Living with Diabetes

STRATEGIES FOR A HEALTHY LIFE

VNA of Middlesex-East & Visiting Nurse Hospice

living with diabetes

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What is Diabetes?

Diabetes is the short name for diabetes mellitus, a condition that results when the body does not utilize insulin properly and subsequently the levels of blood sugar, called glucose, get too high. The cause of diabetes continues to be a mystery, although both genetics and environmental factors such as obesity and lack of exercise appear to play roles.

How does it feel?

Here are some common symptoms of diabetes. You may have several of these symptoms or only one. The frequency of the symptoms may vary. **Your nurse will instruct you and your family on how to control each symptom at home.** This will enable you to maintain control of your symptoms and prevent hospitalizations.

- Weakness or tiredness
- Excessive thirst
- Extreme hunger
- Increased urination
- Blurry vision
- Weight loss
- Irritability

How is it treated?

Nutrition: Eating well is an important part of diabetes care. If you are overweight, losing just 10 pounds can make a big difference in diabetes control.

Physical Activity: Regular exercise is a big benefit to diabetes, weight control and heart health. Be active every day you can.

Medicine: There are many different kinds of diabetes medicines. You may be on one, or a combination.

What are the potential complications of diabetes?

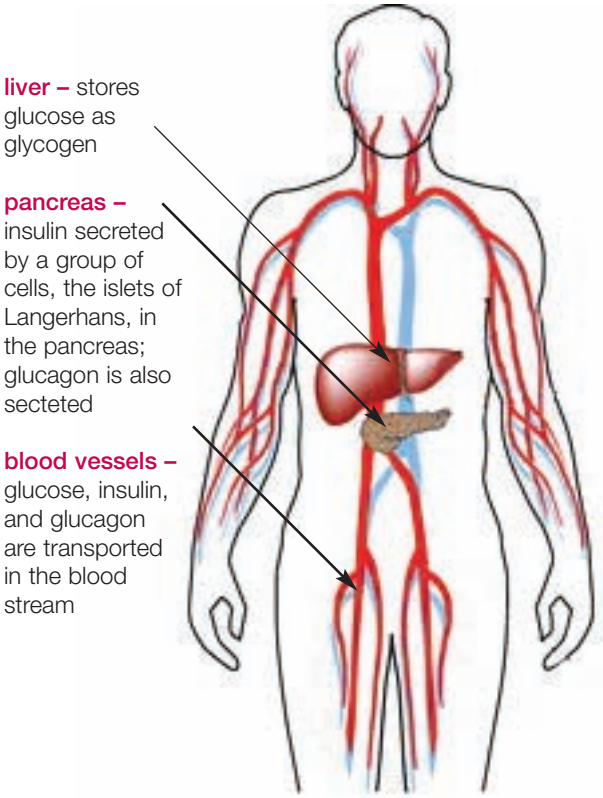
- Cardiac/circulation problems
- Eye complications
- Poor healing
- Foot complications
- Nerve damage

Diabetes care is a lifelong responsibility. Seeing your doctor and dentist for regular exams, having your eyes checked and maintaining healthy lifestyle habits help minimize complications.

What are the types of diabetes?

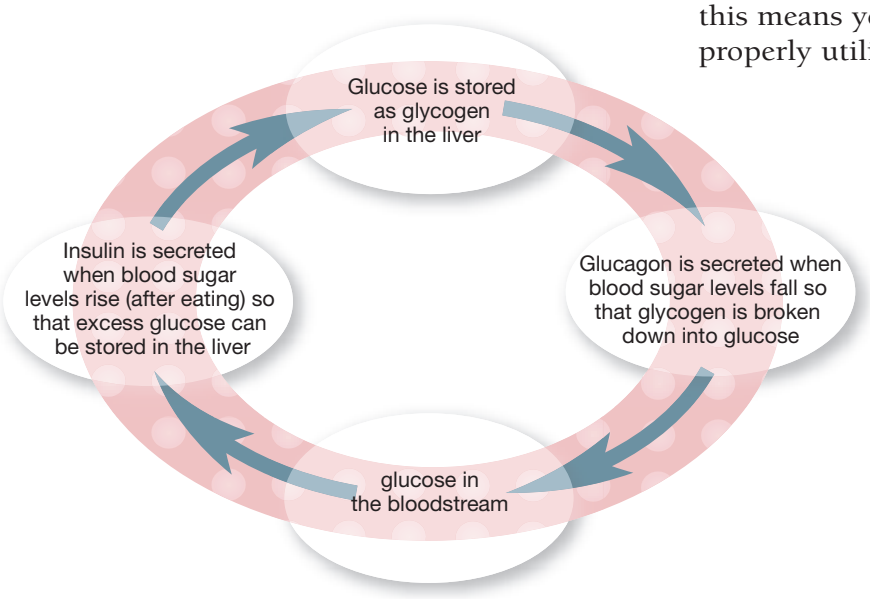
Type I Diabetes. Also called insulin-dependent diabetes mellitus (IDDM), a form of diabetes in which the body does not make insulin. To treat this disease, the person must inject insulin and follow a controlled plan of eating, exercise, and glucose monitoring. This condition usually occurs in children or adults under the age of 30.

Type II Diabetes. Also called non-insulin dependent diabetes mellitus (NIDDM), a form of diabetes in which the body usually continues to make some insulin. People who have this form of diabetes may be able to control their blood glucose by losing weight, following a controlled meal plan, and exercise. They may need insulin or other medicine. This form of diabetes usually occurs in people over 40 who are overweight



Insulin & Food Interaction

- When we eat, insulin is released into the blood stream.
- Secreted by special cells in the pancreas, insulin encourages our muscles to gobble up the glucose (other name is sugar) surging through our blood stream.
- It is then used for energy.
- The insulin released will then lower your blood glucose.
- If your blood glucose level stays elevated, it is a sign that you have more sugar than you need right now.
- Insulin then takes the excess glucose and stores it.
- Glucose not burned by your body will be stored as an energy reserve. The body guards against starvation by this storage process.
- When these storage reserves are full, glucose will then get stored as fat.
- The cycle will work if less glucose is consumed; less insulin will be released and therefore fat storage decreases.
- The cycle becomes out of control if excess glucose is consumed and the insulin can not gobble up the excess.
- Glucose is then stored as fat and your body may become “insulin resistant”; this means your body is unable to properly utilize insulin.



Blood Glucose Testing

Testing your blood glucose is an important part of controlling your diabetes. Do-it-yourself tests are performed using a blood glucose meter that gives immediate results. It will be necessary to 'stick' yourself to obtain blood for the test. Scientists are currently studying ways to get a blood sample without a skin puncture. Until that time, the nurse will show you how to work with your blood glucose meter.

When to test	Blood glucose goals
Before meals	80 to 120 mg/dl
Before bedtime	100 to 120 mg/dl

Remember that these are just general guidelines. Your blood glucose goals may need to be different. You should work with your doctor to develop the goals that are best for you.

Recording test results

Use the record of your finger-stick readings to decide how to manage your diabetes day-to-day. If your test numbers are too high or low, talk with your health care provider about ways to improve your blood glucose numbers.

In addition to recording all of your readings, you should record all of the factors that are likely to affect your blood glucose, such as:

- If you feel sick, tired or stressed
- If you exercise, what type and for how long
- If you eat more or less than you usually do

Choosing a blood-glucose monitor

Choosing a blood-glucose monitor is a very personal decision. You will want to check with your diabetic nurse educator to see what you should look for in a meter. Some monitors are easier to use than others and over the last few years there have been many improvements. We will be happy to work with you in choosing one right for you.

Hyperglycemia and Hypoglycemia ...KNOW THE DIFFERENCE

It is important that people with diabetes know the difference between hyperglycemia, (high blood sugar) and hypoglycemia (low blood sugar) and what to do about the conditions.

(Rapid Onset)

LOW BLOOD SUGAR HYPOGLYCEMIA

WATCH FOR:

- Excessive sweating, faintness
- Headache
- Pounding of heart, trembling, impaired vision
- Hunger
- Not able to awaken
- Irritability
- Personality change

WHAT TO DO:

- Take B-D Glucose Tablets, or food containing sugar (orange juice, sugar-sweetened soft drink)
- Do not give insulin
- Do not give anything by mouth if patient is not conscious
- Call Doctor

CAUSES:

- Too much insulin
- Not eating enough food
- Unusual amount of exercise
- Delayed meal

(Slow Onset)

HIGH BLOOD SUGAR HYPERGLYCEMIA

WATCH FOR:

- Increased thirst and urination
- Large amounts of sugar in the blood or urine
- Ketones in urine
- Weakness, abdominal pains, generalized aches
- Heavy, labored breathing
- Loss of appetite, nausea and vomiting

WHAT TO DO:

- Call doctor immediately
- Give patient fluids without sugar if able to swallow
- Test blood or urine frequently for sugar
- Test urine for ketones

CAUSES:

- Too little insulin
- Failure to follow diet
- Infection, fever
- Emotional stress

About Insulin

Inside the pancreas, beta cells make the hormone insulin. With each meal, beta cells release insulin to help the body use or store the blood glucose it gets from food. With type 1 diabetes, the pancreas no longer makes insulin. The beta cells have been destroyed and they need insulin shots to use glucose for meals. People with type 2 diabetes need oral medication that stimulates the pancreas to release insulin or insulin shots to help their bodies use glucose for energy. Insulin cannot be taken as a pill.

How to Injection Insulin

Step 1: Wash hands thoroughly before injecting insulin.

Step 2: Read the label on the insulin bottle carefully to make sure you are using the right bottle of insulin.

Step 3: Look at the liquid in the bottle carefully to see if it is:

- Clear if it is a rapid-acting, short-acting, or long-acting insulin (such as insulin glargine)
- Uniformly cloudy, without clumps, if it is any other type of insulin (such as NPH).

Step 4: If you are using insulin that is supposed to be cloudy, gently roll the bottle between your hands to make sure that it is well mixed. Do not shake the bottle.

Step 5: Use an alcohol swab to clean the top of the insulin bottle.

Step 6: Take the protective cap off the needle. Once the protective cap is removed, do not let the needle touch any other surface. (This is to make sure the needle stays clean.)

Step 7: Fill the syringe with the same amount of air as your insulin dose. Do this by pulling the plunger back until it reaches the appropriate mark on the syringe.

Step 8: Push the needle straight down through the rubber top of the insulin bottle and press down on the plunger to inject the air into the bottle.

Step 9: With the needle inside the insulin bottle, hold the insulin bottle higher than the needle, making sure that the insulin covers the needle.

Step 10: Hold the syringe at eye level so you can see the markings on the barrel clearly. Then pull back on the plunger until the insulin in the syringe reaches the correct dose.

Step 11: Check to see if there are any air bubbles in the syringe. If there are, tap against the barrel of the syringe to move the air bubbles toward the needle. Then gently press on the plunger to inject the air back into the insulin bottle. Check the dose in the syringe to see if you need to pull back on the plunger again to draw more insulin into the syringe.

Step 12: Swab an area of skin on your stomach (below your navel), upper arm, upper buttock, or thigh, as directed by your doctor, nurse, or diabetes educator.

Step 13: Pinch a small fold of skin in the cleaned area. Hold the syringe toward the end with the plunger, and insert the needle at a 90-degree angle into the center of this area.

Step 14: Inject the insulin by pressing on the plunger. Leave the needle in place for 5 seconds after the plunger is completely depressed to make sure that all the insulin has been injected.

Step 15: Only use each syringe and needle once. Dispose of used syringes and needles according to the regulations where you live (call your town government office to ask).

About Other Diabetes Medications

Treatment for type 2 diabetes is often meal planning for blood glucose (sugar) control, weight loss, and exercising. Sometimes these measures are not enough to bring blood glucose levels down near the normal range. The next step is taking a medicine that lowers blood glucose levels.

How Medications Work

People with type 2 diabetes tend to have two problems: they don't make quite enough insulin and the cells of their bodies don't seem to take in glucose as eagerly as needed. They often need oral medications to stimulate the pancreas to release insulin.

Types of Oral Medications

Different medications work in different ways to keep blood glucose on track. Some people take one kind of pill. Others take two kinds of pills or a combination pill because the drugs work even better together. Others take pills and insulin. When you get your pills, ask the pharmacist what your pills do and if they have side effects. The following are types of diabetes medications:

- **Sulfonylureas** (Helps your body make more insulin.)
- **Biguanides** (Lowers the amount of stored sugar that's released from your liver into your body.)
- **Thiazolidinediones** (Lowers your insulin resistance and help insulin work better.)
- **Meglitinides** (Helps your body release a quick burst of insulin when you eat a meal or snack.)
- **Alpha-glucosidase inhibitors** (Slows down the rate at which carbs get into your blood after you eat.)

Diabetic Nutrition

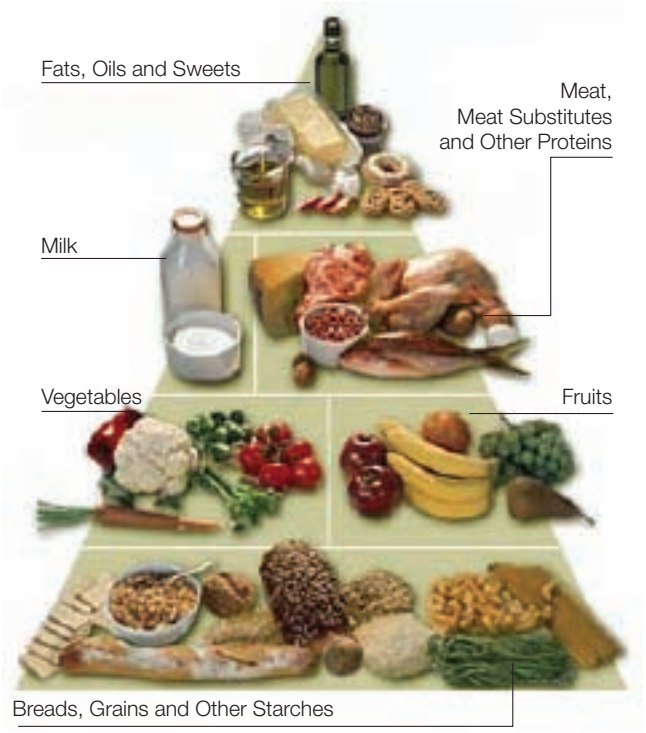
It is important to follow a healthy diet if you have diabetes. Knowing what to eat, however, can be confusing. Everywhere, there is news about what is or isn't good for you. We have outlined some basic principles that have weathered the fad diets, and stood the test of time. Here are guidelines on making healthful food choices for you and your entire family.

- Eat lots of vegetables and fruits. Try picking from the rainbow of colors available to maximize variety. Eat non-starchy vegetables such as spinach, carrots, broccoli or green beans with meals.
- Choose whole grain foods over processed grain products. Try brown rice with your stir fry or whole wheat spaghetti with your favorite pasta sauce.
- Include dried beans (like kidney or pinto beans and lentils) into your meals.
- Include fish in your meals 2 to 3 times a week.
- Choose lean meats like cuts of beef and pork that end in "loin" such as pork loin and sirloin. Remove the skin from chicken and turkey.
- Choose non-fat dairy such as skim milk, non-fat yogurt and non-fat cheese.
- Choose water and calorie-free "diet" drinks instead of regular soda, fruit punch, sweet tea and other sugar-sweetened drinks.
- Choose liquid oils for cooking instead of solid fats that can be high in saturated and trans fats. Remember that fats are high in calories. If you're trying to lose weight, watch your portion sizes of added fats.
- Cut back on high calorie snack foods and desserts like chips, cookies, cakes, and full-fat ice cream.
- Eating too much of even healthful foods can lead to weight gain. Watch your portion sizes.

Food Pyramid

The Diabetes Food Pyramid makes it easier to remember what to eat. For a healthy meal plan that is based on your individual needs, you should work with a registered dietitian (RD) with expertise in diabetes management.

Your nutritionist or physician will help you decide what is the right amount of carbohydrates you should eat a day. Remember, carbs turn into sugar!



Snack Ideas

The amount of carbohydrate you eat can make a big difference in your blood sugar. This list, when used with our meal guidelines adds variety to your snacks as well as provide you with needed carbohydrates. If weight control is a concern, choose snacks that are lower in fat and calories. If you are not sure of the amount of carbohydrates in a food, you can check the Nutrition Facts Section on the package.

Extra Light Snacks

Approximately 10 grams of carbohydrate per serving

- Animal crackers (3)* and milk (3 oz)+
- Applesauce, unsweetened (1/3 cup or 4-oz snack cup)*
- Cheese Nips (13)
- Fruit Roll-Ups (1)*
- Goldfish crackers (28)
- LifesSavers Flavor Pops, frozen (1)*
- Mini waffles (Eggo) (2) with light syrup (1 tsp)*
- Popcorn (2 cups)
- Saltines (5)
- Yogurt on a Stick, frozen (1)

Light Snacks

15-20 grams of carbohydrate per serving

- Banana (1/2 large)
- Cheerios (2/3 cup) and milk (4 oz)
- Chocolate snaps (3)*
- Combos (1 oz)
- Fruit cocktail, canned (water packed) (3/4 cup)*
- Grapes (15 small)*
- Kix cereal (1 cup)
- Nilla wafer (3)*
- Orange (1)*
- Peaches, canned (water packed) (1 cup)
- Quick Sugar-Free Drink (1 heaping tsp)* with milk (8 oz)+
- Spring vegetable soup (Lipton Cup-a-Soup) (1 packet) and Wheat Thins (8)

Medium Snacks

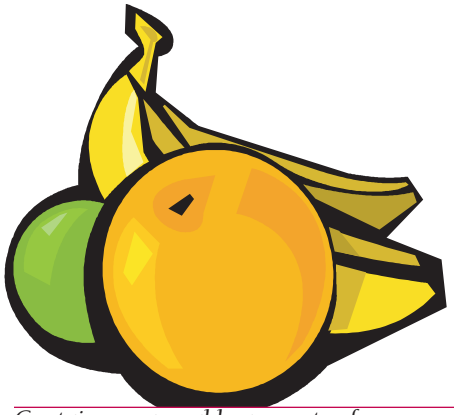
25 grams of carbohydrate per serving

- Grilled cheese (1 slice)+ on English muffin (1/2) and milk (6 oz)+
- Pear (1)* and vanilla yogurt (1/3 cup)*+
- Celeste frozen cheese pizza (1/2 of 6 1/2 oz pie)+
- Pizza, parlor-bought, thin curst (1 slice)+

Medium-Plus Snacks

Approximately 35 grams of carbohydrate per serving

- English muffin pizza (1) (1 muffin, 1 oz mozzarella, 4 tbsp tomato sauce)
- Graham crackers (4)*, peanut butter (1tbsp)+, and milk (8 oz)+
- Macaroni and cheese (Kraft) 3/4 cup, cooked)+
- Popcorn (2 cups), orange (1), cheese (Laughing Cow) (1 wedge)+, and raisins (1/2 oz)*
- RyKrisp crackers (3 triple crackers), apple (1/2)*, and milk (8 oz)+
- Strawberries, whole (1 cup)* and vanilla yogurt (1/2 cup)*+
- String cheese (1 oz)+, saltines (9), and Gatorade (8 oz)*+



* *Contains measurable amounts of sucrose or other simple sugars.*

\+ *Contains measurable amounts of protein.*

Carbohydrate Choices

Each item below is one carbohydrate choice (15 grams of carbohydrate)

Grains, beans and starchy vegetables

- 1 small biscuit
- 1 slice bread
- 1/2 small bagel or English muffin
- 1/2 hamburger or hot dog bun
- (1) 6-inch tortilla or (2) 6 inch taco shells
- 1/2 cup cooked cereal
- 3/4 cup dry cereal
- 1/2 cup spaghetti, macaroni, or other pasta
- 1/3 cup cooked beans or peas
- 1/2 cup pinto or kidney beans
- 1/2 cup corn
- 1/2 cup lima beans
- 1 small potato
- 1/2 cup sweet potato
- 1 cup winter squash
- 3 cups popped popcorn

Fruits

- 1 small fresh fruit
- 1/2 cup canned fruit in natural, unsweetened juice
- 1/4 cup raisins, prunes, other dried fruit
- 1/2 cup fruit juice

Milk

- 1 cup milk
- 1 cup plain yogurt
- 1/3 cup fruit-flavored, low-fat yogurt

Other Carbohydrates

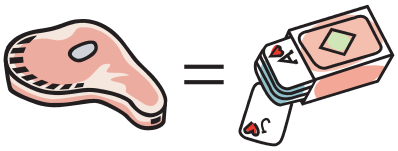
- 1/3 cup low-fat yogurt with fruit
- 1/2 2-ounce Snickers Bar
- 1/2 Pop-Tart
- 1 inch square frosted chocolate cake or 2 inch unfrosted cake
- 2 Oreo cookies
- 3/4 cake donut
- 3 small ginger snaps
- 5 small vanilla wafers
- 1/2 cup ice cream
- 1/18 fruit pie with 2 crusts
- 1/16 of custard pie
- 1/4 cup pudding
- 1 tablespoon sugar, honey, maple syrup, corn syrup, jam or jelly
- 1/2 granola bar
- 1/2 cup spaghetti sauce
- 1/4 cup fat-free salad dressing
- 1/3 sweet roll
- 15 potato chips (or 3/4 oz)
- 3/4 oz pretzels
- 1/2 cup chocolate milk
- 5 jelly beans
- 1/2 of 1 1/2 oz Hershey's Milk Chocolate bar
- 2 inch square brownie
- 1/2 small cupcake, frosted
- 1 1/2 fig bars

Vegetables

- 3 cups raw vegetables, such as salad greens
- 1 1/2 cups cooked vegetables (spinach, broccoli, carrots, lettuce)
- 1 1/2 cups tomato juice or vegetable juice

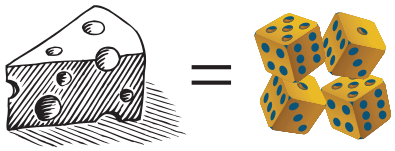
Seven Ways to Size Up Your Portions

1. Three ounces of meat is about the size and thickness of a deck of playing cards or an audiotape cassette.

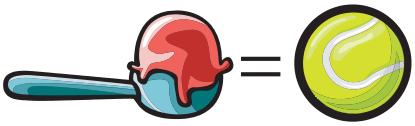


2. A medium apple or peach is about the size of a tennis ball.

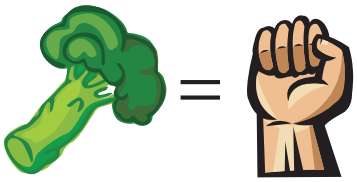
3. 1 ounce of cheese is about the size of 4 stacked dice.



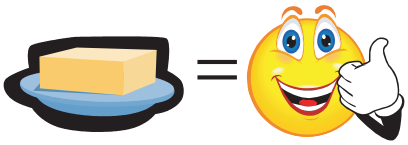
4. 1/2 cup of ice cream is about the size of a racquetball or tennis ball.



5. 1 cup of broccoli or mashed potatoes is about the size of your fist.



6. 1 teaspoon of butter or peanut butter is about the size of the tip of your thumb.



7. 1 ounce of nuts or small candies equals one handful.

Exercise – It's Important

Exercise, in combination with a healthy diet, is one of the best things you can do if you have diabetes.

- Exercise burns calories, which helps you lose weight or maintain a healthy weight.
- Regular exercise helps your body respond to insulin and is effective in managing blood glucose.
- Exercise improves your circulation, especially in your arms and legs where diabetics can have problems.
- Exercise helps reduce cholesterol, high blood pressure and heart disease.
- Exercise helps reduce stress, which can raise your glucose level.

If you are out of shape or have recently been diagnosed as having diabetes, talk to your doctor before you begin an exercise program. Your doctor can tell you how well your diabetes is controlled and any complications or other conditions you may have. Here are some tips for starting:

- If you're planning to walk or jog, be sure your shoes fit well and are designed for the activity you have in mind. Remember, always wear socks.
- Start slowly with a low-impact exercise such as walking, swimming or biking.
- Start with five minutes and build up the time you spend exercising.
- Wear an ID tag indicating that you have diabetes to insure proper treatment in case there's a problem when you're exercising or you have an injury.
- Avoid lifting very heavy weights as a precaution against sudden high blood pressure.
- If you have foot problems, consider swimming or biking, which is easier on the feet than jogging.

How often should you exercise?

It is generally recommended to exercise at the same time every day for the same duration. Exercise at least three times a week for about 30 to 45 minutes. However, be sure to talk to your doctor about an exercise program that is right for you.

Getting Started

These steps will help you get ready for a routine that's safe and enjoyable.

- Talk to your health care team about which activities will be safe for you. Your health care provider's advice will depend on the condition of your heart, blood vessels, eyes, kidneys, feet and nervous system. They may recommend that you have an exercise stress test to see how your heart reacts to exercise. If the tests show signs of disease, ask what physical activities will help you without making your conditions worse.
- Think about what activities are realistic for you and choose the ones you think you can do. Start slowly. Your activity should be somewhat challenging but not overly difficult. Write down exactly what you'll do, where and when you'd do it, how often, and for how long. Be flexible and don't get discouraged. For example, if it's raining, you may not want to walk outside so you can choose a different activity. It's more important to reach your long-term goal than to follow the plan from day to day.
- Everyone's blood glucose response to exercise is different. Checking your blood glucose before and after exercise can show you the benefits of activity.

- If your blood glucose is high before you exercise (above 300), physical activity can make it go even higher, so be cautious about doing something active. For those with type 1 diabetes, if your fasting glucose level is above 250 and you have ketones in your urine, it's best to avoid physical activity.
- Keep in mind that low blood glucose can occur during or long after physical activity. Low blood glucose is most likely if you:
  - Take insulin or diabetes pill
  - Skip a meal
  - Exercise a long time
  - Exercise strenuously
- If low blood glucose is interfering with your exercise routine, eating a snack before you exercise or adjusting your medication may help. During activity, check your blood glucose if you notice symptoms such as hunger, nervousness, shakiness, or searing. If your blood glucose is 70 or below, have 2 to 5 glucose tablets, 1/2 cup of fruit juice, or 1/2 cup of a regular soft drink to raise you blood glucose. After 15 minutes, check your blood glucose again. If it's still below 70, have another serving and repeat these steps until your blood glucose is at least 70.
- Plan to have water and snacks handy during activity. Drink plenty of water before, during and after activity. If you are at risk for low blood glucose, always carry a source of carbohydrate too so you'll be ready to treat low blood glucose.
- Wear a medical identification bracelet, necklace, or a medical ID tag to protect yourself in case of emergency.
- Decide how you'll keep track of your progress. You may find it motivating to write down what physical activity you've done each day. For example, you can make a note of what you did and how long you did it. Some people enjoy using a step counter, also called a pedometer, to see how far they've walked.

Remember!

- Talk to your physician/healthcare team before you begin an exercise program.
- Walking is a great exercise. Gradually increase so you are active 4 - 6 days a week, 30 minutes a day.
- Short sessions count too! Aim for several 10-minute activity sessions.
- Write down a specific plan.
- Talk about the risk of increasing activity with your healthcare provider.
- **Make it fun!**

Lifestyle Tips

The following are recommendations that will keep you on a healthy track.

Take Special Care of Your Feet

Diabetes can cause the loss of feeling in your feet which then makes it hard for you to tell if you have a blister or sore. If little sores aren't taken care of, they can get worse and cause serious problems.

- Inspect your feet daily for color changes, temperature changes, swelling, cuts, cracks, redness, blisters, or other signs of trauma; report changes to your nurse or doctor immediately. Use a mirror to inspect the bottom of your feet.
- Wear well-fitting shoes and clean stockings when walking; never walk barefoot.
- Inspect shoes before putting them on for foreign objects, nail points, or wrinkles.
- Make sure there is enough room in your shoes to allow the toes to wiggle easily.
- Don't wear anything too tight around the legs - pantyhose, panty girdles, thigh-highs, knee-highs and men's dress socks can constrict circulation to your legs if the elastic is too tight.
- Break in new shoes gradually.
- Bathe feet daily and dry them well, paying special attention to the area between the toes.
- Immediately after bathing, when toenails are soft, cut (or have someone else cut) nails straight across; then smooth cut nails with an emery board.
- When feet are dry, apply bland cream or petroleum jelly to heels and feet (but not toes).
- Do not self-treat calluses, corns, or ingrown toenails; consult a podiatrist.
- Bath water should be 84-90 degrees and should be tested with a bath thermometer or elbow before immersing the feet.
- Do not use heating pads or hot-water bottles.
- If you jog, wear proper shoes.
- Do not walk or jog in the dark.
- You can increase circulation to your lower extremities by:
  - Not smoking
  - Not crossing legs when sitting
  - Protecting extremities when exposed to cold
  - Not immersing feet in cold water
  - Using socks or stockings that do not apply pressure to the legs at specific sites
  - Starting an exercise routine

If You Are Sick

Take your insulin or pills

When you are ill, your body's needs for insulin remains the same or increases because:

- The cells of the body are more active and need more sugar.
- Illness is a stress and stress increases blood sugar.

Rest and keep warm

Conserve your energy. Do not exercise while you are ill. Take your temperature once a day and keep warm.

Test your urine and/or blood more frequently

Increase your testing to 4 times a day before meals and before bed. Your diabetic nurse educator will discuss what is best for you.

Take fluids frequently

Onc cup of free fluids should be taken every hour such as water, coffee or tea (use artificial sweeteners/no milk), diet soda or other sugar free drinks.

When to call the doctor

- Your illness lasts longer than 3 days.
- You have vomiting.

What you should have in front of you when you call

- Blood glucose record
- Temperature record
- Food and fluid intake – amount and what kind
- How long have you had the illness
- Symptoms

Remember, these are general guidelines. Follow your diabetic nurse educator or doctor's directions if they differ from above.

Lifestyle Tips

Take Care of Yourself

- Control glucose, blood pressure and cholesterol as well as possible.
- Check your blood glucose everyday, even when you are feeling well.
- Write down your blood glucose results; look for patterns.
- Lose weight - people with diabetes are commonly overweight, which nearly doubles the risk of complications.
- Exercise as a means to keep weight down and improve circulation. Walking is one of the best all-around exercises for the diabetic patient.
- Keep your home safe - walkways should be clutter free to prevent falls.
- Ask about taking a daily aspirin.
- Quit smoking - tobacco can contribute to circulatory problems, which are especially troublesome in patients with diabetes.
- Don't drink in excess - alcohol can contribute to nerve damage which can be a complication of diabetes.
- Keep appointments with your healthcare providers – in addition to your doctor these may include a diabetes educator, registered dietitian, podiatrist, pharmacist, eye care specialist and behavioral health counselor.
- See your dentist for regular checkups.
- Have a flu shot each year.
- Wear or carry medical alert identification.

living with diabetes

Congratulations!

You have now successfully completed our Diabetes Teaching Program. Our hope is that you are now comfortable and feel you have the control to manage your illness in order to maximize your quality of life.

Remember, much of your continued success rests in your hands; however if there is anything VNA of Middlesex-East can do to help, please call us. Even if you have what you may think is a simple or redundant question, do not hesitate to call us.

Call 1-800-607-4299; press 0 for the operator and ask to speak to a clinical manager.

Thank you for entrusting us to help you enhance your lifestyle.

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