You think you may be having sexual problems related to diabetes:
- Women may have problems with poor lubrication or bladder control.
- Men may have problems with impotence due to nerve disease (neuropathy) or circulation.

Menopause may cause changes in your blood sugars, requiring an adjustment in your oral medication or insulin dose.

You are having problems with infection.
Report any cuts, breaks in the skin, or ingrown toenails. Many diabetes-related foot amputations are preventable!

Gum disease can appear as bleeding gums with tooth brushing; red, swollen, tender gums; pus; or bad breath.

Chronic infections like sinus, bladder, or yeast infections need to be treated right away.

Any vision changes or unusual vision problems should be reported.

Before you travel, get a letter from your doctor or diabetes nurse listing what you need to do for your diabetes. The list should include pills, insulin, and diabetes supplies. Get a prescription for your insulin, pills, and other supplies. Talk to your dietitian about dining out, meal pattern changes, schedule changes, and time zone changes while on vacation.

If you have questions about your private insurance company, TRICARE, Medicare, or Medicaid, or are having difficulties in maintaining your treatment due to financial problems, see your local social worker or other team member for advice.

When you are feeling discouraged, angry, scared, depressed, anxious, confused, helpless, apathetic, overwhelmed, or out of control about living with diabetes, call a team member for help.

When you are in doubt about a problem that needs attention, call immediately. If the question can wait, write it down and take your list of questions to your next scheduled appointment.
Managing Your Diabetes

Diabetes is a complicated disease that only you can manage. You can balance the many lifestyle choices that you must make every day: what you eat, when to be active, what medications to take at the right times, how to manage stress, how to manage sick days, and travel. Outside your regularly scheduled appointments, you may need help from your diabetes care team.

You are the most important member of your diabetes team. Others include:
- Your doctor
- Specialists you might see for:
  - Your eyes (ophthalmologist or optometrist)
  - Your kidneys (nephrologist)
  - Your feet (podiatrist)
  - Your urinary tract (urologist)
  - Your nervous system (neurologist)
  - Your heart (cardiologist)
  - Your teeth (dentist)
- Your diabetes nurse
- Your dietitian
- Your psychologist or counselor
- Your social worker
- Your exercise specialist
- Your pharmacist

When to contact a diabetes team member –
If your blood glucose is out of the goal range:
- You are having unexplained high or low blood glucose.
- You have been on diabetes pills for a long time and you find that your blood glucose is gradually "creeping up," even though you have been following your treatment plan.
- Your blood glucose meter is not working well or you are having problems running the meter.
- You were given glucagon for severe hypoglycemia (low blood glucose).

You are vomiting and cannot keep food or fluids down for 4 hours.

You are running moderate or large ketones with a blood glucose above 240 mg/dl.

You have a fever that lasts longer than one day.

You have symptoms of diabetic ketoacidosis: fatigue, thirst, dry mouth, difficulty breathing, "fruity" breath, confusion, or blurred vision.

You want to begin a new activity/exercise program.

You want to go on a weight loss plan.

You want to include different foods in your meal plan and need to learn how.

You have had a major lifestyle change such as a change in job, work shift, family stress, or economics that affects meal timing, what you eat, or your stress level.

You want to include alcohol in your meal plan. Make sure that you are free of other health problems that could be made worse by alcohol (high blood pressure; liver, nerve, or kidney disease). Ask if the medications that you are on can be taken with alcohol. Learn how to include alcohol in your meal plan.

You would like to become pregnant. Try to achieve normal blood glucose and hemoglobin A1c in the 3-6 months before you get pregnant. Don't stop using birth control until after you have talked with your doctor. If you are already pregnant, see your doctor immediately to discuss your blood glucose levels. Research shows that tight control of blood glucose before and during pregnancy can improve the outcome for you and your baby.