

THE MODERN MAN'S GUIDE TO

Living Well with Diabetes



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WHO IS THE “Modern Man”?

Men have not always been comfortable discussing issues about their health, particularly conditions like diabetes, depression and sexual health. In general, men have not been as active as women in taking care of their health, including visiting their doctor when necessary and participating in preventive health activities.

Men are less likely to take primary responsibility for their family’s healthcare needs, which can leave them less focused on overall healthcare issues. These attitudes and behaviors have resulted in shorter and less healthy lives for men in the United States compared to women.¹

DIFFERENCES BETWEEN

Men's and Women's Health



At the turn of the last century, men and women had equal life expectancies. At the turn of our current century, women are expected to outlive men by an average of 7 years.²

From 1980 to 1998, the number of people who were diagnosed with diabetes was similar for men and women. However, in 1999, the number of men with diabetes began to increase at a faster rate than women.

Only about half as many men as women have a regular physician and men make about 30% fewer doctor visits every year than women—and that's even factoring out women's visits to their obstetrician/gynecologist.³

Times have changed and The Modern Man is a changed man. He is more focused on healthcare and with proactively managing his personal health. A Modern Man with diabetes doesn't expect that his partner or friends will tell him all he needs to know about diabetes. He instead challenges himself to understand how he might better manage his condition in an effort to ensure greater overall health.

- He understands the importance of eating a healthy diet, getting regular exercise and decreasing stress.
- He seeks out information about his condition and support from his family

and friends, and communicates regularly with his health care provider.

- He understands that taking small steps to better manage his diabetes and its often-overlooked co-morbidities can make a big difference in his quality of life and that of his partner.

co-morbidity – *The presence of one or more disorders (or diseases) in addition to a primary disease or disorder*



DIABETES: The Facts

Type 1 diabetes is usually diagnosed in children and young adults, and was previously known as juvenile-onset diabetes. In type 1 diabetes, the immune system attacks the insulin-producing cells in the pancreas and the body does not produce insulin. Insulin is a hormone that is needed to convert sugar (glucose),

starches and other food into energy needed for daily life. Conditions associated with type 1 diabetes include hypoglycemia (low blood sugar from insulin), ketoacidosis (build-up of glucose and acids from too little insulin) and other “autoimmune” disorders such as thyroid problems or celiac disease.)

Formerly known as adult-onset or noninsulin-dependent diabetes, type 2 diabetes is a chronic condition that affects the body's ability to use glucose as the body's main fuel source. More than 90% of diabetes in the U.S. is type 2. Over 23 million people (8.0%) are estimated to have diabetes in the United States and eleven percent of all men aged 20 years or older have diabetes.

One quarter of people who have diabetes have not been diagnosed by their physician.⁴

Type 2 diabetes occurs as the result of both of the following factors:⁵

- Decreased secretion of insulin, a hormone that helps your body use glucose as a fuel source

- A loss of sensitivity in the cells of the body to the action of insulin

Pre-diabetes is a condition that is often present prior to the development of type 2 diabetes. Pre-diabetes means that blood glucose levels are higher than normal but not high enough to be classified as type 2 diabetes. There are approximately 57 million adults in the United States who have pre-diabetes. When pre-diabetes is ignored, it can lead to the development of type 2 diabetes. The good news is that the Diabetes Prevention Program, a large prevention study of people at high risk for type 2 diabetes, showed that lifestyle interventions such as diet and exercise reduced the risk of developing diabetes by 58% over three years. The decrease was even greater – 71% – among adults aged 60 years or older.⁶

Those at risk

FOR DEVELOPING TYPE 2 DIABETES INCLUDE MEN WHO:

- Are over 45 years old
- Are overweight or obese
- Are African American, Latino/Hispanic American, Native American, Asian American or Pacific Islander
- Have one or more family members with diabetes

Not everyone with diabetes experiences symptoms, but if you are experiencing blurred vision, extreme thirst, frequent urination or unexplained weight loss, you should make a point to see your doctor.



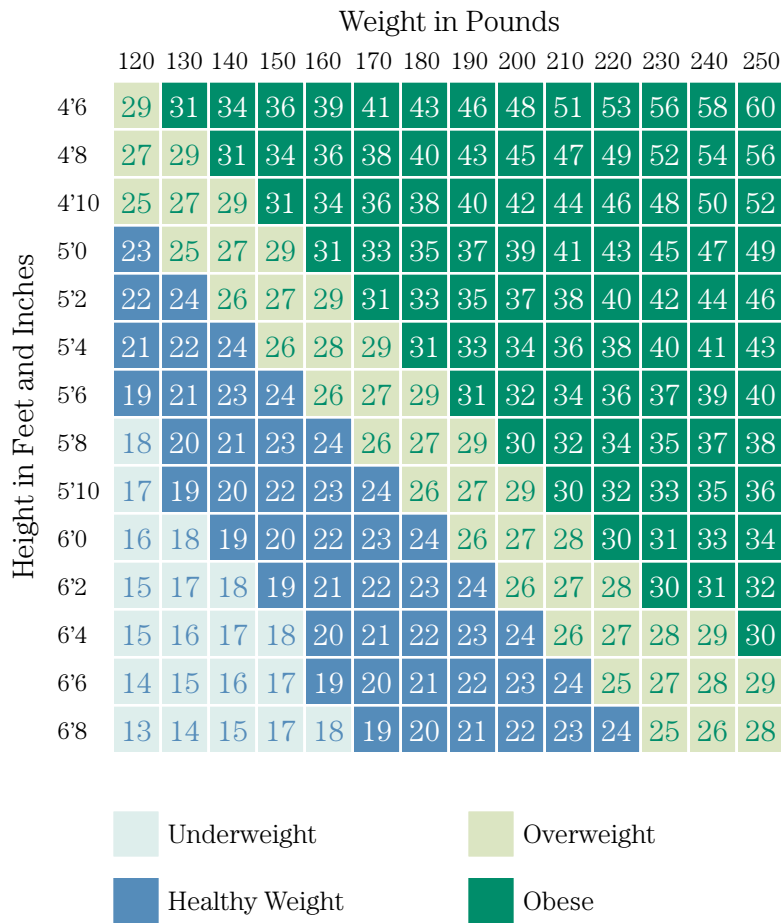
ASSESSING Your Risk

Men who are obese or overweight are at an increased risk of developing type 2 diabetes, high cholesterol, stroke, high blood pressure and coronary heart disease. Currently, about two-thirds of adults in the United States are overweight or obese and almost one-fourth are obese. The following definitions have been established by the

National Institute of Health (NIH) for overweight and obesity. BMI, or Body Mass Index, is calculated by dividing a person's weight in kilograms by height in meters squared.

- Overweight = BMI of 25 to 29.9 kg/m²
- Obesity = BMI of 30 kg/m² or greater

Body Mass Index (BMI)

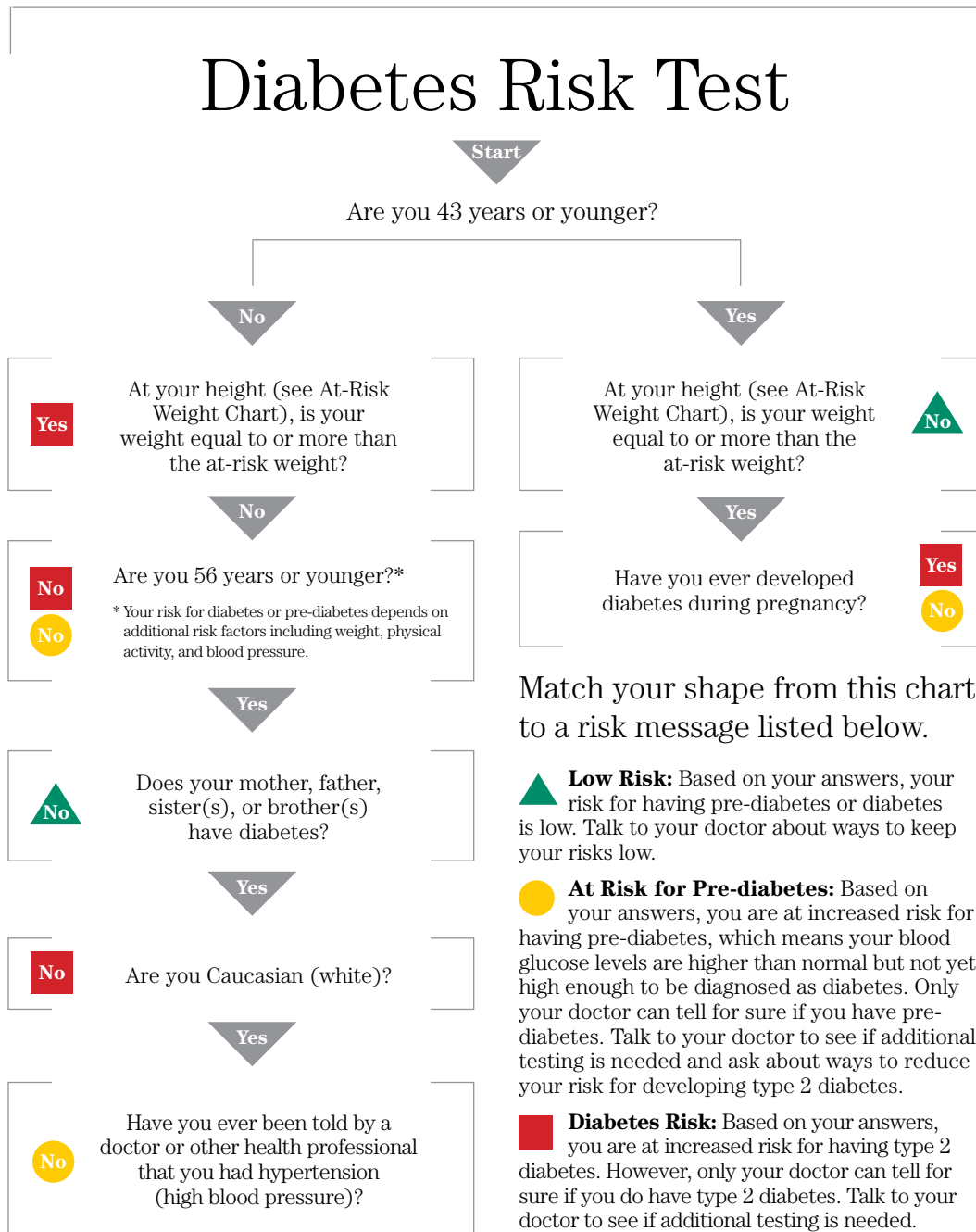


Note: This chart is for adults (≥ 20 years old)

Men who want to decrease their risk for type 2 diabetes should monitor their weight and make small, gradual changes in their diet and exercise to decrease weight. Even modest changes in body weight can bring about large health benefits. Studies show

that reducing body weight by just 5% to 10% (that is just 10 pounds for a man weighing 200 pounds) can substantially reduce the risk of obesity-related health complications, including diabetes.⁷

This simple tool can help you determine your risk for having pre-diabetes or diabetes. First, using the flow chart below, answer the questions until you reach a colored shape. Second, match the colored shape with a risk message shown in the legend at right.



At-Risk Weight Chart

Height	Weight	Height	Weight	Height	Weight
4' 10" (147 cm)	148 lbs (67.3 kg)	5' 5" (165 cm)	186 lbs (84.5 kg)	5' 11" (180 cm)	222 lbs (100.9 kg)
4' 11" (150 cm)	153 lbs (69.5 kg)	5' 6" (168 cm)	192 lbs (87.3 kg)	6' 0" (183 cm)	228 lbs (103.6 kg)
5' 0" (152 cm)	158 lbs (71.8 kg)	5' 7" (170 cm)	198 lbs (90.0 kg)	6' 1" (185 cm)	235 lbs (106.8 kg)
5' 1" (155 cm)	164 lbs (74.5 kg)	5' 8" (173 cm)	203 lbs (92.3 kg)	6' 2" (188 cm)	241 lbs (109.5 kg)
5' 2" (157 cm)	169 lbs (76.8 kg)	5' 9" (175 cm)	209 lbs (95.0 kg)	6' 3" (190 cm)	248 lbs (112.7 kg)
5' 3" (160 cm)	175 lbs (79.5 kg)	5' 10" (178 cm)	216 lbs (98.2 kg)	6' 4" (193 cm)	254 lbs (115.5 kg)
5' 4" (162 cm)	180 lbs (81.8 kg)				

Diabetes and Beyond – Your Increased Risk for Other Medical Conditions⁸

- Adults with diabetes have heart disease death rates from 2-to-4 times higher than adults without diabetes
- Diabetes is the leading cause of new cases of blindness among adults ages 20-74
- More than 60% of nontraumatic lower-limb amputations occur in people with diabetes
- Testosterone deficiency is common in men with diabetes, regardless of the type;⁹ one-third of men with type 2 diabetes have low testosterone¹⁰

Here are simple steps you can take to help manage your risk for diabetes:

- Eat a varied diet rich in fruits, vegetables, whole grains, and low-fat foods.
- Get at least 30 minutes of exercise such as walking at least five times a week.
- Get your blood glucose level checked regularly, as advised by your doctor.
- Know your family's diabetes history and discuss it with your doctor.

Fortunately, you can make simple lifestyle changes such as eating healthy foods, adding physical activity to your daily routine, and working to achieve a healthy body weight to help return your blood glucose levels to normal and decrease your risk for serious complications.¹¹

A little research goes a long way. In less time than it takes to watch your favorite television show, a Modern Man can be proactive and find out how he can better manage his risk for type 2 diabetes.

Log onto www.diabetes.org/menshealth or call the American Diabetes call center at **1-800-DIABETES**.

Challenge yourself to learn more about diabetes, talk to your doctor about any concerns you might have and adopt a more complete approach to your health in an effort to improve your overall quality of life.

Get active, get informed, and talk with your doctor! In other words, get modern!





MANAGING Type 2 Diabetes

Managing type 2 diabetes is sometimes thought of as simply controlling your blood glucose, because that is the first and most critical step. However, once glucose levels are in the normal range, there are other

things you can do to improve your overall health and the lives of those around you, particularly by learning about co-morbidities that can be linked to diabetes and can have a real impact on your health.

To effectively manage diabetes, you should focus on controlling blood glucose, decreasing risks of complications and maximizing quality of life by committing to the following activities:¹²

- Maintaining good control of blood glucose, blood pressure and cholesterol.
- Identifying and addressing complications as early as possible.
- Educating yourself about diabetes and its co-morbidities such as obesity, heart disease and sexual function (e.g. low testosterone and erectile dysfunction).
- Developing a partnership with your health care providers.

The ABCs of Diabetes

A is for A1C

Your A1C is your average blood glucose level for the two to three month period before the test. Your health care provider uses it to determine how well you are managing your blood glucose. A goal of less than 7 percent is desirable for most people, which corresponds to an average blood glucose level of less than about 150 mg/dL. To help manage your blood glucose levels you should:

- Ask your health care provider to monitor your A1C levels every three months if your medication therapy has changed or if you are not meeting treatment goals OR twice a year if you are meeting treatment goals and have stable blood glucose levels.
- Work with your health care team to develop a management plan to keep your average blood glucose in your target range.

B is for blood pressure

High blood pressure is very common in men with type 2 diabetes. For most men with diabetes, the goal is to maintain a blood pressure of less than 130/80 mm Hg. Your health care provider should monitor blood pressure at each routine diabetes visit and

you should work with your health care team to develop a management plan to keep your blood pressure in your target range.

C is for cholesterol

High cholesterol and other blood fats are common in men with type 2 diabetes. A complete cholesterol test, referred to as a lipid panel or lipid profile, includes the measurement of four types of fats in your blood. They are:

- **Low-density lipoprotein (LDL) cholesterol.** Sometimes called “bad” cholesterol, too much LDL in your blood causes the accumulation of fatty deposits (plaques) in your arteries (atherosclerosis), which reduces blood flow and can lead to heart attack or stroke.
- **High-density lipoprotein (HDL) cholesterol.** Sometimes called “good” cholesterol because it helps carry away cholesterol, HDL keeps arteries open and blood flowing more freely.
- **Triglycerides.** Triglycerides are another type of fat in the blood. When you eat, your body converts any calories it doesn't need to use right away into triglycerides, which are stored in fat cells and released later for energy.
- **Total cholesterol.** This is a sum of your blood's cholesterol content.

Work with your health care team to develop a plan to keep your cholesterol and blood fats in check. This includes a healthy diet, exercise, and often cholesterol-lowering medication.



Serious Implications OF DIABETES

Diabetes can cause far-reaching health implications like heart disease, nerve damage and kidney damage. Amputation, blindness and even death can all result from not properly diagnosing or treating

diabetes. You can't turn back the clock when it comes to these serious conditions, so you have to tackle your diabetes head-on. The most serious complications of diabetes include:¹³

Heart Disease and Stroke: If you have diabetes, you are at risk for having a heart attack or stroke. These strike people with diabetes more than twice as often as people without diabetes. In fact, two-out-of-three people with diabetes die from heart disease or stroke.

Coronary artery disease is caused by a narrowing or blocking of the blood vessels that go to your heart. It's the most common form of heart disease. Your blood carries oxygen and other needed materials to your heart. Blood vessels to your heart can become partially or totally blocked by fatty deposits. A heart attack occurs when the blood supply to your heart is suddenly reduced or cut off. A stroke occurs when blood vessels to a part of your brain is suddenly cut off by fatty deposits or a blood clot.

The good news is that you can take steps to prevent heart disease or, if you have already had a heart attack or stroke, reduce your chances of having another heart attack. Lifestyle changes, such as choosing foods wisely and being physically active, as well as taking medication, can help.

You can lower your risk of a heart attack or stroke by keeping your weight and your ABCs of diabetes on target with wise food choices, physical activity, and medication. Every step you take will help.

The closer your weight and ABC numbers are to your targets, the better your chances of preventing diabetes-related complications like heart attack or stroke.

Smoking is a major risk factor for heart attack and stroke. Combined with diabetes, it is a "double whammy." If you smoke, get help to quit.

Before you start a new routine of physical activity, check with your health care team to find out which activities will be safe for you. Then think about how you can add more activity to your routine. If you're just starting out, begin with 5 minutes a day and gradually add more time. Then work up to doing a total of about 30 minutes of aerobic exercise, such as brisk walking, most days of the week.

Blindness or Vision Problems: Diabetes can damage the blood vessels of the eye, potentially leading to blindness. People with diabetes have a higher risk of blindness than people without diabetes. But most people who have diabetes have no or only minor eye disorders.

You can keep minor problems minor. And if you do develop a major problem, there are treatments that often work well if you begin them right away.

The eye problem most specific to diabetes is retinopathy or damage to the blood vessels in the back of the eye. Retinopathy is more common if you have had diabetes a long time, or if your blood glucose or blood pressure haven't been under good control.

Glaucoma occurs when pressure builds up in the eye. Vision is gradually lost because the retina and nerve are damaged. People with diabetes are 40% more likely to suffer from glaucoma than people without diabetes. The longer someone has had diabetes, the more common glaucoma is. Risk also increases with age. There are several treatments for glaucoma, including drugs that reduce pressure in the eye as well as surgical options.

Many people without diabetes get cataracts, but people with diabetes are 60% more likely to develop this eye condition.

People with diabetes also tend to get cataracts at a younger age and have them progress faster. With cataracts, the eye's clear lens clouds, blocking light. To help prevent and deal with mild cataracts, wear sunglasses outside and use glare-control lenses in your glasses.

Don't forget to get an annual dilated eye exam by an optometrist or ophthalmologist. Many eye problems are silent until they are advanced, but early detection and treatment truly saves vision.

Nerve damage: Nerves send messages to and from your brain about pain, temperature and touch. They tell your muscles when and how to move. They also control body systems that digest food, pass urine and they control erections. Excess glucose over time can injure the walls of the tiny blood vessels that nourish your nerves, especially in the legs. This can cause tingling, numbness, burning or pain that usually begins at the tips of the toes or fingers and over a period of months or years gradually spreads upward.

About half of all people with diabetes have some form of nerve damage. It is more common in those who have had the disease for a number of years.

Nerve damage from diabetes is called diabetic neuropathy (new-ROP-uh-thee). It can lead to many kinds of problems.

There's a lot you can do to prevent or delay nerve damage. And, if you already have diabetes-related nerve damage, these steps can prevent or delay further damage and may lessen your symptoms.

- Meal planning, physical activity and medications, if needed, all can help you reach your average glucose target range.

There are two ways to keep track of your blood glucose levels:

- Use a **blood glucose meter** to help you make decisions about day-to-day care
- **Get an A1C test** (a lab test) at least twice a year to find out your average blood glucose for the past 2-to- 3 months. Checking your blood glucose levels will tell you whether your diabetes care plan is working or whether changes are needed.

Report any possible signs of diabetic neuropathy, such as pain or numbness in your feet. It is especially important to report any sore or break in the skin of your feet.

- If you have problems, get treatment right away. **Early treatment can help prevent more problems later on.** For example, if you take care of a foot infection early, it can help prevent amputation.
- Take good care of your feet. **Check your feet every day. If you no longer can feel pain in your feet, you might not notice a foot injury. Instead, use your eyes to look for problems.** If you cannot see them, use a mirror to see the bottoms of your feet. Use your hands to feel for hot or cold spots, bumps or dry skin. Look for sores, cuts or breaks in the skin. Also check for corns, calluses, blisters, red areas, swelling, ingrown toenails and toenail infections. If it's hard for you to see or reach your feet, get help from a family member or foot doctor.
- **Protect your feet.** If your feet are dry, use a lotion on your skin but not between your toes. Wear shoes and socks that fit well and wear them in doors and out. Use warm water to wash your feet, and dry them carefully afterward.



- Get special shoes if needed. If you have foot problems, Medicare or other insurance may pay for shoes. Ask your health care team about it.
- **If you have diabetic neuropathy, talk to a diabetes clinical exercise expert who can guide you, as some physical activities are not safe for people with neuropathy.**
- **Make sure your health care provider checks your feet at every visit.**

Kidney Damage: The kidneys contain millions of tiny blood vessel clusters that filter waste from your blood. Diabetes can damage this delicate filtering system. Severe damage can lead to kidney failure or irreversible end-stage kidney disease, requiring dialysis or a kidney transplant. Factors that can influence kidney disease

development include genetics, blood glucose control, and blood pressure.

The better you keep blood glucose and blood pressure under control, the lower the chance of getting kidney disease.

The kidneys work hard to make up for the failing capillaries so kidney disease produces no symptoms until almost all function is gone. Also, the symptoms of kidney disease are not specific. The first symptom of kidney disease is often fluid buildup. Other symptoms of advanced kidney disease include loss of sleep, poor appetite, upset stomach, weakness, and difficulty concentrating.

Diabetic kidney disease can be prevented by keeping blood glucose in your target range. Research has shown that good blood glucose control reduces the risk of early

kidney disease and reduces the risk of progressing to more severe kidney problems by half.

Another important factor to prevent kidney disease is good blood pressure control. High blood pressure has a dramatic effect on the rate at which the disease progresses.

Four ways to lower your blood pressure are losing weight, eating less salt, avoiding alcohol and tobacco, and getting regular exercise.

In addition, most men with diabetes need medications to treat their high blood pressure. Several types of blood pressure medication can specifically protect the kidneys from ongoing damage.

It is vital to see your health care team regularly. They can check your blood pressure, urine (for protein), blood (for waste products), and help you manage your diabetes to protect your kidneys.

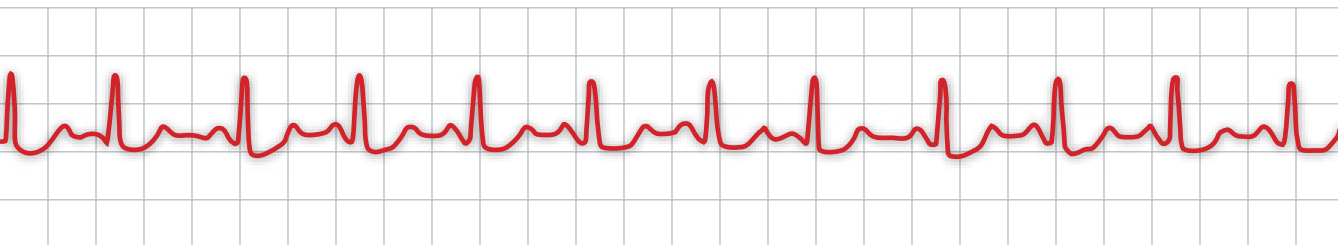
Gum Disease: There are more bacteria in your mouth right now than there are people on Earth. If those germs settle into your gums, you've got gum disease. "Not me?" you say. Here are the facts.

- More than half of all adults have at least the early stages of gum disease.
- About 80% of adults have gum disease during their lives.
- If you have diabetes, you are at higher risk for gum problems. Poor blood glucose control makes gum problems more likely.

- Gum disease can start at any age.

Remember, there is a lot you can do to fight gum disease.

- Keep your blood glucose under control.
- Brush your teeth twice a day.
- Floss your teeth every day.
- Look for early signs of gum disease (bleeding when you brush, swollen gums)
- Visit your dentist at least twice a year.



Depression: Feeling down once in a while is normal. But some people feel a sadness that just won't go away. Life seems hopeless. Feeling this way most of the day for two weeks or more is a sign of serious depression.

At any given time, most people with diabetes do not have depression. But studies show that people with diabetes have a greater risk of depression than people without diabetes. There are no easy answers about why this is true.

The stress of daily diabetes management can build. You may feel alone or set apart from your friends and family because of all this extra work. You may also be experiencing symptoms of conditions associated with your diabetes that you didn't know existed and are going undiagnosed.

If you face diabetes complications such as nerve damage, or if you are having trouble keeping your blood glucose levels where you'd like, you may feel like you're losing control of your diabetes. Even poor communication between you and your health care team may make you feel frustrated or sad.

Depression can become a vicious cycle. It can block good diabetes self-care.

If you are depressed and have no energy, chances are you will find such tasks as regular blood glucose testing or exercise too much. If you feel anxious you may over-eat. You may not feel like eating at all. Of course, this will affect your blood glucose levels.

Spotting depression is the first step. Getting help is the second.

Sleep Apnea: Many men with type 2 diabetes also suffer from obstructive sleep apnea or OSA, a breathing disorder where the airway is blocked when the mouth and throat relax during sleep, often for more than 10 seconds. Typically OSA is accompanied by loud snoring. Your family or partner may have talked to you about your snoring, how it is keeping them awake at night. Or maybe your partner has shared a few jokes about your snoring on the couch after dinner.

It is important to know that sleep apnea is much more than keeping your loved one awake at night; it can be dangerous to your health.

Untreated sleep apnea can increase your risk of having high blood pressure and even having a heart attack or stroke. Sleep apnea can also increase the risk of diabetes and the risk for work-related accidents and driving accidents. Although anyone can have sleep apnea, the greater risk factors include:

- Being male
- Smoking
- Being Overweight or obese

If you are tired all the time and your partner complains that you snore like a freight train, you should talk to your health care provider about testing to determine if you suffer from sleep apnea.

Studies show that people with diabetes have a greater risk of depression than people without diabetes.

If you have been feeling really sad, blue, or down in the dumps, check for these symptoms:

- **Loss of pleasure.** You no longer take interest in doing things you used to enjoy.
- **Change in sleep patterns.** You have trouble falling asleep, you wake often during the night, or you want to sleep more than usual, including during the day.
- **Early to rise.** You wake up earlier than usual and cannot to get back to sleep.
- **Change in appetite.** You eat more or less than you used to.
- **Trouble concentrating.** You can't watch a TV program or read an article because other thoughts or feelings get in the way.
- **Loss of energy.** You feel tired all the time.
- **Nervousness.** You feel so anxious you can't sit still.
- **Guilt.** You feel you "never do anything right" and worry that you are a burden to others.
- **Morning sadness.** You feel worse in the morning than you do the rest of the day.
- **Suicidal thoughts.** You feel you want to die or are thinking about ways to hurt yourself.

If you have three or more of these symptoms, or if you have just one or two but have been feeling bad for two weeks or more, it's time to get help. Talk to your doctor about to help you determine if the cause of your depression is the result of a medical condition or lifestyle factors.



Sexual Health

AND THE MODERN MAN

Sex is an important part of life and relationships, but diabetes can affect a man's sex life. It is important to understand that there is not just one reason a man with diabetes might be experiencing sexual health issues.

The Modern Approach— Arm Yourself with Information

- Low testosterone is a condition twice as common in men with type 2 diabetes as in men without diabetes.
- The symptoms of low testosterone can include diminished interest in sex, erectile dysfunction, reduced muscle mass, depressed mood and lack of energy.
- Low testosterone can also cause erectile dysfunction or ED. Some men with diabetes have ED. Low testosterone and ED are two different medical conditions but are often related. ED is when a man can no longer have or keep an erection. Low testosterone can be a source of a much broader range of symptoms listed above.

- Anxiety, stress, and depression that may accompany diabetes can also have an impact on your libido and ability to get or maintain an erection.

When it comes to a man’s sexual health, it’s often simplest to talk about it in terms of having the physical ability to get or keep an erection and having the actual desire to have sex. The good news is conditions like low testosterone, erectile dysfunction and depression are treatable if you are aware of the symptoms and talk to your doctor.

Low Testosterone

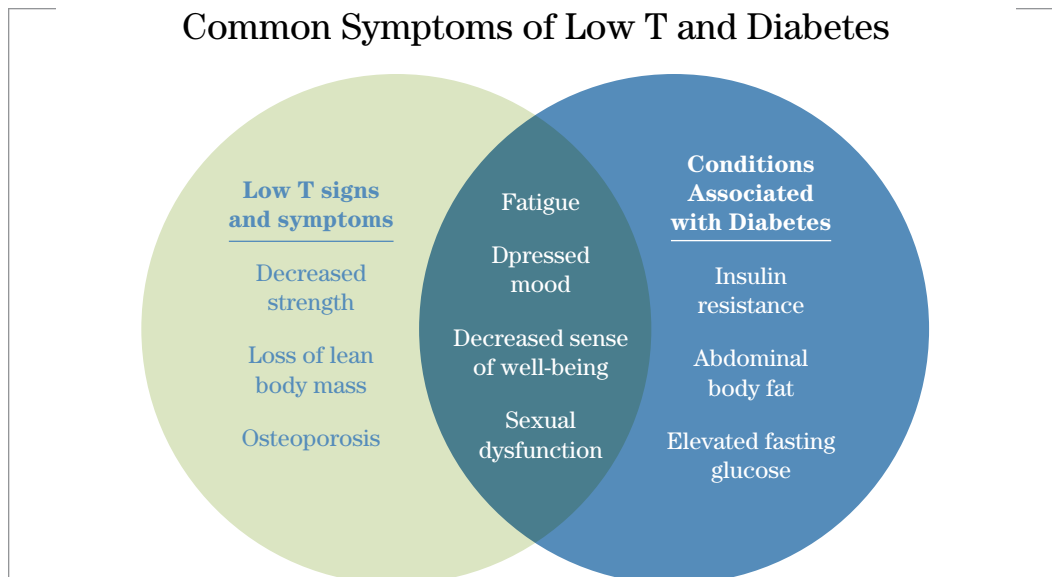
Did you know that over 13 million men suffer from low testosterone and 90% remain untreated?¹⁴ Low testosterone is a common condition that often goes undiagnosed because its symptoms are similar to other conditions. If you have type 2 diabetes, you are twice as likely to suffer from low testosterone as a man without diabetes.

The symptoms of low testosterone can include diminished interest in sex, erectile dysfunction (ED), reduced lean body mass, depressed mood and lack of energy. If you are experiencing diminished interest in sex, ED or multiple symptoms together such as lack of desire to have sex and lack of energy you should talk to your doctor.

Low testosterone can be easily identified and treated. As a starting point, the Androgen Deficiency in the Aging Male (ADAM) questionnaire (next page) may be helpful in assessing your likelihood of having low testosterone.

Your physician can check your testosterone levels with a simple blood test. If you do have low testosterone it can be easily treated by your physician. There are several treatment options available such as gels, patches or injections that increase the amount of testosterone in your body. You can also ask about a referral to visit an endocrinologist or urologist who specializes in treating conditions like low testosterone.¹⁵

Among men with low testosterone levels, 70% reported ED and 63% reported low sex drive.



Identifying Low Testosterone: The ADAM Questionnaire

(Androgen Deficiency in the Aging Male)

If you are experiencing a lack of interest or desire in sexual activity, take the ADAM questionnaire and share it with your doctor. If you answer yes to questions 1 or 7 or any 3 other questions, you may have low testosterone and you should see your doctor.

1. Do you have a decrease in libido (sex drive)?	Yes	No
2. Do you have a lack of energy?	Yes	No
3. Do you have a decrease in strength and/or endurance?	Yes	No
4. Have you lost height?	Yes	No
5. Have you noticed a decreased "enjoyment of life"?	Yes	No
6. Are you sad and/or grumpy?	Yes	No
7. Are your erections less strong?	Yes	No
8. Have you noticed a recent deterioration in your ability to play sports?	Yes	No
9. Are you falling asleep after dinner?	Yes	No
10. Has there been a recent deterioration in your work performance?	Yes	No

The ADAM Questionnaire is used with permission from Morley et al.

Quick Facts on Sexual Health

Men with chronic conditions, such as obesity, diabetes or hypertension, are more likely to have low testosterone compared to other men. The odds of having low testosterone are:¹⁸

- 2.3 times higher for men with obesity
- 2.0 times higher for men with diabetes
- 1.8 times higher for men with hypertension

Erectile Dysfunction

Over half of all men with diabetes over age 50 report problems with ED, and on average men with diabetes develop ED 10 to 15 years earlier than men without it.¹⁷

When you can't obtain an erection to have sex or can't keep an erection long enough to finish having sex, it's called erectile dysfunction. Erectile dysfunction (ED) is frequently a symptom of nerve or vascular damage and/or low testosterone. Over time, blood vessels and nerves in the penis can become damaged.

Lifestyle choices that contribute to heart disease and vascular problems also increase the chances of ED. Smoking, being overweight, and being inactive can contribute to ED. Experts believe that psychological factors such as stress, anxiety, guilt, depression, low self-esteem, and fear of sexual failure cause 10 to 20 percent of ED cases.

An erection begins with sensory or mental stimulation, or both. Impulses from the brain and local nerves cause the muscles in

the penis to relax which enhances blood flow. The brain plays a key role in triggering the series of events in the body that cause an erection, beginning with feeling of sexual excitement. Low testosterone may diminish or inhibit the sensory or mental component of gaining an erection and thus may be the culprit leading to ED.

Simple steps to decrease the likelihood of sexual dysfunction:

- See your doctor for regular checkups and medical screening tests (e.g. blood glucose, cholesterol, BMI and testosterone).
- Limit or avoid the use of alcohol and other similar drugs
- Do not smoke
- Exercise regularly
- Reduce stress
- Get enough sleep
- Deal with anxiety or depression
- If you have diabetes, keep your ABCs in check.

A wide variety of options exist for treating erectile dysfunction, including prescription medications, simple mechanical devices, surgery and psychological counseling.

ED is not a normal part of getting older, and it doesn't happen to all men who have diabetes.

Sexual Health and Emotions

Emotional factors can interfere with sexual feelings and often lead to or worsen sexual dysfunction. These include:

- Depression
- Anxiety
- Stress
- Fatigue
- Poor communication or conflict with your partner

Sexual and emotional issues don't just impact you; they affect your personal relationships and can create challenges of trust, intimacy, and closeness. You may feel distant or withdraw emotionally and physically because you may not feel enjoyment or you may have a fear of failure when it comes to performing sexually. Your partner may wonder if you are losing interest, or if you don't want to spend time with friends or family.

These things may impact your self-esteem and the self-esteem of your partner.

In reality, you may not be losing interest, but may be frustrated, may lack the energy to fulfill family obligations, or may just not have the desire for sexual intimacy. In this situation you can lose your confidence, your enjoyment in life and your morale. Outwardly, you might project a confident image, but inside you may not feel like you measure up. Your productivity at work can also decrease because of lack of self-esteem and confidence.¹⁹

Understanding how your sexual health can be affected by diabetes, stress, cardiovascular issues and low testosterone levels can help you and your health care providers manage this important life issue successfully.²⁰

The following is an example of what you and your partner may be experiencing:

Lois and Bob have been together for 25 years, but lately things have changed. Bob was diagnosed with type 2 diabetes and is experiencing symptoms of low testosterone.

Bob says: *I avoid physical contact with Lois because I don't want her to think I am interested in having sex. I go to bed early or turn the TV on until she falls to sleep. I don't want to have to say 'not tonight' again. I feel inadequate as a man. I never know if I can perform, much less satisfy Lois. There has to be a better way to deal with this.*

Lois says: *I feel rejected and shut out. I feel responsible for his lack of interest in having sex. Maybe I'm not attractive anymore. We never discuss this because it would hurt Bob's feelings. I avoid doing anything romantic because I don't want to add to the problem. Should I lose weight or dye my hair? I just don't know what to do.*

What Bob and Lois are experiencing is common, and when there is no direct communication and fear of hurting each other, it may be difficult to discuss these issues. The following are some suggestions for dealing with sexual barriers more effectively:

- Realize this is a health issue, not an attack on your masculinity.
- Make an appointment with your doctor for a complete physical, including appropriate tests for sexual health conditions.

- Share your feelings with your partner without holding back; agree to work through this situation as a team.
- Openly and honestly share your challenges and concerns with your physician.

While it isn't always as simple as you might think to know the reason behind why you might be experiencing sexual issues, there are simple steps that you can take to find a solution.

Talk with your doctor at your next visit if you think that you may be experiencing erectile dysfunction, depression or anxiety.





THE CORNERSTONES OF GOOD HEALTH: Nutrition and Physical Activity

A healthy diet and regular physical activity are the cornerstones for the Modern Man taking charge of his diabetes. Although diet is a four letter word, it doesn't have to be complicated. In the past, diets for people with diabetes were very restrictive. Things are different now—more modern. People with diabetes need to watch what they eat and try to make healthy choices, but can include their favorite foods with planning in

the meals they eat. There isn't a one-size fits all "diabetes diet." Everything is individualized so you have more flexibility in planning your meals.

*Want a hot pastrami sandwich?
Ask the waiter at your favorite diner to
swap out the beef with turkey pastrami
and asked for baked chips
instead of fried.*

Tips for Healthy Eating

What you eat and drink and what you don't eat and drink makes a difference in your health. Eating five or more servings of fruits and vegetables a day and less saturated fat can help improve your health and may reduce risk of cancer and other chronic diseases. Maintain a balanced diet and watch how much you eat.²¹

Find a local store or deli with healthy food choices on the way to work where you can stop to pick up breakfast if you skipped it at home or forgot your lunch. If you have a plan ahead of time, you are more likely to make a healthy choice.

Be prepared with healthy snacks to fight off the urge to grab fast food or, even worse, a snack from the vending machine. Stash healthy foods like cans of tuna, mini carrots, string cheese, nuts and fruit at your office.

Did you know that 3,500 excess calories adds one pound of body fat? If you eat a typical fast food lunch (two double cheeseburgers, large fries, a cookie and a soda) you will have consumed over 1,800 calories or ½ a pound—at just one meal! You can have a meal that is just as satisfying (one grilled chicken sandwich, an apple, a diet drink and a small ice cream cone) for only 600 calories.

A Good Breakfast is a Good Start

When you wake up in the morning, your body has been fasting, or going without food, during the hours you were asleep. Eating breakfast means you “break-the-fast” and give your body and brain the energy they need to function. Starting the day with more energy means you’ll feel better throughout the day.

By eating breakfast, you will feel more satisfied and be less likely to overeat later in the day. If you are trying to lose weight, don’t try to cut calories the old fashioned way by skipping breakfast.



Studies have shown that most people who have lost weight and kept it off eat breakfast every day.

Studies have also shown that adults who eat a healthy breakfast are more efficient during their workday than those who do not. People who don’t have breakfast get sleepy, have a harder time paying attention, and tend to eat more junk food later in the day.²²

Want to make the most of eating right at the office?

Give it the 1-2 punch—the right food with some light exercise:

- Set your alarm 10 minutes early and start the day off right with jumping jacks or by stretching or walking the dog around the block—a great start to the day for you and your best friend.
- Each day, when on the computer, take 15-20 minutes and exercise while you are stuck to the screen. Try doing squats, leg lifts or even arm curls while you are reading emails or on marathon conference calls.

What Does “Healthy Eating“ Really Mean?

Healthful eating means:

- Eating a variety of foods. Include vegetables, fruit, whole grain, non-fat dairy foods and lean meats or meat substitutes.
- Trying not to eat too much food or too much of one type of food.
- Spacing your meals evenly throughout the day. Try to avoid skipping meals.

Making Healthy Changes That Last

Brenda and Ed are a two-career family and have challenging schedules. Ed just turned 50 and his knees and ankles are giving him a lot of trouble especially with the extra weight he is carrying around. Ed rarely eats breakfast and, with his construction job, has been eating fast food for lunch everyday. Additionally, because he is so hungry by lunchtime, his order is often super sized! In the evening Brenda and Ed order out routinely—it is just easier and they don't have time to cook. Ed was recently working on a ladder when his knee gave out and he fell several feet. Fortunately, he only had minor injuries but he realized that he has to do something to get some weight off.

Ed made the commitment to start each day with a bowl of low sugar, whole grain cereal with low-fat milk. Brenda began packing a healthy snack and lunch for Ed (with food like turkey sandwiches, fruit, and baked chips) the night before so he wouldn't be at the mercy of the drive-through. The couple also agreed to limit ordering out for dinner. Instead, they would plan a menu on the weekend and pick up the things they needed to prepare quick, healthy meals. Salad and fat-free dressing became a staple and pre-cooked grilled chicken could be

easily added. Ground turkey replaced hamburger ... and Ed even thought it tasted better! They started buying 2% milk instead of whole milk and multi-grain bread was added to the household. They put a bowl of fresh fruit was put on the table for snacking and fat-free pudding in the refrigerator for a satisfying dessert. Ed lost 3 lbs the first week and continues to shed the weight a little at a time. He feels better, and Brenda feels better that she does not have to nag Ed to eat better.



The American Diabetes Association has great resources to help you eat right and take care of your diabetes. For more information, go to diabetes.org/myfoodadvisor

Exercise and Fitness

There are two basic type of exercise that can help you be more physically fit.

They are:

- **Aerobic** – Brisk walking, running, hiking, bike riding, swimming, skiing, basketball, etc. These types of activities and others increase heart rate and breathing and keep them elevated for an extended period of time, usually over 20 minutes.

***Tip:** Try walking around the office to talk to people you work with, instead of sending an e-mail. You will become more visible to your co-workers and get a quick answer with some quick exercise too!*

- **Anaerobic** – Weight lifting and sprints or other activities that help to build muscle. This type of activity involves short periods of intense exercise followed by periods of rest.

***Tip:** Try sprinting from your couch to your backyard 2-3 times during commercials while you are watching your favorite 30 minute TV show. Challenge your kids to see who can do it the most. You will get some exercise, have fun and prevent a run to the refrigerator!*

More than 50 percent of American men and women do not get enough physical activity to provide health benefits. Focusing on physical activity may be new for both you and your family. Start by explaining your interest in physical activity to friends and

family. Ask them to support your efforts and invite your friends and family to exercise with you. Try to plan social activities that revolve around being active, not food. Start any exercise program slowly and try to reach a goal of getting 30 minutes of exercise on most days. This may seem like a lot at one time, but you can break it up throughout the day. The key is to get your heart rate up and try to maintain it for 15 to 20 minutes.

It doesn't take a lot of time or money, but it does take commitment. Find fun ways to stay in shape and feel good, such as cutting the grass, swimming, walking, or jogging.²³

- Skip that mid-morning coffee and **go for a walk around the office or outside** to the parking lot.
- **Park your car a greater distance** from the entrance to work or the kids' soccer field.
- **Carry your own groceries** from the store.
- **Take the stairs** whenever possible.
- **Get some fresh air!** Before your favorite TV show begins, go outside with a friend or family member and take a 10-minute walk around the block.
- **Do some sit-ups, pushups, squats or jumping jacks while watching TV.**
- During halftime of a basketball game, **challenge your kids or buddies to a one-on-one game** of soccer, basketball or another favorite.



BECOMING The Modern Man!

Remember: Health is not merely the absence of disease; it's a lifestyle. Whether it's getting enough sleep, relaxing after a stressful day, or enjoying a hobby, it's important to take time to be good to yourself.

Take steps to balance work, home, and play. Pay attention to your health, and make healthy living a part of your life. Start off small and choose one day a week where you break out of your normal routine—what would a Modern Man do?

Your Old Routine

7:30am Get up, grab a quick shower and head out the door. As usual, you have a busy day and you need to get moving.

12:30pm Grab lunch at the local Chinese buffet.

7:00pm Sit down on the sofa with a bag of chips to watch the game.

The Modern Routine

7:00am Get up a little early, you do a few sets of push ups and sit ups before you get in the shower, and you take the time for a healthy breakfast. You know how much better you feel during the day, so getting up a little early is worth it.

12:30pm Meet your partner for lunch at a local restaurant that has healthy and quick lunch options. You get a great meal and some nice time to talk.

7:00pm Put the game on your radio headphones and listen while you go for a walk. You like getting the exercise, and, because the game is so good, you walk an hour before you know it.

Modern Men with diabetes face physical, sexual and emotional health challenges. Today, it is critical that a man understands how to manage diabetes and co-morbidities that put him at increased risk for the conditions discussed in this booklet. The consequences of not being informed are serious, and can impact your health and overall quality of life. Always remember that the Modern Man seeks the most

current information about his health and knows that small, simple steps can have a big impact on his ability to manage his own health. It doesn't have to be difficult to take advantage of the tools available to help improve your health. Remember to: get active, get informed, and talk with your health care team if you have any questions about your diabetes and you'll be one step closer to being a Modern Man



Resources

FOR THE MODERN MAN WITH DIABETES

Decide to Live Better

The American Diabetes Association is Here to Help You.

The American Diabetes Association (ADA) is the nation's leading nonprofit health organization providing diabetes research, information, and advocacy. The mission of the Association is to prevent and cure

diabetes and to improve the lives of all people affected by diabetes. To fulfill this mission, the ADA funds research, publishes scientific findings, and provides information and other services to people with diabetes, their families, health professionals and the public. The Association is also actively involved in advocating for scientific research and for the rights of people with diabetes.

Resources available to you include:

1-800-DIABETES

ADA representatives at the National Call Center (1-800-DIABETES or 1-800-342-2383) are your personal guides to information on diabetes as well as ADA programs and events.

Diabetes.org

Our web site, www.diabetes.org, is the largest interactive diabetes site on the internet. For more information on diabetes and nutrition, go to diabetes.org/nutrition.

Decide To Fight Diabetes

The “I Decide To Fight DiabetesSM” campaign from the American Diabetes Association seeks to inspire people to live healthier lives and make better choices when it comes to preventing and managing the disease. The campaign is also designed to empower Americans to become a voice for the cause and get more involved in activities to support ADA’s mission.

Diabetes PHD

Diabetes PHD (Personal Health Decisions) is a powerful new risk assessment tool. It can be used to explore the effects of a wide variety of health care interventions, including losing weight, stopping smoking, and taking certain medications. In order to provide the most accurate health information to you, Diabetes PHD will ask you to create a personal health record. You will be asked to enter as much information as you can about your health history: height, weight, cholesterol levels, blood pressure readings, last dilated eye exam, current medications, A1C, etc. In a short time, Diabetes PHD will determine a personalized Results Overview for you, showing your current risk for diabetes (if you don’t have it), heart attack, stroke, kidney failure, as well as foot and eye

complications. By changing certain variables in your profile, like stopping smoking, losing weight, taking medications, getting a regular foot exam etc., you will be able to see how making these changes would affect your future health.

My Food Advisor

MyFoodAdvisor™ is a unique nutrition tool that can help with diabetes management and nutrition. Tracking what you eat can help manage your diabetes and in turn prevent the onset of complications. Learn about different types of food and make meal planning fun and easy with MyFoodAdvisor. Features include:

- Explore 5000 different foods.
- Search database by setting your own criteria for carbohydrates and 4 other nutrients.
- Search for healthier alternatives.
- Easily add up the carbs, fat and 20 other nutrients you eat in a day.
- Browse recipes or search by criteria that you select.
- Save meals & recipes to your personal recipe box.

Visit My Food Advisor at:

diabetes.org/myfoodadvisor

IsItLowT.com

IsItLowT.com is a comprehensive Web site that provides easy-to-understand information on low testosterone, including the signs and symptoms of the condition, how it is diagnosed and treatment options available for men. The “Low T Quiz” featured on the Web site provides an online assessment of symptoms associated with low testosterone. Spouses who suspect their male partner is suffering from low testosterone will also benefit from learning how they can talk about the condition.

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Live Well

 **American Diabetes Association®**
Cure • Care • Commitment®

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