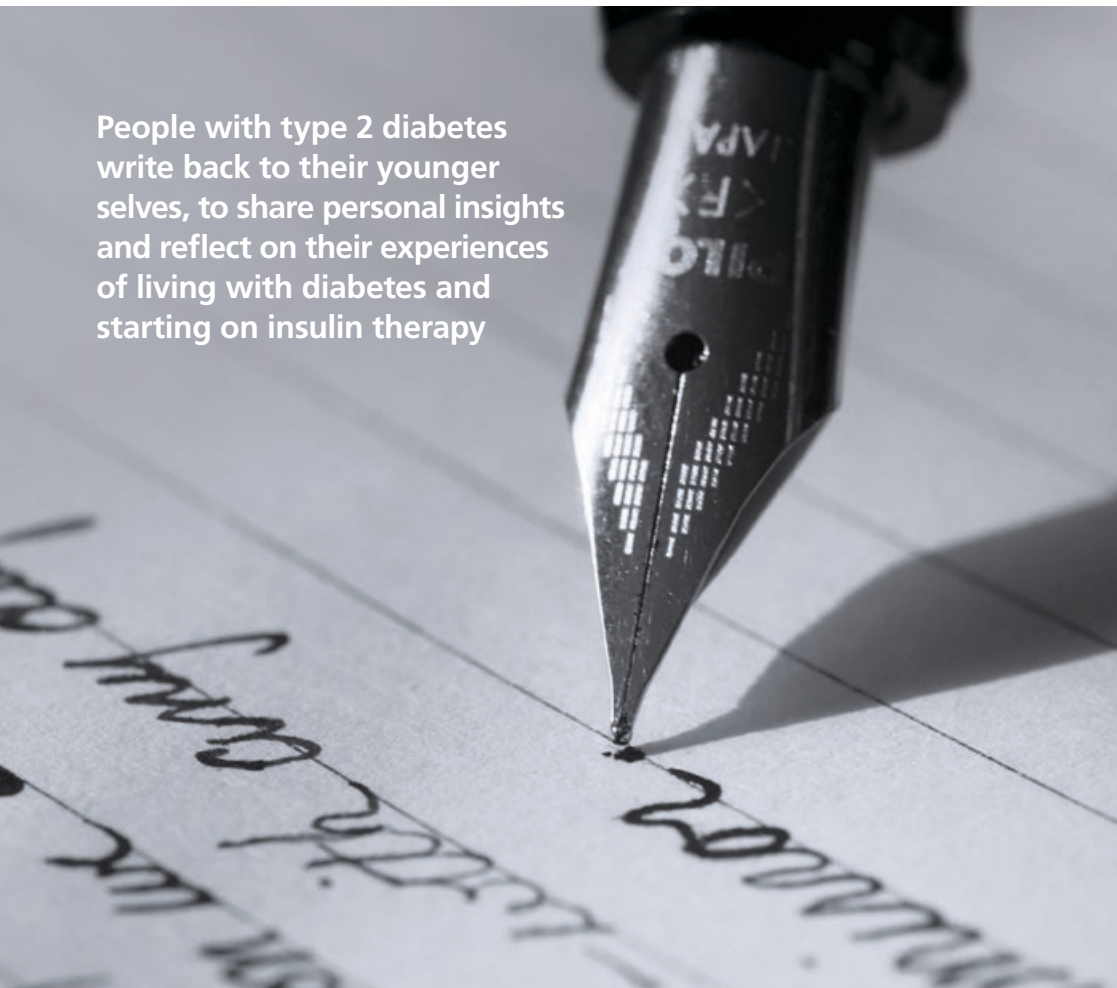


In your own words

Reflections on living with diabetes

People with type 2 diabetes write back to their younger selves, to share personal insights and reflect on their experiences of living with diabetes and starting on insulin therapy



Edited by Ellyn Spragins
#LettersToMyYoungerSelf





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Introduction from Ellyn Spragins

How many of you
have looked back at
a difficult passage in
your life and wished
you'd known then
what you know now?



Most of us, probably. Who knows better than you exactly what your younger self was struggling with – and that perfect piece of wisdom that would have smoothed the way?

For me, this yearning for the insights that lay in the future became a creative project. What if I asked smart, accomplished people what they would say to their younger selves if they could somehow post a letter back in time? Even better, what would they say about a critical or challenging moment in their lives?

These questions led to three books filled with letters that I collaborated on and a speaking career which allowed me to bring the *Letters To My Younger Self* experience to life for hundreds of people in seminars and workshops. From the letters that emerged, I learnt that everyone, even the seemingly invincible, has struggles. I discovered that what is difficult has as much to do with the fears and beliefs surrounding a particular obstacle as it does with the obstacle itself. Wonderfully, the lessons in the letters felt very approachable because the letter writers were not lecturing the reader – they were addressing themselves at a younger, less experienced age.

“From the letters that emerged, I learnt that everyone, even the seemingly invincible, has struggles”

Very few letters, however, were about a physical or health problem. And yet, wouldn't it be extremely helpful to know how other people have handled – or mishandled – a health challenge, so that we could gain from their experience?

This activity is organised and fully funded by Novo Nordisk.

The letters in this book have been written by people with type 2 diabetes and edited by Ellyn Spragins. The views and opinions expressed are not representative of Novo Nordisk and should not be considered as treatment advice.

Novo Nordisk has permission from all participants confirming their consent to use their letters and personal details in the *In Your Own Words* book.

At the very least, it seemed to me, reading about someone who has faced a condition like your own would make you feel less alone and better equipped to move forward.

This is the thinking that led to *In Your Own Words*, the book in your hands. It contains 21 letters from people with type 2 diabetes. Though they all have the same condition, it won't surprise you to find that their experience with it varies tremendously. Some were diagnosed quite young, while others came to the disease later in life. Some have suffered serious complications, while others have not. Some have found it easy to manage their blood sugar levels but others have had to search painstakingly for the right combination of diet, exercise and medication that works for them.

One of the most important elements that emerges: a diabetes diagnosis is almost always wrapped up with layers of other emotions connected to a person's values, background and identity. I'm thinking of Bernard, whose competitive spirit did not allow room for admitting weakness, such as diabetes, even to himself. Or Sarah, who was not overweight and hated the assumptions people made about her because she had diabetes. Shame or embarrassment, the sense of being different from other people – and not in a good way – was common.

A key moment for many letter-writers was being told that it was time to go on insulin. Christine, for example, had an intense sense of guilt about having somehow caused two of her sons to get diabetes. In her mind, adding insulin to her treatment plan would be 'proof' that she was to blame. So, she ignored her doctor's recommendation. For Hussain, it meant losing the piece of his identity most important to him: being a commercial pilot. For Alison, it meant potentially losing a relationship with a new boyfriend.

So, the challenge of diabetes, as shown in this book, is not just the significant set of physical issues. It's recognising the emotional hurdles that may cause you to deny the problem, skip testing or ignore your doctor's advice and the medication they prescribe.

The good news is what the letter-writers learnt from their missteps and misconceptions. Their letters offer encouragement about persevering, as well as personal stories of how they overcame challenges, for example a fear of needles. Just as important, many of the writers believe that the changes they made because of diabetes improved their lives beyond what they expected.

As Heather wrote to her younger self: "You are about to learn many new lessons in self-care that will help you way beyond simply managing blood sugar levels... This will help you become a better you."

I'd like to offer my thanks to all the people who were willing to open up about their experiences in *In Your Own Words*. I hope their valuable insights will help others with type 2 diabetes, and their family members, live fuller, healthier lives.

Alison

When Alison was diagnosed with type 2 diabetes at 47, she took it seriously, and began dieting and exercising. She had been close to a man with diabetes who later died from its long-term complications. "I didn't want that to happen to me," she says.

After around five years of controlling her blood sugar through diet and exercise, a new doctor put her on pills and her diabetes seemed to be well managed for the next 10 years. Around the time that Alison retired from a 25-year career as a deli manager for a large grocery chain, a medical professional recommended that she add insulin to her treatment plan. Alarmed, she took it as a negative judgement upon her efforts.

But her real worry was how it would affect her relationship with Roger, a new boyfriend. After all, he had only recently been widowed and his wife had suffered from complications related to diabetes for 15 years before she died. Alison felt pretty sure learning that she had diabetes and was taking insulin would not be welcome news to him. She remembers asking herself: "after all he went through, why wouldn't he want to break up with me?"

Rather than tell him directly, Alison began leaving her medications and needles in more prominent places around her house. Now 62 she is writing to herself at this moment, in the autumn of 2016.



Dear Alison

I know you've been struggling for several months now, trying to get your diabetes under control. Using insulin is pretty new to you. You've maintained good control for the past 14 years. When the clinical pharmacist you've been working with tells you that insulin therapy is the next best step for controlling blood sugar levels, you're scared. A former companion lost a leg and then his life from uncontrolled diabetes. You are thinking: I have too much left I want to do!

Further, your new guy had a wife who died after many years of suffering from severe diabetic complications. You wonder if he will still want to be with you when he finds out that you have type 2 diabetes too. And you, yourself, have a history of so many things to overcome: childhood abuse and being the 'fat girl'. Alison, can you deal with one more thing?

I know you can. Think back about all the obstacles you've overcome. Trust yourself to make the right decisions now. You will have difficulty with the day-to-day mechanics for quite a while: blood sugar testing, remembering to even take your insulin, changing your eating habits and losing some weight. You'll get it all down in time. Remember when you were first diagnosed and weighed 23 kilograms more than you do now? You can get your eating under control and that will help.

I know that you are really falling for Roger. Trust that he feels the same way and lean on him for his experience with this disease. He knows so much about managing carbohydrates, eating and physical reactions. He can help you and he will never judge you on your successes or failures. He will help you feel ok about your bad days and tell you 'good job' on good ones. The two of you will be stronger for this.

Last, just two words: trust yourself. You can and will survive. Know that with proper care and commitment you can keep from being a statistic about long-term complications, or even loss of life or limb.

With trust and love,

Alison

"Your new guy had a wife who died after many years of suffering from severe diabetic complications. You wonder if he will still want to be with you when he finds out that you have type 2 diabetes too"



Andrew

Andrew, 63, is a transport supervisor and has a knack for taking most things in his stride. It could simply be his temperament, or it could be that after becoming a firefighter at age 18, he grew accustomed to facing difficulties without overreacting. "You tend to look at a problem straight on and say, 'OK, I'll deal with it,'" he explains.

So, he wasn't terribly upset when he was diagnosed with type 2 diabetes at 36 – though he was surprised. While in the hospital for an operation, a routine blood test indicated that he had diabetes. He hadn't noticed any symptoms, pinning his blurry vision and excessive thirst on his job as a truck driver.

At age 46, Andrew was told he needed to add insulin to his diabetes treatment regimen, in conjunction with diet and exercise. Though, it wasn't just the insulin that bothered him. It was the knock-on effect that meant he would have to give up his bus and truck driving licences. Even though he was an operations manager for a well-known logistics company, he relied on driving as an enjoyable source of income when work was limited, so he felt a keen sense of loss. Andrew is writing to himself at this time, when he learnt he would have to take insulin and therefore forfeit his licences.



Dear Andy

You are really knocked back by this news. Losing your vocational driving licences for trucks and buses is like losing a part of yourself. They weren't easy to get in the first place and now you've had them for 25 years. That's 25 years of driving the correct number of days each year to keep them current and earn a bit of extra money. The licences were good to have as a fall back if ever you lost your job.

And, those licences saved you and your family once – remember? You were laid off. You had no work and no income. This meant you couldn't keep up with the house payments and in the end, you were bankrupted. Thanks to your licenses though, a friend found some work for you in Northampton, about 120 kilometres from home. And after six months of driving five nights a week there and being home for two days, you found a house to rent in Northampton and the family joined you there.

On top of that, you are also a little nervous about how having to take insulin and regularly checking your blood sugar will affect your daily routine. You don't have regular meal times at your job. And what will people think? It feels almost as if you'd got something that they hadn't, and it makes you different, but not in a good way.

Luckily, Andrew, friends and family will not treat you any differently. In fact, they will accept quite readily that it's just a part of who you are. Starting insulin is not as scary as you might think, not at least because you will have a good nurse at the hospital who will be very clear about what to do. Before you realise it, insulin will become a normal part of your routine. Your blood sugar may go up and down, but you are able to manage it with your new treatment regimen. You could consider a bit more exercise, but I know that with a busy working life, spare time is scarce.

"You are also a little nervous about how having to take insulin and regularly checking your blood sugar will affect your daily routine. You don't have regular meal times at your job. And what will people think?"

You will also go back to music as a hobby, even though you thought playing again might not be possible. This will keep you connected to people in a special way and bring you joy.

There will be trials ahead – as there are in anyone's life. While I don't wish them on you, I will say that some difficulties will make you look at life differently, as well as helping to make changes that will improve your diabetes control.

Still carrying on,

Andrew





Bernard

Educated at a private boarding school, Bernard was taught that you need to give everything you have in order to get what you want. What he wanted was to win at everything and be successful. So, as an adult, he was quite driven. "My goals were based on a belief that this was the only way to succeed in life. Being ill was no excuse for not being in the lead," he says.

By the time he was 41, these tenets of success seemed fully verified. He was a production department team manager overseeing a team of 20, and moving ambitiously up the management ladder of a large pharmaceutical manufacturing company. Life was good and he was driving hard to make it better, aiming to become the manager of the development department. His diabetes was well managed through tablets, diet and exercise, and had not significantly changed his life.

But then Bernard began experiencing bouts of pain lasting from a few hours to several days, generally during the night. For about five months he was able to manage the discomfort with painkillers, but one day the pain became unbearable and he was admitted to hospital. The source of the pain was a congenital defect in his pancreas. By the time he returned to work, after a lengthy recovery, he had missed the opportunity to become the development manager. He redoubled his efforts in order to gain other opportunities for advancement. About this time, he added insulin to his former regimen to control his blood sugar. Driven to succeed, Bernard worked late and took additional shifts, sometimes toiling up to 70 hours a week on night and day shifts. He wasn't eating correctly, and certainly did not allow himself enough down time to regenerate.

"I carried on as normal, thinking I was in control," Bernard recalls. "I pushed myself to the breaking point." In 2014 he collapsed at work during a meeting and had to be hospitalised again. Now 48, he is writing to himself after the first hospitalisation, when he was 41.

Dear Bernie

You are feeling great. You have recovered from the health difficulties that left you in hospital (thankfully these weren't related to your diabetes), and you are so 'in control' of your life. You believe you can do anything you want. You're busy climbing the ladder, chasing the dream and enjoying life to the full. There's still that nagging in the back of your mind... but you can block that.

Sure, your doctors told you to cut back, to take things slower, but you don't need to do that. After all, you feel great. Those twinges of pain and numbness are just 'normal' aren't they? Working 12-hour nights is fine, you think. It's getting you ahead, isn't it? It's so hard to give it all up and to slow down. After all you can do anything. Nothing will stop you.

Bernie, it's time to listen. Listen to your doctor, to your family and friends, to your own body. Your doctor and the consultant have both advised you to get enough rest. They told you that increased stress and not managing your diabetes could lead to some serious complications. Your family and friends can all see that you are doing too much and are trying to get you to slow down.

So far you have refused. Inside you are scared of failing, of having to change. Because of the way you were raised, you believe that people have interpreted your diabetes and time off as signs of failure. In your own mind, you're afraid that abandoning your aggressive pace because of your health would amount to failure. Slowing down is the same as being second rate, you believe.

But actually, Bernie, the things you are so afraid of are OK!

Slowing down will not change you but it will save your health. It will save you from becoming a person who is completely unfamiliar to you: from being happy and helpful to being angry and bitter. It will save you from losing several friends.

You don't have to push so hard to obtain what you want. Remember, you can still do anything you want and get the success you so desire. You just have to take a different route.

With best wishes,

Bernie

"Inside you are scared of failing, of having to change. Because of the way you were raised, you believe that people have interpreted your diabetes and time off as signs of failure"



Charles



A music lover who goes to the opera as often as he can, Charles is an extroverted Scot who now lives in Ipswich, UK. He works as an associate practitioner in a day surgery centre at a hospital, an excellent job that once seemed entirely out of reach. Charles comes from an impoverished background. He grew up without hot water and often went without breakfast or lunch.

But his employer encouraged him to grow professionally and paid for him to get a foundation degree in Health and Social Care, which was awarded in 2013. "I never expected to reach higher education at all in my life, so when I got the chance I grabbed it with both hands. It meant I was given a promotion in my job and the chance to go further than I ever could have imagined," he explains.

Charles was first diagnosed with type 2 diabetes at 40, after a spate of changes. He had joined a new doctors' surgery, had recently divorced and moved home. Yet he was, characteristically, unruffled by the news.

"I was quite pragmatic and stoic with regard to the condition, so accepted it quite readily," he says. "I continued with my life and experienced no significant changes to my personal or professional relationships. I truly felt that I was coping very well with the situation."

After a year or so of trying to control his blood sugar through diet, Charles was moved to tablets. Then, at age 50, a diabetic nurse suggested he introduce insulin to his existing treatment plan of diet, exercise and tablets. Though he went on to insulin without any fear, he currently wishes there were some things he had known. Now 61, Charles is writing to his younger self at 50.

Dear Charlie

You feel buoyant and full of life. You have a good job and a good family. When your diabetic nurse suggested that perhaps it's time to start insulin, you readily agreed, without hesitation or a second thought. After all, you have no fears. Your partner is diabetic and on insulin. That makes it easy to start. Your friends and family are acquainted with diabetes, its risks, complications and implications.

Unfortunately, Charlie, you are missing the vital ingredient: acknowledgement! You haven't asked any questions with regard to what types of insulin you would be injecting or the effects it might have. You haven't asked what difference it will make to your life and your diabetes.

My message to you, Charlie, is that you must acknowledge the changes that are going to take place and research well to get the information that is going to take you forward in keeping control of your blood sugar. Though you have prided yourself on being pragmatic, you haven't really looked below the surface of what it means to 'have diabetes'. Deep down, you haven't wanted to admit that you have a serious condition that warrants serious thought. You've accepted your condition, but only superficially.

"My message to you, Charlie, is that you must acknowledge the changes that are going to take place and research well to get the information that is going to take you forward in keeping control of your blood sugar"

Be less cavalier and be more inquisitive. Own up to having diabetes and take charge of your future. Learn about the implications of adding insulin to your treatment plan, such as how injections and checking your blood sugar will impact your routine, as well as understanding any potential side effects, such as hypoglycaemia. Learn to recognise that family and friends have your best interest at heart when they offer advice – or suggest that maybe that's one biscuit too many.

If you investigate fully you will likely improve your blood sugar control and potentially reduce the risk of developing other health problems. Better health will make the greatest accomplishment of your life, getting a degree in Health and Social Care at age 57, all the sweeter. And you'll propel your education even further, by taking a course that will lead to a full nursing degree.

Consider, you do have a future. Make it the best you can,

Charlie



Chris

At 31, Chris wasn't the sort of person who was eager to curtail his social life. Convivial and gregarious, he was working long hours in healthcare and putting in long hours partying with friends. He frequented private clubs during the week, where he taught line dancing, and ventured out to bars at weekends.

By the time he was diagnosed with type 2 diabetes, which ran in his family, he had dropped down to going out one or two nights a week because he felt so tired and lethargic. By taking medication and trying to watch his diet, it wasn't long before Chris was able to resume his social schedule.

"I was out three or four nights a week. I was single, had no children and loving life," he remembers. "My grandfather had type 2 diabetes and he managed pretty well with it. So was I – or so I thought."

Now 44, he works as a senior support worker in a residential care home and lives in Littlehampton, UK. Chris is writing to himself shortly after being diagnosed with diabetes.





Dear Big C

Howdy. So, now you're 31. Who'd have thought that would seem so old? You've just been diagnosed with type 2 diabetes. It seems so daunting, but really, it's not. You'll need to make alterations and a few years down the line it will seem a whole lot worse, but you will survive it all. You may lose control of your blood sugar levels at times, but you are capable of gaining back that control.

So, what do you do now? Make changes to your diet. Watch what you drink. 'It's easy,' they tell you. Well...we know it's not. But you can do it if you try.

The one big message I have is: watch your weight. I know you have always yo-yoed with your weight but now, more than ever, you need to gain control. The key is to change your lifestyle. So how do you do it? Start with taking command of your weight. Also, you don't have to drink every weekend. Take some time off from drinking.

The tablets and diet will work for a while and then the big one will land. The specialist will offer insulin therapy. Take it. You'll think all sorts of negative things, but it's not as bad as it seems. At work, you've drawn blood from enough people to know what you are doing. And let's be honest, the needles are small.

You'll worry about hypoglycaemia – the thought that you might suddenly experience an episode if you are driving or out of the house. In fact, at the start you'll let your blood sugars run a little high if you know you are going out or having to drive so that the risk of a 'hypo' will be minimal. But later you'll learn how to control your blood sugar levels and will be able to respond quickly. You can handle all this.

As I – your future self at age 44 – write this now, I have hit another low. My blood sugar control is actually out of control, but I have a wonderful new diabetes nurse who is going to help me. So, just like you, I will need to look at my lifestyle and make a few changes. Also writing this letter to you is helping.

It gets better. Honest.

Love and hugs,

Big C

"You'll worry about hypoglycaemia – the thought that you might suddenly experience an episode if you are driving or out of the house"

Christine



Now retired at age 67, Christine was exactly the kind of nurse you'd hope for if you ever needed one. Confident, energetic and kind, she cared for patients in the intensive care unit and other departments of a New Jersey hospital for 23 years, before she switched jobs and began working in an ophthalmologist's office. She was fully engaged outside of work too, with raising her sons and participating in a full roster of church activities.

Though Christine took insulin to treat gestational diabetes for her first pregnancy, with Edward, and seven years later for her third pregnancy, with Stephen, she discontinued using it after their births. Twelve years went by, wonderfully busy and active. Then Edward was diagnosed with type 1 diabetes at age 12. Christine was upset. Though she didn't believe she was necessarily responsible, she began to feel guilty after some relatives suggested that she 'had made Edward sick.' Seven years later when Stephen, too, was diagnosed with type 1 diabetes, she remembers, "I just submerged myself in guilt."

In the middle of that awful period, Christine's marriage began falling apart. Around the time she got divorced, at 42, she was diagnosed with type 2 diabetes and began taking oral medication. Within a few years, a doctor she knew through her work at the hospital told Christine that it was time to add insulin to her existing treatment plan to manage her blood sugar levels. She refused and insisted on continuing with pills. She recalls the doctor, who was familiar with her strong will, sighing and saying: "OK. Have it your own way, Chris."

Then came a phone call that changed everything. The words she never expected to hear were: "Your son is in the hospital." At age 28 Edward had suffered a stroke as a result of diabetes-related complications. Years later, in 2014, Edward passed away following a heart attack and kidney failure from additional long-term diabetes complications.

Christine is writing to herself several years before Edward's stroke, at the moment her doctor first advised her to add insulin to her treatment plan.



Dear Christine

Why are you so self-righteous and self-centred that you think you can ignore your diabetes diagnosis? Why do you think you are exempt from needing insulin? You are letting fear of the disease overcome practicality. As a nurse, you should know better. You can help others – it's your profession for goodness sakes! – yet you cannot help yourself.

What you are afraid of, Christine, is blame. You are paralysed by the thought that perhaps you really are to blame for your two sons' diabetes. Your sense of guilt is already so strong. You are afraid that taking insulin will amount to some sort of 'proof' that you truly are the culprit. Then you and everyone else will know about your flaw and the harm it has done.

Please, reconsider. It would be better to embrace the disease and challenge it. Knowledge is part of the power of overcoming and succeeding. Be more accepting. Don't refuse insulin and refute the very drug that will help you. If you accept the treatment, you will be able to slow the progression of neuropathy and retinopathy. Perhaps your feelings of failure will diminish – and your anxiety regarding injections, people's opinion of you and your flaw.

"What you are afraid of, Christine, is blame. You are paralysed by the thought that perhaps you really are to blame for your two sons' diabetes"

Even more important: if you take care of yourself you will show your sons how to be in better control of their diabetes. You don't need to feel guilty. Suck it up, Chris, and do what you know you need to do.

With understanding,

Christine

Dolores

Single and hard-working, Dolores at 55 years old defined herself primarily through her job. She had worked for the same company for 32 years and felt like a member of a company family, with close ties to many people there. Completely loyal, she was sure she'd continue to be a part of that world until she retired. So, it was a shock when a new management team took over and in late 2016 Dolores was told that her job was being eliminated. She was devastated.

Despite the sense of anguish and hurt she felt, she tried to pick herself up and began hunting for a new job. Within a few months, however, she received more bad news. Two previous health issues had grown markedly worse.

Dolores' type 2 diabetes, which she had been diagnosed with in 2014, had progressed to the point where she needed to begin taking insulin as part of her treatment plan. "My blood sugar was excessively high and literally out of control," she says. Separately, ten years earlier Dolores had been diagnosed with heart failure, which she was able to reverse through cardiac rehabilitation. "Everything was fine until this past year, when the stress did a job on my heart," she explains. Now, she learnt, she had cardiomyopathy, a disease affecting the heart muscle.

She is writing to herself in early 2017, after finding out about her health problems.





Dear Dee

You've had two doctors' appointments in the past two weeks. In the back of your mind you had a feeling that things weren't good. It really didn't come as a surprise. You had been postponing and putting off doctors' appointments for quite a while. You were in denial. You thought that having your job eliminated was devastating. Now you have truly serious health issues to confront: diabetes and cardiomyopathy.

Part of you is still in denial about having diabetes. It's been a major event for you. You can't just eat whatever you want. You can't just go out. You're different from other people. But you haven't really taken that in fully, have you? When you come home upset, you have ice cream. When you live alone, there's nobody there to say "Don't do that."

Look back at the past several years. You devoted your time, energy and emotions to your job 100%. Yet you haven't truly been happy there for a long time. You felt, day in and day out, as if you had to prove yourself. You're an independent woman and tried to make a place for yourself, but it was an uphill battle all the way.

"You thought that having your job eliminated was devastating. Now you have truly serious health issues to confront: diabetes and cardiomyopathy"

You didn't get acknowledgement for your work. Stop trying to prove yourself. You're successful in other ways. You have your own home. You accomplished that by yourself. Try to see that now you can hit the reset button on your life and on these corrosive emotions that have affected your health. Yes, you will start on insulin, which you had hoped to avoid. But when you start a comprehensive programme that addresses your sugar levels, insulin and diet, as well as structured exercise and heart monitoring, you will feel so much better. You'll be able to lose 12 kilograms within a few months!

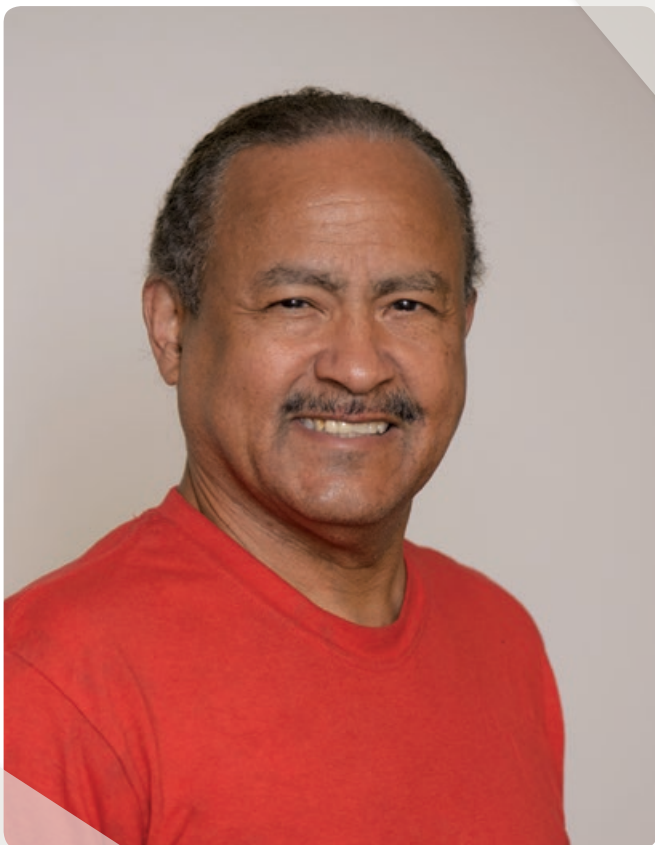
What may be more difficult for you, Dolores, is putting yourself and what you like first. Letting go of the things that make you unhappy, rather than doggedly trying to make them work, does not mean you've failed. It means you've made room for something new that does make you happy. It's out there for you.

You'll come to realise that losing your job, which at the time seems like the worst news ever, can turn out to make your life better. You have a family who loves you and is there for you. You have always worked well under pressure. Here's your chance to really make a difference in your life.

You got this!

With love,

Dee



George

If you were to meet George, or Gee, as his friends call him, two characteristics would stand out immediately. He has the physique of someone who's been a fit athlete for much of his life. And he's a people person, outgoing and perceptive. Growing up in Philadelphia, USA, he and his friends were always active, playing baseball and street football. At 11, however, he began gravitating toward boxing, primarily because he wanted to feel strong around some kids in the neighbourhood who taunted him about his mixed black-Italian heritage. "A friend's dad said, 'You have so much energy, why don't you come learn boxing?'" Gee recalls.

A good boxer, Gee learnt, had to be extraordinarily disciplined about his body. At a professional boxer's gym in Philadelphia he was indoctrinated into working out, building strength, nutrition and maintaining body weight. He says: "It put me on a life course. As a boxer, you take care of yourself differently."

After a stint in the Air Force, Gee became a truck driver and also coached middle school sports. For years, he maintained a fit body, despite the erratic schedule and mealtimes. But eventually his weight crept up. When he was 39 he was diagnosed with type 2 diabetes on the Friday before Super Bowl Sunday in 1997. He decided to keep it a secret from almost everyone. Why? The first few relatives he confided in were overeager in handing out advice and chastising him about what he was eating at social gatherings and holiday meals. Particularly irksome: most of them were in much worse physical shape than Gee. And, he admits, he felt a little vain about having been a boxer and athlete. Would people think less of him if they knew?

For the first year after his diagnosis, he was a model diabetes patient. Then at a regular medical visit, George realised that he had misunderstood something crucial. He hadn't comprehended that type 2 diabetes was a chronic, progressive disease. All of his good patient behaviour would not heal him. Then began years of see-saw self-management. George would monitor his eating and exercise regularly for a few months. Then he'd take a piece or two of cake, skip the tablets he'd been prescribed and ignore testing his blood sugar for a while. What's more, he began cancelling doctor's appointments when he knew he hadn't been taking care of himself because he was embarrassed about not adhering to his treatment programme.

In 2007 at age 50, he landed a job in the maintenance department of a nearby school, where he still works today. That's when he decided to lose weight, eventually dropping 22 kilograms. Gee, now 60, is writing to himself in his early 50s.

Dear Gee

You have begun to take care of yourself a little bit better by losing some weight. But honestly, you have a long way to go. I know it's hard. You are surrounded by tremendous cooks. Still, you need to eat better and exercise more.

Your challenge goes beyond diet and working out, though. Your task is accepting that you have diabetes. You really haven't, so far. This is why you are keeping it a secret from many people for as long as possible. You are trying to act like everything is normal, when it is not.

Part of your frustration comes from looking around and seeing that friends and relatives may be in poor shape – they are not the athlete that you are – but they can eat whatever they want. Your blood pressure has never been high. You have never smoked and are only a casual drinker. Yet you, not they, must live with this condition, even though you took such good care of your body.

I'm here to tell you to believe it. The battle to manage your diet, exercise and blood sugar may seem difficult now, but there's an even tougher part that could lie ahead: your doctor's recommendation that you add insulin to your treatment plan. I know what you will think: you must be crazy if you think I'm going to put needles in my arm. No needles will ever enter my body. You will resist because in your mind, needles are connected to drug addiction.

"Your challenge goes beyond diet and working out, though. Your task is accepting that you have diabetes. You really haven't, so far"

This is a mental roadblock you can clear up right away by going to an insulin class, as your doctor recommends. Whenever you find yourself being reluctant about having to test, eat right or take insulin, find a way to get some education about it. And talk to your friends who have diabetes too. This will help you better understand the importance of being focused every day and feel less embarrassed about having diabetes. Finally, let other people know. You can tell them that it's not their job to be a food cop. Instead of thinking less of you, people might be even more impressed at how responsibly you are eating and exercising.

You want to live life to the fullest. You can do it, Gee. Keep moving, stay ACTIVE.

Gee



Giovanni

Giovanni's diabetes announced itself dramatically when he was 30. He had gone to make a cup of coffee at work and fell to the floor, unconscious. After a couple of minutes, he came to, not sure what had happened to him or where he was. His boss at a Council in West London, UK, where Giovanni worked as an allocations officer in housing, suggested that he see a doctor immediately to check for concussion. The doctor's report: he was not concussed – but he did have type 2 diabetes.

Giovanni's first reaction was an intense desire to push others away. "I wanted to go home to my partner and end the relationship of seven years," he recalls. "I didn't want pity, or anybody to be with me out of a sense of obligation or duty." His partner dismissed the idea, saying it was silly to split up over something as trivial as this. He certainly wasn't going to leave just because diabetes had entered the picture.

Bothered as he was by the diagnosis, a part of Giovanni didn't fully believe it. He kept feeling that this couldn't be happening to him. In the back of his mind he thought that 'they' must be wrong. In the end, he allowed himself to carry on life as before. He ate cakes and junk food, all the things he had always eaten. He kept irregular hours and frequently missed meals.

Six years later, Giovanni's grandmother, who also had diabetes living in Italy, had to have her toe amputated because her diabetes was not well controlled. Because he had always been close to her, this event triggered a good deal of concern and reflection. Giovanni, 54, is writing to himself at 36, after hearing about his grandmother's health setback.



"You don't want to have diabetes so you're acting, at least partly, as if you don't. But, Giovanni, pretending won't make it go away"

Dear Giovanni

Although it is easy to say "I can't imagine what you are going through right now" I have to say "I can imagine what you are going through right now." You love your grandmother because she has always accepted you and who you are. Her health problem is making you think about your own mortality. I don't want to be patronising, but this is the wake-up call you desperately need.

I'm here to spell out the details of that wake-up call: you've been in denial. You don't want to have diabetes so you're acting, at least partly, as if you don't. But, Giovanni, pretending won't make it go away. More importantly, to neglect taking proper care of yourself is a mistake. It's time to stop and think: where do you go from here?

I won't say it will be easy. You've been told to change your diet. That hasn't really worked, and now you are on tablets. You don't want to go on insulin, because you hate needles and can't imagine using them on yourself four times a day. But one thing you will realise once you add insulin to your current treatment plan of tablets and a balanced diet is that you will see your blood sugar control start to improve.

You should also think about losing weight. Keep trying, even though it's a challenge. In the future, you'll succeed! You'll go from 100 kilograms to 84 kilograms and feel a lot better having lost that excessive amount of weight.

There's also something wonderful ahead that will make you eat healthier. You will inherit a rescue dog named Molly from a neighbour. Sometimes that 'extra thing', like Molly, can make a huge difference. When it is just you on your own, you think differently compared with when you have a dependant, even if that dependant is just an elderly dog.

Remember you will get through this. And that instead of being controlled by diabetes, you can control diabetes. You are the boss. I am still here. And you will be too, a confident person in charge of your own destiny.

Giovanni



Gregory

Before he entered middle age, Reverend Gregory, 49, had experienced more than his share of health challenges, many of which ran in his family. A busy pastor living with his family in Haddonfield, New Jersey, USA, he suspected that he might be developing type 2 diabetes, also because he had a family history of it. However, he says, “Whenever I got my blood tested, the doctor would say I was fine.”

Finally, when he was 43, after feeling sick, constantly thirsty and losing weight rapidly, he landed in the hospital and was diagnosed with type 2 diabetes. He began taking pills to regulate his blood sugar and eventually added insulin to his treatment plan. But managing his blood sugar proved very difficult. He experienced a number of episodes with too high and low blood sugar levels. In fact, not long after the diagnosis, Gregory was driving back from running a work training session when he began to feel extremely ill and lethargic due to too low blood sugar levels, or, hypoglycaemia. He pulled over to the side of the road and was ill. “My body was telling me something was wrong, but I wasn’t listening and I wasn’t watching for the signs,” says Gregory.

This turned out to be the first of several difficult incidents that Gregory has experienced due to unstable blood sugar levels during the past six years. He added insulin to his treatment plan four years ago. Here’s his letter to himself at 43, just after he had to pull over to the side of the road.



Dear Gregory

What just happened now is scary stuff. What if you hadn't pulled over quickly enough and caused a car accident?

It could have happened, but it didn't. Still, the lesson is that you need to listen – listen carefully – to your body. Hypoglycaemic episodes can be life changing. It can take a lot to recover from them. The better you become at knowing the signs of high or low blood sugar, watching for the signals and testing yourself, the better you will be able to feel. The control of your blood sugar has to be a commitment. You have to be diligent in following through on testing, as many times as needed. As annoying as it may seem, testing yourself is still worth it.

There's another critical piece of advice I have for you. Don't wait to have so many extremely high and low blood sugar experiences before you find a more engaged doctor. Doctors are not all the same. You may have to be patient and assertive to get answers. You may have to do research. But it's possible to find the right endocrinologist who will talk to you in a probing way. You need someone who will make sure that you document your test results and who requires you to bring the results in. This kind of painstaking attention may not be necessary for everyone, but, Gregory, it's what you will need to succeed in feeling healthy.

"The lesson is that you need to listen – listen carefully – to your body. Hypoglycaemic episodes can be life changing. It can take a lot to recover from them"

It may be hard to imagine today, but once you have found the system of taking insulin that works for you, it will feel simple.

Your mother died young because of complications from type 2 diabetes. But you want to be around to see your grandchildren and, Lord knows, maybe your great grandchildren. And I think you can.

Stay optimistic,

Gregory

Heather



It would be easy to call Heather, 42, a perfectionist. In college at the University of California (UC) at Berkeley, USA, she had to have straight As. She had to have the most community service hours. "I couldn't just be in the Honor Society," she says, "I had to be president of the Honor Society."

But she isn't a striver because of her temperament. Unlike many super-achievers, Heather's fear of failure developed as a survival tool. A difficult family situation caused her to be homeless in New York City starting at age 12. Figuring out how to be on her own required constant vigilance and strategising. "There was no room for mistakes, because a mistake could mean you would get shot or raped. There was no middle ground, you succeeded – or you failed utterly," she explains.

The need to prove that she was legitimate and that she belonged became ingrained. And perfectionism became the answer. Heather put all of her energy into demonstrating her worth to other people – but very little actual care for herself.

When she was 27 and a fulltime student at UC Berkeley, she saw a doctor for the first time in decades at the school's medical clinic. After diagnosing her with type 2 diabetes, he put her on pills to control her blood sugar, but they made her quite ill. At a follow-up visit, the doctor wanted her to take insulin in addition to pills, healthy diet and exercise, but she was deathly afraid of needles. She also felt like a total failure for not controlling her body better. People had told her for years: "If you don't lose weight you're going to end up with diabetes." She wasn't used to failure and hated the feeling.

As Heather was driving home from the doctor, she tried to convince herself that she needed to take the injections. But fear of pain and fear of failure won the argument. She didn't want to accept how vitally important it was that she regulate her blood sugar. And she didn't understand that many of the bad feelings in her body were connected to her sugar levels.

It would be four more years before she finally began to take insulin. Heather is writing to herself at 27, after visiting the doctor.



Dear Heather

You have just learnt that your diabetes requires insulin. I know that this makes you feel like a total failure, but you are not.

Perfection is how you have thrived, despite life's many challenges. And perfection means not showing any flaws, such as having diabetes or needing insulin. So, right now you are not accepting the facts.

You have always had a hard time putting yourself first. But now it is time to. You must make yourself the object of attention, care and love. This will not go perfectly. It isn't just about what you eat – it will take years to get your dosage just right. In addition, you will have to learn about new ways to deal with stress and the pain from a chronic pelvic disorder.

Needles are scary, and the first few times are terrifying for you. Everyone will tell you that they don't hurt, but sometimes they will, and you will get through it just fine.

Diabetes is a disease and you did not get it because there is something inherently wrong with you. Don't be ashamed, you are about to learn many new lessons in self-care that will help you way beyond simply managing blood sugar levels.

You will understand how to relax – not to catastrophise – when things don't go right. You'll realise you need to go to the doctor when you are in pain. You'll figure out how to continually assess the state of both your body and mind, because food, pain, stress and panic can all affect your blood sugar levels.

This will help you become a better you.

Be kind to yourself and don't give up. Every time you remember to test your sugar or take your insulin as prescribed by your doctor, you are looking after yourself. Each time you stop long enough to take a deep breath you are breathing life back into yourself.

You will stumble. It is part of the journey. Keep going. You are worth it.

With unconditional love,

Heather

"Perfection is how you have thrived, despite life's many challenges. And perfection means not showing any flaws, such as having diabetes or needing insulin"



Henry

Growing up as a young boy in Pittsburgh, USA, Henry remembers visiting one of the most wonderful people in his life: his grandmother. He loved spending time with her, except for one part: seeing needles and vials of insulin in the refrigerator. She had diabetes and this paraphernalia frightened him. "All needles looked scary then," he says. "After seeing them, I developed a silly phobia for needles. I imagined them being huge monsters in my little mind."

When he was diagnosed with type 2 diabetes at age 35, he didn't have to deal with needles at first. In fact, he didn't really change much at all, even though his wife taught endocrinology at a medical school. He took the tablets that were prescribed, but otherwise lived life as he always had. "I didn't test my blood sugar as often as I should have. I did whatever I wanted to do. It was like I had gotten a rash that didn't hurt and didn't itch."

Eleven years later, Henry was working at a health organisation. His first job there was managing the organisation's housekeeping and laundry functions. After that, he worked in the contracts department, surrounded by exciting new medical developments and possibilities. He had become good friends with his endocrinologist, who was a former student of his wife's. But when his endocrinologist told him that he needed to add insulin to his treatment plan, he was scared, remembering his grandmother's frightening needles. Now 65, he is writing to himself at 46 just after he was sent to a nurse's station to await instruction.



Dear Hank

You are sitting by yourself in a small area used by the nurses. You are panicking inside because you are thinking about the vials and the huge needles in Grandma's refrigerator. You are afraid of needles. You work with diseases every day – your company carts out hundreds of kilograms of needles a day – but it is scary when it is you.

Hank, it is time for a change. You have the best support system going. Your wife is an endocrinologist, you work at a large health organisation, with all of the information in the world at your fingertips, and you have known about diabetes since you were a child.

You have overcome problems before. At school you were told that you would probably not go to college and would end up pursuing a practical apprenticeship. But you showed them – by studying hard you overcame the low expectations of your school and went to an Ivy League university and have an MBA. What you've learnt making your way through school and your career is that you're highly goal orientated.

"You are panicking inside because you are thinking about the vials and the huge needles in Grandma's refrigerator. You are afraid of needles"

You figured out how to assess any given situation, make your plan and then work your plan, adjusting and revising as you go. You've succeeded by keeping your eye on the goal.

This is exactly what you need to do now. You know that medicine has progressed beyond Grandma's vials and harpoons. You know that you eat too much of the wrong foods. Everybody has told you this for the past 12 years and you did not listen.

In two minutes the nurse will be in to teach you how to inject yourself. When you see the small size of the needle you won't feel as scared as you were before. It will be time to get on your plan and look after yourself and your diabetes.

Henry



Hussain

Hussain grew up following an academic track in his schooling, while secretly nursing a different passion: flying. He loved the idea of taking to the air from the time he was young. Yet, it wasn't until he was in his early 20s that he began to act on a dream of becoming a commercial airline pilot. While studying for a law degree in London, UK, he logged hours flying aircraft on the weekends and worked at Gatwick airport in the summers to finance the flying lessons and his education.

That was also the time when he began to notice how extremely tired he felt, sometimes falling asleep during lectures. After a urine test seemed to indicate that nothing was wrong, Hussain asked for a blood test that showed that he was on the border of having type 2 diabetes. He felt devastated as he knew this could impact his future. Nevertheless, he tried to control his pre-diabetes through diet while continuing to pursue aviation. At last, after finishing his academic studies he completed the hours for a full commercial pilot's licence along with the necessary exams. He became a pilot for an international airline at age 27. "I felt so happy that I was doing something that I really enjoyed and was meeting people from all over the world," Hussain recalls.

He had only three years to enjoy his achievement. After controlling his blood sugar through diet and tablets, at age 29 blood tests signalled that Hussain's sugar levels weren't falling, and his doctor advised him to go on insulin. This development meant the end of his aviation career because at the time, the UK's Civil Aviation Authority did not allow commercial airline pilots to fly while using insulin. He wouldn't just have to give up his job, but his passion.

"When told that I would have to use insulin for life, I was shocked, depressed and desperately researched any alternatives to injections," he remembers.

At the same time, Hussain began to notice that the vision in his left eye was weakening. He had to squint to focus and reading small print became difficult. A visit to a London eye hospital confirmed the change. The blood vessels were bursting and growing abnormally as a direct consequence of prolonged elevated blood sugar levels. Hussain, now 40, is writing to himself at about 30, upon learning that he had diabetic vision loss.

Dear Hussain

You have had what you thought was devastating news once before in your life – when you were diagnosed with diabetes. But now you are really crushed. You are being told you have to take insulin for life. And your vision – a precious possession you could never imagine doing without – is in jeopardy. Between the loss of your pilot's licence and your vision, it feels like death, like you have lost something that will never return. It feels like the diabetes is winning and taking over your life.

For someone who was borderline, then took tablets, then took insulin and now faces vision loss, it is clear that strong willpower and better medical education was needed at the outset. You began insulin too late in life and now drastic action is needed as your blood sugar levels have been too high for too long.

It has shaken you, as it would anybody. But the key achievement is to finally, finally, accept it and live with it. Only you can really control it. Face it; this isn't something that is going to go away. You need to combine your will power with the right amount of insulin to control the sugar levels. The consultants can advise and help; however, it is you that will have to control and act.

"Between the loss of your pilot's licence and your vision, it feels like you have lost something that will never return"

Your past was in your own hands. So is your future. You will return to law and business. And you'll find that with a new maturity about your responsibility will come a new sense of mission. You will begin to speak about your experience to others, especially the young. You will begin to think about setting up a charity specially aimed at educating those at risk of diabetes and raising funds for research. This is a powerful way to transform a difficult life passage into something good, something that will help others.

You can do it,

Hussain





Jean

As an energetic, expressive 47 year old, Jean is a firm believer in living life to the fullest. Living in Luton, UK, near family members who are also excellent cooks, her social life often centred on lively, delicious meals.

"I was always a big person as a child, teenager, in my twenties and thirties," says Jean, who is a customer service advisor. "But I was very fit. I walked everywhere and went to my doctor's every three to five years." Nevertheless, her weight gradually increased, and she started to try diets and slimming clubs without success. By the time she was 37, Jean's weight was out of hand. She weighed in at 139 kilograms and began suffering from arthritis in her knees, and sleep apnoea.

Jean decided to try hypnosis – and although it doesn't work for everyone, it worked for her. She dropped 32 kilograms over three years and went from an EU size 56 to a size 46. "I was so happy with the new me," Jean recalls. About this time, she decided to plan a joyful celebration of her 40th birthday: a two-week cruise with friends and family. It turned out to be exactly as she hoped, filled with sun, sea, cocktails and lots of food.

Everything was perfect, except the ending to that trip. Jean disembarked from the ship on the last day and couldn't see clearly. She blamed her poor vision on being tired from so much partying. But once she was home, her vision continued to be blurry. When an optician examined her, she was shocked to see sugar at the back of Jean's eyes and urged her to see a doctor. The doctor, in turn, discovered that her blood sugar level was 33.2 mmol/L. "That's a number I will never forget," she says. Jean chose to write to herself during this time period seven years ago, after learning that she had type 2 diabetes.



Dear Jean

You are very angry. You've just had this beautiful time cruising, and now, this dreadful news. You hate having diabetes. "Why me?" you wonder. You're not the largest person you see in your group of friends. You've cried and become very depressed as you try to grapple with this development.

Making matters worse, guilt has started to haunt you. Why didn't you listen to your family when you were in your early twenties? They suggested you try to reduce your weight back then so you could be healthy later in life.

Right now, you feel determined about not going on insulin, rejecting your GP's recommendation that you do so. After all, you hate needles and would be embarrassed to inject in public. Besides you feel sure that you can manage with tablets and diet. Unfortunately, you will not succeed. Month in and month out, your sugar levels will get worse. Finally, your doctor will insist that you start insulin.

"Right now, you feel determined about not going on insulin, rejecting your GP's recommendation that you do so. After all, you hate needles and would be embarrassed to inject in public"

Jean, I'm here to tell you that far from being the worst thing – the thing you so feared and resisted – adding insulin to your treatment plan will be the most effective way to manage your blood sugar, along with walking and exercise, when you work nights. Most importantly, you will no longer be depressed, angry and hurting. "Yes," you'll say, "I have diabetes and I am not ashamed."

You'll have lots of support getting to this outlook, particularly from many diabetes support groups available to you in your area. You will attend them all and learn what works for you. You'll know which foods to avoid, which to eat a little of, and which you can binge on.

As for your weight, well, let's say that's always going to be a work in progress. The key thing to know is that you can continue to live life to the fullest. And when your sugars are high or low, you'll have everything in your handbag to deal with it.

With optimism,

Jean

Jeremy

Jeremy was diagnosed with type 2 diabetes in 2011, after a harrowing collapse of the financial industry that he was a part of. Though he took medication for a while, he decided he could stop all of his pills 'cold turkey'. "An endocrinologist had told me that I might be able to go off them really soon, so I decided I could just stop," explains Jeremy.

Though he was struggling with a failing marriage and transitioning to a new job, he felt physically fine for ten months. Then his symptoms came back. He lost weight, was insatiably thirsty and urinated often. In December 2014, he went for his annual physical. The doctor told him, "You are healthy, but you are checking into the hospital tonight."

Jeremy's blood sugar was measured in a hospital emergency room. The nurse looked at him and asked: "How are you even able to stand upright?" Soon he was on a gurney with insulin going into his arm. He thought to himself: How did I get here? Why did I play Russian roulette with my health? He wasn't sure of the answers.

Now 51, Jeremy writes to himself at 48 as he is lying on a gurney in hospital.





Dear Jeremy

You are part of a club you never wanted to be in. And, frankly, you are never going to get out of it. You now have a pancreas that is inefficient and will never return to what it used to be.

From now on, Jeremy, you will be like an airplane with a damaged wing. You will constantly be monitoring your blood sugar and watching what you eat to stabilise yourself. It will take some time but you'll find the right balance. Insulin will be new to you, and it will take some time to learn how to manage your treatment, however it will help to improve your health by controlling your blood sugar levels.

Taking care of yourself, emotionally and spiritually, will be just as important. Everyone with diabetes knows those days where you just don't feel well. Rather than ride the negativity wave, have a plan to bring yourself back in balance on those days. Surround yourself with positive people. If someone is being negative around you, call them out on it. Ask them to change their tune.

"It will take some time but you'll find the right balance. Insulin will be new to you, and it will take some time to learn how to manage your treatment"

You can spark yourself, too. Use positivity websites and motivational books.

Sometimes you have to force yourself to keep your spirit on an even keel. Enlist a battery of prompts, from your social media feeds to support groups to email blasts from diabetes-related organisations. Educate yourself about your body and mind.

Stress has been bulldozing your life for years. It doesn't matter what you do in your career, as long as you try to be the best at it. Don't worry about what others say. Your pride and ego and resolve have been tested, strained and blown up. Now you can reinvent yourself. But you can't be the real you if you are unhealthy.

Onward and upward,

Jeremy



Kathleen

Everyone who knows Kathleen, is pretty sure she can handle anything. As a mother and a high school secretary living in Croydon, Pennsylvania, USA, Kathleen has been on the go, successfully doing it all, for as long as she can remember. Here's a woman who purposefully dispatches the business of life and work, and isn't one to admit to difficulties.

So, it was a shock when her husband Tom and her kids discovered four years ago that she was going blind in her left eye. Diagnosed with type 2 diabetes at 40, she had added insulin to her treatment plan at 45. But she was neglectful about managing the condition, even though her mother had died from diabetes-related heart failure at age 67.

"I was not being aware, not testing my blood sugar, not making sure I was eating right. I was in denial, acting like I didn't have anything wrong with me," she explains. As her eyesight failed in her left eye, she told no one. It was scary but it was gradual. At last, when she needed to have a procedure on the eye, she was forced to tell her family. Unfortunately, the procedure was unsuccessful and Kathleen went blind in that eye.

As traumatic as that must have been, Kathleen continued to be in denial about her diabetes and its consequences – until November 2016, when she was 53 years old and going shopping on the Friday before Thanksgiving with her sister, Deb. This is always one of her favourite days of the year. As the day went on and she began to have trouble reading price tags, she started to panic.

Almost as bad as the eyesight leaking away was the fact that Kathleen knew she would be unable to keep this development a secret. Kathleen had laser eye surgery and an injection in her eye, which successfully restored her sight. But the six weeks of healing, during which she could not see properly, were like torture for her. She had to rely on her family, friends and co-workers for assistance on a daily basis. She needed support at work to do her job. She couldn't drive. She could barely see to read or write. Her husband, who was accustomed to a strong, take-charge partner, had to pitch in with everything from cooking to cleaning. One of the worst occasions was that she couldn't see her children's expressions on Christmas morning that year.

And yet it was the wake-up call Kathleen finally heeded. She has become much more vigilant with eating, exercise, blood sugar testing and insulin injections. The experience has changed her husband too. He's lost 27 kilograms through exercise and a change in eating habits. "In his mind, if he loses weight, then I'm doing better too," says Kathleen.

Still, she now wishes she had avoided the physical toll diabetes has taken. Now 53, she chose to write a letter to herself at 30, when she had gestational diabetes.

Dear Kathleen

Your doctor just told you that you have gestational diabetes. It's a reality check. Learn from this. Decide now to take care of yourself and your diabetes. Don't do it only when you are pregnant. You will have beautiful healthy babies because you will make sure you do everything you can to protect them. Now it is time to do everything you can to protect and care for your health.

So here is my advice to you. Don't ignore this experience. Don't deny the factors that contribute to diabetes, such as weight gain, and the things you must do when you have diabetes: check your blood sugar levels on a daily basis. No one will judge you. Exercise. You do it now, but as you get older you will want to slow down. At 53, I hate exercise. But if you keep it a part of your everyday life, you will definitely thank me!

"Eat healthier for yourself, for Tom and the kids. It's better for them. It will help them and hopefully they will have less of a struggle than you have"

Eat healthier for yourself, for Tom and the kids. It's better for them. It will help them and hopefully they will have less of a struggle than you have.

Here's the most important thing you can do that will help you with all of the other habits: change your mindset. Your whole idea of yourself is built on being so capable that you don't ever need help. So down the road, when you are diagnosed with type 2 diabetes, you won't want to believe it. You see it as a vulnerability – and being vulnerable is the last thing you want in your life.

Instead of thinking about it as a weakness, think about it as a way to focus some of your powerful competence on yourself. Think of testing your blood sugar, exercising, eating right – and when the time comes, taking insulin – as activities you can probably do more efficiently and effectively than most people.

Doing this could save you from a devastating physical loss. Your babies will grow up to be amazing people and you want to be there to experience all of the joys and sorrows with them. You want to be able to see them open their presents on Christmas morning because, let me tell you, not being able to see their faces light up on Christmas day is not fun. You would not like being dependent.

The future is bright. You will have your ups and downs but if you take care of this early, you will be able to live with diabetes and help yourself and your family to be healthier!

Your can-do future self,

Kathleen



Lori



Lori was 32 years old and living in Ambler, Pennsylvania, USA, when she and husband George, or Gee, learnt that he had type 2 diabetes. Although she doesn't have diabetes, Lori attended an educational session together with Gee and she resolved to help him eat properly. Gee was a diligent patient and, for the most part, watched his diet carefully for many months after his diagnosis. But he was also very private about having diabetes and divulged the condition to only a few people.

When it was time for his 40th birthday party, Lori, who goes by the nickname Sally, made an extra effort to make the party fun, but also compliant with Gee's dietary restrictions. She festooned the house with balloons and baked a big yellow cake made with a sugar substitute. It was her first diet cake and she was proud of her accomplishment.

As family and friends streamed into the house, however, her heart sank. They came bearing cupcakes with sweet chocolate frosting. Lori, now 53, is writing to herself at this moment during the birthday party.

Dear Sally

This is something you never expected! How will you be able to keep Gee from breaking his diet with all these cupcakes around? And how can you object to him eating them if his diabetes is a secret? Hardly anyone knows that he has it.

You are in a real bind – and, Sally, this is just the beginning. Being a good loving wife, you will try to coach him about what to eat. You'll expect that he'll listen when you say: "Don't eat that piece of cupcake from your birthday party." "Don't eat that piece of chocolate."

But as you will soon learn, it's not that straightforward to be the wife of someone with type 2 diabetes. He will sometimes resent the interference, saying: "Mind your business. I'll take care of it." Other times he will simply shut down, saying: "I don't want to talk about it."

It's all the harder because of the secrecy about his condition. Friends and colleagues will continue to unknowingly tempt him by offering cookies or sweets at cookouts, holidays and at work. You don't like the secrecy but you will try to respect his right to it.

Sally, don't be so hard on yourself – or on Gee. Remember that sometimes we have to let go. Not let go in the sense of not caring, but sometimes things are out of your hands. You can't be in charge of his health – he has to be.

It's hard to care and at the same time let go. Over time, you will pick and choose your battles. Perhaps you will make a little motion of your hand that signals, "That's enough." Or you'll slip a whisper in his ear. You will find quiet ways to remind him that his health is important to both of you.

And next time there's a birthday party, you'll know to send out invites that simply say "sugar-free sweets please." Or better yet, "Instead of treats, please bring a big birthday kiss to plant on the birthday boy's cheek."

Don't worry Sally. Gee's gonna be just fine.

Have patience,

Sally

"It's not that straightforward to be the wife of someone with type 2 diabetes. He will sometimes resent the interference, saying: "Mind your business. I'll take care of it." Other times he will simply shut down, saying: "I don't want to talk about it"



Maurice

Maurice, 59, grew up on a farm in the west of Ireland, where all farm work was done with a horse and by hand. He developed a strong work ethic that became a mark of character in his mind. "One's work was the measure of the man," he explains.

Nevertheless, he used to get sick occasionally. The doctors concluded he had a problem tolerating alcohol, though, mysteriously, he drank very little. When he was about 30, they discovered that the alcohol reaction was caused by a birth defect that prevented digestive enzymes from moving into the gut. Instead, the enzymes damaged his pancreas, causing pancreatitis. By the time Maurice had surgery to correct the defect, his pancreas was unable to produce insulin. He is consequently living with type 2 diabetes.

Today, Maurice lives in Ealing and works as a chartered surveyor. He has a vibrant life outside the job, engaging in carpentry and also dancing Ceroc, or modern jive, about four times a week. This type of partner dancing is not only physically demanding but requires great concentration. "My work can be cerebral," Maurice explains. "In order to dance well and even to survive a dance, one's mind has to be fully engaged. I forget the bother of the day."

This enjoyable life was hard won after being diagnosed with diabetes at age 52, and then going on to insulin at 57. Here he writes to his younger self of two years ago about what he wishes he'd known back then.



"With the right diabetes management including proper diet, dancing and treatment, it is still possible to be flexible and enjoy the things you like"

Dear Maurice

You are becoming depressed at the thought of having to check your blood sugar and injecting every day. It feels like a heavy weight you will never get rid of.

Don't be upset. Think about this: every day for the rest of your life you will have to cook and to eat. You will have to maintain good hygiene and tidy your house well. This additional item will become part of your routine. You will discover that you can adjust as you need to. With the right diabetes management including proper diet, dancing and treatment, it is still possible to be flexible and enjoy the things you like.

Also, remember that maintaining your health requires another important element. Although long hours and hard work have long been considered the mark of a man, don't overdo it. Once you spent three days in your office without leaving your desk! But there's a difference between office work and manual physical work. Long hours at office work don't promote physical strength or health.

To function well, we need to move and exercise. You need to change your mindset and realise that your sedentary life will wreck you. You need to spend less time in the office and build in more exercise. And Maurice, a whole world of enjoyment awaits you. You will box, cycle and play tennis. You'll take up dancing, which will be a great pleasure and wonderful form of exercise.

Finally, accept the glucose meter as a critical tool. As humans, we are accustomed to presenting different versions of the truth to different people. But the glucose meter does not lie. If you have that binge of chocolate or that sweet, it will show up on the meter. There is no harm for any of us to get nearer the truth, particularly the truth that this important instrument tells you. So, embrace it.

I often think that had I known I would live so long I would have taken better care. We need to take more care if we want a good end to our lives.

Thoughtfully,

Maurice



Richard

Richard learnt at an early age that he had to rely on himself to get anywhere in life. After moving from Spain to the USA at age 12, without knowing any English, he became a newspaper delivery boy for the apartment building where he lived. Realising the efficiency of delivering papers in a concentrated area, compared with riding a bike from house to house, he bought out the paper routes of three other carriers for apartment buildings in the area. Before long, he was earning \$300 a week in tips and was able to pay for his trips back to Spain every summer.

"The only way forward was to make my own way. It's what drove me, but at the same time it was a detriment to be so self-absorbed," Richard says. "I didn't see that we do need other people. One cannot face and battle diabetes alone. It's necessary to have a collective approach because nothing is achieved in this life without the help of other people."

Though he had some set-backs, including an early marriage that failed, Richard remarried and had a son when he was 32 years old. All was well until the toddler stopped talking at age 2. The little boy was diagnosed with autism spectrum disorder, about which not much was known at the time. Soon after, his wife, Tina, quit her job so that she could help their son. She told Richard that he needed to step up to the plate financially.

"Then I started doing whatever I could do to make money. I started, honestly, just running away from it," remembers Richard. "I focused on making the money we needed to pay for the services that my son required. So, I became this very strong type A personality, someone who believes 'I can do anything; I can do all of this.'"

He launched himself into selling dental and medical equipment and spent most of his time travelling all over the world, wining and dining customers. He thought he was unassailable, until one day, when he was 46, his body felt utterly miserable. He couldn't catch his breath and felt an overwhelming sense of anxiety and dread.

He promptly went to his doctor. He weighed 118 kilograms and his blood sugar was 26.5 mmol/L. The doctor sent him to an endocrinologist who told Richard that he had type 2 diabetes. The globe-trotting executive was stunned. He walked outside towards his car, but sank down on some steps before he got there. It was pouring with rain. Richard sat in his suit, getting soaked. It was the first time in his life that he truly felt scared.

Richard, now 56 is writing to himself at this moment, 10 years ago.



Dear 'Narcissist'

Your entire life you have always thought you were invincible. If you could see it coming, you could beat it. But you never thought the threat would come from within your body. Even though you've been eating and drinking your way around the world, gaining weight and buying bigger clothes, you've been thinking of yourself as healthy, untouchable. Problems like diabetes don't happen to successful people, do they?

Yes, they do. Richard, it is happening to you. You are caught up in a persona you created out of necessity for your family. You've created a mythology about who you are: completely self-sufficient, succeeding where others have failed through sheer determination. Professionally, success after success has conditioned you to expect – and accept – nothing less than complete success in all aspects of your life.

Your conquering-hero guise has served you well. As the sole breadwinner, you are the person that is funding treatment for your son's autism spectrum disorder. But when something threatens this identity you fear the whole edifice will come tumbling down.

"Problems like diabetes don't happen to successful people, do they?"

You have just been diagnosed with type 2 diabetes, so right now, you've been shaken to your core. If you can't defeat this enemy within you, maybe you are not the person you thought you were. It's shocking to think you can't make it go away with the sheer determination that you have brought to bear on so many challenges.

Listen, facing this situation is very important. Realise that your actions today, such as dieting and adhering to your prescribed treatment, will be reflected in your body tomorrow. You will be able to lose weight and stop taking the pills that the doctor has prescribed. But eventually you will go back on the pills and eventually add insulin to your treatment plan. This will help you control your blood sugar.

But it won't be until you also give up the intensely stressful role you've lived for so long – and realise how much you want to have a better connection to other people – that you'll be able to keep your diabetes under good control.

Keep the faith in yourself and focus on the positive in your life.

Narcissist no more,

Richard



Sarah

A fresh-faced redhead, Sarah at 43 looks exactly like the farm girl she has long wanted to be. "I've always wanted to work with animals, but the opportunity to own sheep and farm animals came only quite recently," she says. She has since learnt to deliver lambs and manage cows on a farmer's set of fields in Bedford, UK, where she lives, while helping out with chickens on another farm.

In addition to enjoying the realisation of her long-held dream, Sarah takes pleasure in knowing that her diabetes is well-controlled enough for her to do the physically demanding work. Still, it wasn't easy to get to that point. She wasn't shocked to be diagnosed with diabetes while in her late 20s and to have to add insulin to her treatment plan at age 32. She had been diagnosed with gestational diabetes while pregnant.

But there were two very different obstacles Sarah did struggle with. Firstly, she was terribly uncomfortable with needles, particularly the springy ones often used for testing glucose levels and taking insulin. The second difficulty seemed to be practically universal: negative assumptions and unhelpful comments about her condition. Upon learning that she had diabetes, people might ask, 'Oh, is it the serious type?' or 'Do you eat all the wrong things?'

On the phone, people, including nurses and dieticians, assumed she was overweight, although in fact Sarah is average weight. Social media, websites and television programmes seemed to magnify the message – that all people with diabetes overeat and need to lose weight. "It was frustrating and infuriating," remembers Sarah. "I walk between three and eight miles a day and eat normally. I couldn't try any harder."

For a while, beginning about four years ago, Sarah began to consume very little, because she felt so guilty about eating. She was also fighting very hard to obtain a special needs statement for her son's education. Around that same time, she faced double calamities: a flood in her house and being laid off from her job. Needless to say, all of this stress was not good for her equanimity or her blood sugar levels. Sarah chose to write to herself at this time, when she was 39.



Dear Sarah

You are terribly worried and unhappy. I don't blame you. You are trying so hard to handle so much and yet none of it seems to be going right. You think that you are solving a problem, the problem of guilt and blood sugar levels, by not eating. But, Sarah, look at you. Now you are underweight. Not eating is not a proper solution.

One thing that will help is to learn to ignore all the unhelpful comments and advice. The next time someone asks you, "Have you tried taking the stairs instead of the lift?" either pay no attention to the question or show them your pedometer. People who don't have diabetes will try to give advice. You can't stop them. But you certainly do not have to respond or listen to them.

"People who don't have diabetes will try to give advice. You can't stop them. But you certainly do not have to respond or listen to them"

Now, the needles. They can bring you to tears. If you are really going to control your blood sugar levels you will have to use needles, but there are some ways to work around your dislike. The first way will surprise you: get a tattoo. You will be so elated with yourself for managing to get a butterfly tattoo. It will give you confidence. A continuous glucose monitor will be another big help. And if you absolutely need to use a needle yourself, you can use a different type so that you can hold it and work very slowly.

Having diabetes will not stop you doing what you want. You end up with your dream job working with animals! And you will enjoy your 'mad life'.

Love,

Sarah

Steve



In many ways Steve, 65, was well equipped when he received his type 2 diabetes diagnosis at age 52, after experiencing increased urination, blurry vision, fatigue and extreme thirst. For one thing, he had learnt from his mother's example. Devastated by her divorce, his mother did not control her diabetes and ultimately died at 81 from a heart attack related to complications of the disease. He's also been an athlete from age 14 onwards. Steve has continued to kayak, rock climb, go to the gym and enjoy other sports throughout his adult life. What's more, he eats carefully, monitors his blood sugar regularly and manages his insulin treatment prudently.

Despite his excellent habits, he's struggled at times with hypoglycaemia. One recent episode occurred in April 2017, when he was living and working in North Carolina, USA, while his wife worked in New Jersey, USA, and came home at weekends. During one work night, when they were apart, Steve woke up, sweating and shaking. "I'm lying in bed. My heart is pounding, I didn't have enough energy to get out of bed to get to the kitchen for a glass of juice," he remembers. He swallowed four glucose tablets that he had next to the bed and was able to get up a little later. When he told his wife, Nancy, what happened, she said, "That's it. We can't be separated. I have to be by your side." They moved back to Pennsylvania, USA, so that Nancy could continue her work, while Steve looked for work.

Steve is writing to himself in his early 50s, the first time he had a hypoglycaemic event and woke up feeling alone and afraid.



Dear Steve

You can feel your heart pounding fast and hard in your chest, while you sweat and shake. You know what's happening – your blood sugar is low – and you've taken some glucose tablets. But it's so frightening to feel so sick. Will it happen again? How often?

Steve, I must tell you that hypoglycaemia can be a part of life as a person with type 2 diabetes. This will be frustrating to hear because, so far, you've believed that you'll be able to handle your condition, no problem. After all, your life has shown you that you can overcome set-backs.

But there are more variables than you realised. The effect of stress, for example. Or depression, which runs in your family. Life can be difficult at times and you will be prone to anxiety and depression. The hurt of remembering Kelly, the daughter who died as an infant, will persist.

Understand that the hurdles are not your fault. You probably inherited 'genetic susceptibility' as it's called. You saw your mother deal poorly with type 2 diabetes but you will do better, with healthier eating habits, more exercise and better management. And you'll learn how to manage the hypoglycaemia, too. You'll keep orange juice and glucose tablets nearby. Diabetes education is essential, too.

Everything may not be controllable, at every moment. But your family will be there for you. You'll be able to do the activities you've always enjoyed. Don't look back. Look forward.

With understanding,

Steve

"You know what's happening – your blood sugar is low – and you've taken some glucose tablets. But it's so frightening to feel so sick. Will it happen again? How often?"



Closing remarks

Professor Anthony Barnett

As a young doctor, I conducted my first ever diabetes clinic in July 1977 and from that point on I was 'hooked' by the speciality! Over the next 40 years I saw not only an unfortunate increase in the number of people with type 2 diabetes but also many beneficial changes in the overall treatment approach. Over that time, there have been huge advances in clinical research and consequently a much greater focus on preventing long-term complications, which can result in morbidity and mortality. Individualised care (a truly patient-centred approach) is now accepted as the key to effective diabetes management and achieving better outcomes in people with type 2 diabetes.

From a blood glucose (blood sugar) control perspective, there has been a dramatic increase in the range and quality of therapies available, both oral and injectable, and improved technology has enabled better delivery devices and monitoring systems. These advances have resulted in therapies which not only help to successfully manage blood glucose, but are better tolerated, with lower risks of hypoglycaemia (low blood glucose/sugar) and weight gain compared with traditional therapies. Some have been shown to reduce cardiovascular events and mortality in people with type 2 diabetes at high risk of cardiovascular disease. Indeed, we have come a very long way; and in 2021 we will celebrate 100 years since insulin was first produced. However, there is still much work to be done! Only a small percentage of people with type 2 diabetes achieve all their treatment targets,¹ and poor control can lead to serious diabetes-related complications.²

One of the biggest challenges I face as a physician is the concerns that people with type 2 diabetes often have about starting insulin. This is largely due to the anticipation of negative side effects (e.g. hypoglycaemia, weight gain) and the feeling that a need for insulin is an indication of 'failure', and that starting it will further adversely affect their quality of life leading to negative implications for family and work relationships. These concerns can lead to long delays in starting insulin, prolonged poor control and therefore increased risk of complications (e.g. eye disease, nerve damage, kidney failure and cardiovascular disease).^{3,4} The key to improving this situation must include better and earlier education for people with type 2 diabetes.

"One of the biggest challenges I face as a physician is the concerns that people with type 2 diabetes often have about starting insulin"

If I could write back to my younger self, I would particularly reinforce the importance of having open conversations (including soon after diagnosis) with my patients about starting insulin. I would highlight that given the progressive nature of type 2 diabetes, insulin therapy will be required in most cases in order to maintain good blood glucose control in combination with a healthy diet and exercise.³ I would emphasise that starting insulin is not an indication of failure, and that it can be an important step in the treatment pathway with the potential for clear health benefits.³ If the individual and their healthcare professional work together and demonstrate commitment to managing type 2 diabetes, starting and progressing insulin treatment does not need to be difficult.

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In your own words

Reflections on living with diabetes

"The stories really inspired me, particularly those which discuss challenges, things that people may or may not have acknowledged in terms of how they felt when learning they had type 2 diabetes or had to go on to insulin, but they managed to rise up to their challenges. They were stories of courage."

– **Ellyn Spragins**

"We all have different approaches to diabetes, but in the end we are all on the same path. By sharing our experiences with others, my hope is that we can reassure people in similar situations in knowing that they are not alone."

– **Chris, UK**

"One of the biggest challenges I face as a physician is the concerns that people with type 2 diabetes often have about starting insulin."

– **Professor Anthony Barnett**

Edited by Ellyn Spragins
#LettersToMyYoungerSelf

This activity is organised and fully funded by Novo Nordisk
Zinc ID: UK/CC/1017/0062 Date of preparation: November 2017

