diabetes might never have thought about.

So, for Diabetes Awareness Month, I thought it would be fun to bring some of those questions back and share what I've learned after nearly 27 years of living with type 1 diabetes.



Syringe, from de Graaf, Opera omnia, 1705

Some of the answers are about science while others are about my own experiences.

One important thing to keep in mind: diabetes looks different for everyone. What works for me might not work for someone else, and medical decisions should always be made with your healthcare team.

The Basics

A little background on what diabetes is, how it works, the different types, and how it's treated.

1



Iletin insulin, U-40, Eli Lilly and Company, about 1944.
Smithsonian National Museum of American History.

1 What is diabetes?

Let's start with the basics, because I think this is one of those things people have heard about but might not fully understand.

When we eat, our bodies break down carbohydrates into glucose, a type of sugar that gives our cells energy.

Our pancreas produces a hormone called insulin, which helps glucose move from the bloodstream into many of our body's cells.

Think of insulin as a key. It helps unlock the door so glucose can get inside the cells and be used for energy.

With type 1 diabetes, my immune system attacked the cells in my pancreas that make insulin. That means my body can no longer produce the insulin it needs. I essentially lost the key in the metaphor.

With type 2 diabetes, the body still makes insulin, but it doesn't respond to it as effectively. Over time, the pancreas may also struggle to make enough. The result is similar: too much glucose builds up in the bloodstream. But the reasons it happens, and how it's treated, can be very different.

There are other forms of diabetes, too, including gestational diabetes, which develops during pregnancy, and LADA, sometimes called type 1.5, a form of autoimmune diabetes that typically develops more gradually in adults.

For me, having type 1 means I need to take insulin every single day. My body can't make enough on its own, so I have to give it what it needs to keep me alive.

And that's really what diabetes management comes down to: helping our bodies do something they're having trouble doing themselves.

SOMETHING WORTH KNOWING:

Type 1 and type 2 diabetes aren't the same condition, and neither diagnosis tells you everything about someone's health, habits, or lifestyle. You can't look at someone and know why they have diabetes, so please don't make assumptions!

2 What influences blood sugar levels?

So many things! And honestly, this is one of the hardest parts of explaining what it's like to live with diabetes.

Most people probably think about food first. And yes, what you eat matters. But exercise, stress, illness, sleep, medications, and even changes in your daily routine can all affect your blood sugar.

Here's an example: I could eat the exact same breakfast two days in a row, take the same amount of insulin, and end up with completely different blood sugar readings.

Why? Maybe I didn't sleep well. Maybe I'm coming down with a cold. Maybe I was more active the day before. Or maybe I can't pinpoint a reason at all...

I've been managing diabetes since I was 11, and I still have days when my blood sugar does something I wasn't expecting.

That's part of what makes diabetes so exhausting. It's not a condition where you figure out the formula once and then follow it forever. You're constantly making decisions, adjusting, and responding to what's happening in your body.

SOMETHING WORTH KNOWING:

If someone's blood sugar is high or low, it doesn't automatically mean they've done something wrong. Sometimes we do everything right and still get a result we didn't expect.

3 Does diabetes affect more than blood sugar?

Yes, and this is an important part of understanding why diabetes care involves so much more than taking insulin.

Over time, high blood sugar can damage blood vessels and nerves, increasing the risk of complications affecting the eyes, kidneys, heart, and feet.

There are also more immediate dangers. Blood sugar can drop dangerously low, sometimes as a result of insulin treatment. And when the body doesn't have enough insulin, it can develop diabetic ketoacidosis, or DKA, a potentially life-threatening condition.

And then there's the mental and emotional side of diabetes. Constantly monitoring your health, making decisions, and thinking about what could go wrong can be exhausting.

I don't share that to scare anyone, but rather because understanding these risks helps explain why managing diabetes requires so much attention.

The good news is that we've made enormous progress in diabetes care. Better medications, improved technology, regular screenings, and preventive treatment can all help reduce the risk of complications.

After nearly 27 years with type 1, I'm grateful for how much care has improved since I was diagnosed. There's still plenty of work to do, especially when it comes to making sure everyone can access that care, but the progress is real.

SOMETHING WORTH KNOWING:

Complications aren't inevitable. People with diabetes can live long, full lives, and having access to consistent, high-quality care makes an enormous difference.

4 What kinds of medications are available besides insulin? Do people still need insulin?

The short answer is that it depends on which type of diabetes someone has.

For people with type 1, insulin is nonnegotiable. Our bodies don't produce enough of it, and we need it to survive.

I use an insulin pump, but other people take insulin through injections or insulin pens. There are different kinds of insulin, too, including ones that work quickly around meals and others that provide a longer-lasting effect.

For people with type 2, there are many more treatment options.

Some medications help the body respond better to insulin. Others help the body release more insulin, reduce how much glucose the liver produces, or remove excess glucose through urine.

And then there are GLP-1 medications, like Ozempic, which have gotten a LOT of attention lately. These drugs can help lower blood sugar and, depending on the medication, can also support weight management.

Some people with type 2 never need insulin. Others need it at some point, and some need it from the beginning.

What's important to understand is that diabetes treatment isn't one-size-fits-all. Two people can have the same diagnosis and very different treatment plans.

SOMETHING WORTH KNOWING:

Needing insulin isn't a sign that someone has failed to manage their diabetes. Neither is needing additional medication. The goal is to find the treatments that help someone stay healthy, not to judge them for how they get there.

5 Are there situations where diabetes is curable?

I wish I could say yes!

There is currently no cure for type 1 diabetes. I've needed insulin every day since I was diagnosed in 2000, and until there's a cure, that's not going to change.

But for the first time, interestingly, we have a medication that can actually delay when someone develops symptoms of type 1 diabetes.

It's called Tzield, and it works by targeting the immune system. For certain people identified through early screening, it can delay the progression to the stage when they would typically be diagnosed and need insulin.

Think about how remarkable that is. For most of my life, we couldn't do much to change when type 1 diabetes would show up. Now, for some people, we can actually buy them more time.

Researchers are also exploring ways to replace the insulin-producing cells that people with type 1 have lost. Some of those approaches are showing exciting results, although most are still being studied and aren't a widely available cure.

Type 2 diabetes is a little different. Some people with type 2 can reach what's called remission, meaning their blood sugar stays below the diabetes threshold for an extended period without glucose-lowering medication. That can sometimes happen after significant weight loss or certain types of surgery.

But remission isn't the same as a cure. Type 2 diabetes can return, which is why ongoing monitoring is important.

As someone who's lived with type 1 for nearly 27 years, I find the progress genuinely exciting. I would love to see a cure in my lifetime.

And while we're not there yet, the fact that we can now delay type 1 in some people is an enormous step forward.

SOMETHING WORTH KNOWING:

A blood test can identify signs that type 1 diabetes is developing, sometimes years before symptoms appear. For some people, that early knowledge now opens the door to treatment that wasn't available just a few years ago.

Living With Diabetes

Some of the everyday things that come with having diabetes, from eating and traveling to managing blood sugar and keeping up with technology.



Frame backpack, 1971. Auckland War Memorial Museum Tāmaki Paenga Hira.

6 How do people with diabetes check their blood sugar without constantly pricking their fingers?

Technology has come a LONG way since I was diagnosed in 2000.

When I was 11, checking my blood sugar meant pricking my finger, putting a drop of blood on a test strip, and waiting for a number to appear on a meter. And I had to do that multiple times a day.

The number told me what my blood sugar was at that particular moment. It didn't tell me whether it was rising or falling, or what might happen next.

Today, I wear a continuous glucose monitor, or CGM. It's a small sensor attached to my body that estimates my glucose level every few minutes and sends that information to my devices.

Instead of getting one number at a time, I can see how my glucose is changing throughout the day. I can even get alerts if it's heading too high or too low.

I also use an automated insulin delivery system that takes those readings and helps adjust how much insulin I receive.

When I was diagnosed, I had to manually check my blood sugar to find out what was happening. Today, I have technology that's continuously monitoring my glucose and helping me respond to it.

It hasn't eliminated the work of managing diabetes, and I still need a finger-stick meter sometimes. But it has made an enormous difference in my life, especially in helping me avoid low blood sugar.



1 pricking my finger
2 a drop of blood on a test strip
3 a number to appear on a meter

SOMETHING WORTH KNOWING:

If you've ever noticed a little round sensor on someone's arm or an insulin pump clipped to their clothing, there's a good chance you're looking at diabetes technology. These devices are doing a lot more than you might realize!

7 Is there any food you completely stay away from?

This is probably one of the biggest misconceptions about diabetes: that people with diabetes can't eat sugar.

We can! But we have to think about how the food we eat will affect our blood sugar.

Carbohydrates, which include sugars and starches, are broken down into glucose. For people with type 1 diabetes, that usually means taking insulin to help our bodies use that glucose.

Some foods are easier for me to manage than others. Sugary cereal in the morning, for example, can be particularly challenging. And late-night snacking doesn't always make things easier. Do I still eat those things sometimes? Absolutely.

My goal isn't to eliminate every food that might make my blood sugar harder to manage. It's to figure out how to enjoy the foods I love while taking care of myself.

IF YOU'RE SHARING A MEAL WITH SOMEONE WHO HAS DIABETES:

You don't have to monitor what they're eating or assume they need something sugar-free. If you're hosting, you can always ask if there's anything that would be helpful to know.

8 What do people with diabetes need to have with them at all times?

Leaving the house with diabetes can involve a little more planning than just grabbing your keys, wallet, and phone.

The big thing is being prepared for low blood sugar.

For anyone who doesn't know, low blood sugar happens when the amount of glucose in your bloodstream drops too far. It can make you feel shaky, sweaty, dizzy, confused, or just generally awful. And sometimes it can become dangerous pretty quickly.

That's why people who take insulin are generally advised to carry something that can raise their blood sugar fast, like glucose tablets, juice, or regular candy.

Since I wear a continuous glucose monitor and use an insulin pump, I also have to think about my phone, my devices, and what happens if something stops working when I leave home.

For longer outings or trips, people may need extra supplies, backup insulin, or a blood glucose meter in case their usual technology isn't available.

It's also not just about remembering to bring these things. It's knowing you could actually need them at any moment. I don't get to decide that I'm taking a few hours off from diabetes because I'm going out to dinner or seeing a movie.

SOMETHING WORTH KNOWING:

If you see someone with diabetes suddenly eating candy or drinking juice in the middle of a meeting, they might be treating low blood sugar. In that moment, the sugar is helping bring their glucose back to a safe level. It's not just a snack!

9 What should someone know about traveling with diabetes?

I love to travel and I do it for work all the time. I've learned that diabetes requires a little extra planning when I am on the go.

Insulin, pump supplies, glucose sensors, backup equipment, something to treat low blood sugar. All of that has to come with me. And because technology can fail and plans can change, I need to bring more than I expect to use.

Then there's everything that happens once you arrive. Different foods, more walking than usual, changes in sleep, time zones, and unfamiliar routines can all affect blood sugar. Even something as simple as a long flight or a delayed meal can mean making adjustments.

None of this has stopped me from traveling extensively. But it does mean that when I'm packing for a trip, I'm thinking about things that might never cross someone else's mind.

PRO TIP FOR MY FELLOW DIABETICS:

If you're flying in the U.S., you're allowed to bring your diabetes supplies on board, and your medications and the devices you use to take them don't count toward your carry-on limit. You can also request early boarding if you need extra time to get settled or store your supplies. Just let the gate agent know! I've found that showing my pump, CGM, or supplies usually makes the process pretty easy.

IF YOU'RE TRAVELING WITH SOMEONE WHO HAS DIABETES:

A little flexibility goes a long way. They might need to stop for a snack, check something on their phone, or take a few minutes to get through security, or deal with their supplies. It's usually not a big deal, and it helps when the people around you don't make it one.

Being There for Someone

A few things to know if you have a friend or family member with diabetes, including how to be helpful and what to do in an emergency.

3



Charles Best (left) and Frederick Banting on the roof of the Medical Building, University of Toronto, August 1921. Photo: Henry Mahon.

10 What can friends and family do to help someone with diabetes?

I love this question because I think it comes from a good place. People want to help, but they don't always know how.

My biggest piece of advice is simple: ask the person what would actually be helpful.

Some people appreciate reminders. Others would rather not have someone commenting on their food, asking about their numbers, or checking in every time a device makes a noise.

There's really no one universal answer to this one. One thing I do think is important is knowing what to do in an emergency.

Low blood sugar can sometimes become severe enough that a person is confused, has a seizure, or loses consciousness. If someone is unconscious or can't swallow safely, don't give them food or drink. Call emergency services, and use emergency glucagon, such as an injection or the BAQSIMI nasal spray, if it's available and you know how.

Fortunately, most of my day-to-day diabetes management doesn't require someone else to get involved. But knowing that the people around me understand what to do if I really need help is meaningful.

SOMETHING YOU CAN DO:

Ask someone you care about, "If you ever needed help with your diabetes, what would you want me to know?" It's a much better place to start than assuming you already know.

11 What accommodations should be made if someone with diabetes is coming to your house?

Honestly, you probably don't need to do much!

You don't have to make a separate meal, buy special sugar-free foods, or completely change what you're serving because someone has diabetes.

Most of us are pretty used to figuring out how to manage diabetes around whatever we're eating.

But there are a few small things that can make a difference.

First, timing helps. If you're planning to serve dinner at 7, it's helpful to know whether that actually means 7 or whether we're probably eating closer to 9. Some people time their insulin around meals, so unexpected delays can make things more complicated.

Second, it's helpful to have something with real sugar available, like juice or regular soda. If someone's blood sugar drops, they may need something that raises it quickly. Diet soda won't do the trick!

And finally, don't feel like you need to monitor what your guest is eating. People with diabetes already spend an enormous amount of time thinking about food and how it affects their bodies. We generally don't need someone else doing that for us.

If you're unsure about something, just ask.

SOMETHING YOU CAN DO:

A simple "Is there anything I should know or have on hand?" goes a long way. It shows you're thinking about your guest without making their diabetes the center of the evening.

Cost and Care

Why getting diabetes medication, supplies, and medical care can be so complicated, even with insurance, and what people can do to help.

4



A U.S. one-dollar bill.

12

Do health insurance companies distinguish between type 1 and type 2 diabetes?

Yes, and the distinction can make a real difference in what treatments and technologies insurance companies will cover.

Type 1 and type 2 diabetes are different conditions, although some of the medications and technologies used to manage them overlap.

Insurance companies may have different coverage requirements depending on someone's diagnosis, the medication or device being prescribed, and the specific insurance plan.

And even when your doctor prescribes something, that doesn't necessarily mean your insurance will pay for it.

I've experienced this firsthand. Prior authorizations, appeals, paperwork, phone calls. Getting access to a treatment you need can sometimes feel like a second job.

I think this is one of the things people without chronic conditions don't always realize. Having health insurance doesn't automatically mean you can get the care your doctor recommends.

SOMETHING YOU CAN DO:

If you have a say in choosing health insurance benefits at your workplace, ask about prescription coverage, insulin, glucose monitors, and insulin pumps. The cheapest monthly premium doesn't always mean the most affordable care.

13

How can someone without diabetes help make care more affordable?

First, I think it helps to understand just how expensive living with diabetes can be.

For someone with type 1 diabetes, insulin isn't optional. We need it to stay alive. Depending on where someone lives and what coverage they have, the cost of insulin, glucose monitors, pump supplies, medications, and medical appointments can add up quickly.

The issue is also not only about cost. It's about whether people can actually get the treatments they need. Insurance restrictions, complicated approval processes, and gaps in coverage can all become barriers to care.

That's part of why I started The Insulin Resistance. I want more people to understand what living with diabetes actually involves, and why access to care matters so much.

You don't have to have diabetes to help change this!

You can support organizations working to make diabetes care more accessible, speak up when healthcare benefits are being decided at work, and contact elected officials about policies that affect the affordability of medications and medical devices.

You can also help by listening to people living with diabetes and sharing their experiences, with their permission.

SOMETHING WORTH REMEMBERING:

Diabetes care shouldn't depend on how much money someone makes, where they live, or how good they are at navigating an insurance company.

Still have questions?

These are just thirteen of the questions my friends asked me back in 2021, and I'm sure there are plenty more!

What I loved about that original Facebook post was how willing people were to ask questions they might not have felt comfortable asking otherwise. Some were about complicated science, and others were about really ordinary parts of living with diabetes.

So, I'm bringing the question back to you.

What have you always wanted to know about diabetes? What should I include in a future resource?

Maybe it's about food, technology, the costs, or something you've noticed but never quite understood. Nothing is too basic, and you don't need to know anything about diabetes to ask.

I'd love to hear from you! Head back to my original post and leave your question in the comments.



THE INSULIN RESISTANCE

Education, stories, and practical resources about diabetes and the people and systems that make care possible.

IMAGES

Page 5. Syringe, from Regnier de Graaf, Opera omnia, 1705. Wellcome Collection. Public domain.

Page 6. Iletin insulin, U-40, Eli Lilly and Company, about 1944. Smithsonian National Museum of American History, 716789. CC0.

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