

Diagnosis: Type 2 Diabetes (T2D)

What is it?

Type 2 Diabetes (T2D) is a condition that keeps your body from properly processing glucose, leading to a build up of glucose in the blood.

Diabetes occurs when the cells in the body have difficulty using insulin to turn glucose into fuel and when the pancreas, an organ near the stomach and intestine, does not make enough insulin.

What causes it?

A number of factors can contribute to an increased risk of T2D including weight cycling (yo-yo dieting) and internalized weight stigma. But T2D is, predominantly, a genetic condition. While much (fatphobic) misinformation floats around, you cannot eat your way into T2D, and it affects people of all sizes.

Getting Type 2 Diabetes isn't your fault, it does not indicate that you have done anything wrong. It is simply a fairly common health condition.

How is it diagnosed?

T2D is diagnosed by testing the amount of glucose in the blood using the following methods:

- **A1C (Glycated hemoglobin) test:** Shows average blood glucose over 2-3 months
 - Result of 6.5 or higher indicates T2D
- **Random Blood Sugar Test:** A finger stick or blood draw is used to generate a drop of blood for testing, giving immediate results
 - Result of 200mg/dL or higher, typically over two tests, along with symptoms of hyperglycemia, indicates T2D
- **Fasting Blood Sugar:** Same as Random Blood Sugar Test, but you do not eat for 12 hours prior to testing
 - Result of 126mg/dL or higher, typically over two tests, indicates T2D
- **Oral Glucose Tolerance Test (OGTT):** After an overnight fast, you drink a specially prepared sweet beverage and then blood levels are tested via needle stick over 2 hours
 - Result of 200mg/DL or higher after 2 hours indicates T2D

What about prediabetes?

Prediabetes is a controversial diagnosis that was strongly lobbied for by pharmaceutical companies (which are currently developing at least 10 drugs to “treat” this condition). Important things to know when discussing the validity of a prediabetes diagnosis:

- The American Diabetes Association (ADA) lowered the blood sugar threshold that is considered “prediabetic” in 2004, and lowered the hemoglobin A1c threshold in 2010, creating about 72 million new cases in the US. These changes were made without adequate research evidence, and were later adopted by the Centers for Disease Control (CDC).
- Under the newest definition of prediabetes, about 1 in 3 people in the US is considered prediabetic.
- According to the CDC, fewer than 2% of those given this diagnosis per year actually progress to T2D.
- Studies have not shown an increased risk of cardiovascular disease in those with prediabetes and there is no clear evidence that treating prediabetes will decrease the risk of progression to diabetes.

So you have Type 2 Diabetes. How is it treated?

The treatment of T2D focuses on controlling blood sugar. Your healthcare provider (HCP) will likely prescribe you a test kit so that you can do your own finger sticks in order to test your blood sugar at home. They will likely give you target numbers for your fasting blood glucose, post meal glucose, and/or A1C.

You have many treatment options. Depending on the degree of elevated glucose, some people choose to focus on behavioral interventions before starting medications, some people choose to focus on medications rather than behavior changes, and some do a combination of the two. The important point is that behaviors and medications are helpful in managing diabetes, not attempts at losing weight. In fact, weight loss interventions for diabetes have not been shown to improve cardiovascular complications and have been associated with a decrease in life expectancy.

The final choice for accepting treatment is always yours, neither your healthcare provider nor anyone else should be making it for you.

While it’s not your fault, the fatphobia and stigma around T2D can become a problem you may need to deal with and so you may choose to be loud about it, and/or keep your diagnosis to yourself and those you choose.

Perhaps most importantly, don’t panic. There’s no need to make massive changes to your lifestyle overnight, this is a condition that you can learn about and manage.

Medications

Medications for T2D fall into several classes, and may sometimes be combined. They work in different ways:

- Improving insulin sensitivity
- Keeping your liver from releasing glucose
- Stopping stomach enzymes from breaking down carbohydrates
- Inhibiting glucose reabsorption in the kidneys
- Slowing the movement of food through the stomach
- Causing the pancreas to produce and release more insulin
- Directly introducing Insulin into the body

It is important to note that it is common for body weight to change up or down in the course of diagnosis and treatment of diabetes. When the body is having difficulty processing glucose, weight can sometimes decrease, and may later increase once treatment is started. There is often stigma and shame associated with these changes while receiving medical care, but these changes are normal. Keep in mind that weight loss is NOT an appropriate or evidence-based outcome to track while managing diabetes. Instead, a focus on glucose levels, as well as internal cues and symptoms are important in management of diabetes.

If your HCP isn't working from a HAES perspective you may need to take extra care, as there can be a tendency to prescribe medications for fat patients based on their possible side effects of weight loss and/or gain. You may need to ask (repeatedly, if necessary) if they are giving you the medication that they think will best treat your actual symptoms or if they are trying to manipulate your body size through medication side effects.

Behavioral Interventions

These can fall into several categories. Some people choose multiple options, some choose just one or two.

Hydration

Dehydration can have a negative effect on blood sugar control so staying hydrated is important. Also, some medications can have a dehydrating effect, so be sure to ask your HCP about this.

Supplements

Studies have suggested that several supplements may help with controlling blood sugar including turmeric, chromium, Vitamin B1, Alpha-Lipoic Acid, Bitter Melon, Green Tea, and Magnesium.

Please do your research and consult with your HCP. Supplements can be tricky because there is often insufficient research--especially as it relates to side effects, dosing, and interaction with any other medications you may be taking.

Food Additions

Several foods have been shown to help with glucose control:

- Almonds--research has shown that almonds may reduce post-meal blood sugar, and eating 2 ounces (about 45) of almonds was associated with lower levels of fasting glucose
- Dark Chocolate--studies show that eating 1.7 ounces of dark chocolate (at least 70% cacao) each day was associated with lower blood sugar levels
- Cinnamon--several small studies have linked consumption of 1-6 grams of cinnamon for 40 days to lowered blood sugar (be aware that large amounts of cinnamon can exacerbate liver issues and may interact with other medications)

Food Choices

Most think that people with diabetes must sharply decrease or stop eating carbohydrates. However, this is not the case. All of the cells in our bodies, particularly our brain cells, are fueled on carbohydrates. Treatment of diabetes involves finding ways to help your body manage the carbohydrates that you eat rather than eliminating this essential nutrient.

Intuitive eating, which involves learning the body's cues of hunger and fullness, as well as cues to changes in blood sugar levels, can be a helpful place to begin. Working with a HAES dietitian can also help you learn more. You can find a list of HAES providers on our Resources page: <https://haeshealthsheets.com/resources/>

Fiber

Increasing your dietary fiber intake can help you avoid sharp increases and decreases in blood sugar.

Combining Foods

Eating protein and/or fat with carbohydrates can help keep blood sugar even. For example, a snack made up of cheese and crackers would work better to avoid a blood sugar spike than just eating the crackers alone.

Glycemic Index

Different types of carbohydrates affect blood sugar differently. The glycemic index is a calculation of the effect a food is likely to have--a lower score means a lower impact on your blood sugar. For example, sourdough bread has a lower glycemic index than white bread. This can also be affected by preparation--potatoes and rice that have been cooked and then chilled before eating can have a lower glycemic impact than they otherwise would have had.

Sleep

Poor sleep quality has been associated with an increase in insulin resistance. Having a consistent 7-9 hours of sleep per night and treating obstructive sleep apnea can both improve insulin resistance and diabetes management.

Movement

Strength building (lifting weights, body weight exercises, etc.) may spike glucose in the short term, but can reduce blood sugar long term by lowering insulin resistance.

Moderate cardiovascular movement (walking, chair dancing, or anything that causes you to exert yourself a bit) can have an immediate glucose lowering effect that can last up to 24 hours. Some people find that just 5 minutes of movement after a meal can have a significant impact on their post meal blood sugar.

Movement can improve glucose control in both the short and long term, can lead to a decrease in the risk of cardiovascular disease, and also an increase in life expectancy.

Overall

Blood sugar is complicated and it can be affected by many factors including sleep and stress. Try to look at your treatment plan as an exploration of how your body works and how you can best support it, rather than a reason to become obsessed with numbers and testing. Learning to trust the body, become familiar with its internal cues, and focusing on behaviors rather than weight are crucial for improved health outcomes.

It is important to know that Type 2 Diabetes can also be a progressive condition. That means that it's possible that what works now may become less effective over time. Remember that this is not your fault, it's just part of your health condition and your healthcare provider can support you in finding new solutions.