

Don't let diabetes get the best of you

Treatment methods have changed in last several years

By Agnes Oblas

It's 10 p.m., do you know where your A1c is?

I have a very clear recollection of the first time I heard the term hemoglobin A1c. It was in 1980 while at the University of Massachusetts Medical Center. The diabetes educator was very excited to teach all the primary care providers about this new blood test that would revolutionize management of diabetes. Twenty-five years later a quarter of all diabetic patients still do not know what their A1c level is and some providers still do not manage their diabetic patients with A1c goals in mind.

What is hemoglobin A1c? Hemoglobin is found in red blood cells. Commonly known as the element that carries oxygen. But it does something else: it combines with some of the sugar (glucose) circulating in the blood stream to become glycohemoglobin. The amount of glucose that combines with the hemoglobin is directly proportional to

the total amount of glucose circulating. Since the average life span of a single red blood cell is three months, it stands to reason that measuring the amount of glycohemoglobin would give a good approximation of the average blood sugar level of the previous three months.

Non-diabetics have been found to have hemoglobin A1c levels between 4 percent and 6 percent, representing an average blood sugar level of less than 120. For this reason, the American Diabetic Association and the American Association of Clinical Endocrinologists recommend persons who do have diabetes attempt to maintain their HbA1c levels at least less than 7 percent and hopefully less than 6.5 percent. There was a time when a "fasting" blood sugar (first thing in the morning before any food or caloric fluids were consumed) of 125 was used to diagnose diabetes. Clearly, this number can no longer serve as the cut-off for diagnosis, nor can it serve as the goal or acceptable standard for the management of diabetes.

There also was a time when pro-



Medical Advice

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viders were content if their diabetic patients could maintain blood sugar levels less than 150, thinking that was "good enough." When complications of diabetes developed such as kidney failure, blindness or heart attacks and strokes, the attitude was, "Oh well, it's simply the natural process of the disease." This attitude no longer serves the patient well. Experts now agree that working toward tight control, HbA1c levels less than 7.0 (average blood glucose levels less than 120-125) leads to long lasting benefits with significantly less complications later on. In addition, this tight control is to be achieved as soon as possible after the diagnosis is made, even if it means beginning insulin shots. Insulin shots no longer should be taken to mean a hopeless end to an unmanageable disease. The treatment of diabetes has changed dramatically in the last few years with many new types of oral medicines available and many new types of insulin.

"...are you getting your hemoglobin A1c levels checked every three months?"

**—Agnes Oblas,
on the importance of
staying on top of the
treatment of diabetes**

If you are diabetic are you getting your hemoglobin A1c levels checked every three months? Is your provider intent on working with you to achieve the best control of your diabetes possible? You can't change the fact that you have diabetes but you certainly can make sure it doesn't get the best of you.

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