

<Show opener, Montage of clips>

**Announcer:** dLife TV, the only show for your diabetes life, packed with information, insights, cooking and real stories about real people. dLife brings it all together to help you live a healthy diabetes life.

**Mother Love:** Today on dLife, managing your doctors visits to help manage your diabetes, we'll also show you some of the latest products on the diabetes market. Finally, we're cooking up some tasty treats with dLife's guest chef Chris Smith, the diabetic chef.

<Applause>

<Hosts on set>

**Mother Love:** Now please welcome your hosts, people living with diabetes, just like you, Nicole Johnson Baker, J. Anthony Brown, Jim Turner and me, Mother Love. Welcome to dLife everyone.

<card: Mother Love Author and TV Personality>

**Mother Love:** You know knowledge is power and the more you help yourself the more your team of doctors can guide you to success with diabetes. And with so many different health care providers treating different aspects of your diabetes it can get real difficult to keep track of what's working best for you.

<card: Nicole Johnson Baker Author, Miss America 1999>

**Nicole Johnson Baker:** Oh, my goodness can it ever, right now with being pregnant and having endocrinologists and all kinds of other doctors, I feel like I'm always caught in the middle because there's everybody's got a different opinion and there are turf battles and all kinds of things and it's hard to stand up for yourself.

**Mother Love:** Well see I had to learn to stand up for myself immediately, you know, you get caught between em and one doctor says, you know, take this medication, this amount, another one says take this.

<Card: A diabetes care team may include an educator, dietician and endocrinologist.>

**Nicole Johnson Baker:** You gotta be the empowered patient and be your own advocate and that starts with the knowledge.

**Mother Love:** You have to be.

<card: Jim Turner Actor, Bewitched, HBO's Arli\$\$>

**Jim Turner:** Well you have to know what you're doing when you go to your doctor, you gotta really be prepared and I always do a lot of preparation before I go to any doctor and uh... I actually made a little uh... movie about what I do to prepare to- to visit my doctor that sadly my doctor wasn't available to do this 'cause he was really busy and so uhm... I asked my friend Sandra Oh who plays a doctor on television, to be my doctor.

<Card: Help your doctor with detailed records of meds, blood glucose, and meals.>

<Jim's movie starts>

**Jim Turner:** Before any doctor visit I do a lot of things to prepare. I do the footwork so that my few short minutes with my busy doctor actually contribute something to my overall health.

**Doctor:** Deep breath.

**Jim Turner:** A lot of people before going to see their doctor do, well, nothing, I can't do that. There's too much going on when you're living with diabetes to not make your doctor sweat a little bit. I go through my old files and I look at my old blood tests, I like to know which direction I seem to be heading, I pull out any notes that I've left for myself with questions and comments about anything odd that's happened. "Foot feels numb, is it possible it's neuropathy, isn't there a drug that's supposed to help that? Having a lot of night time highs I can't seem to get under control, what can I do to stop them?" I write all of this stuff down, it seems obsessive but it's not. I go in a week before my appointment

so that I can get all my blood and urine tests done so that we can actually talk about my total current state of health. The day I do see the doctor she has the results of all my blood tests and my meter has been downloaded onto her computer. We talk about trends and what's been happening with me and I have my list of prepared questions. We talk about Symlin last time, is that something that I should be taking? I'm confused about carb counting, do you know a dietitian?

**Doctor:** Uh... I- I- I.

**Jim Turner:** How did the visit with my Ophthalmologist go? What did he say about my eyes?

**Doctor:** Oh your eyes....

**Jim Turner:** Should I get a flu shot? <Doctor looks flustered.>

**Jim Turner:** Now I understand that I'm lucky and I have a doctor who's more informed and more understanding than most doctors but you need to work at making your doctor work for you and help you come up with those answers.

**Doctor:** Yes, great advice, these are all good things to ask your *real* doctor and even though I just play a doctor, what I've been trying to tell you, Jim, is you have to leave time for them to answer and when they do answer listen to them.

**Jim Turner:** Anything else?

**Doctor:** Yes. Test. Don't guess.

<Applause>

**Jim Turner:** And you know, like- like she said Test! Don't guess. So let's do that right now.

<Card: TEST! DON'T GUESS.>

<audience testing>

**Mother Love:** Everybody pull out your meters, we're gonna test our blood sugars together.

<commercial break>

<Applause>

<Jim and Dr. Blumer on set>

<card: Jim Turner Actor, Bewitched, HBO's Arli\$\$>

**Jim Turner:** Managing diabetes is not a passive undertaking you need to be active in your management and your regular doctor visits are a key part of it. Dr Ian Blumer is an internist from Ontario Canada and he wrote What Your Doctor Really Thinks and Diabetes for Canadians for Dummies. Dr Blumer who should we have on our healthcare team I mean do you need to see a specialist?

<card: Ian Blumer, MD Diabetologist, Author>

**Dr. Blumer:** Well I think it's important on your health care team that you always see yourself, if you have diabetes, as being the center of a team, I think that's crucial, you have to be empowered. Then you have to find the right people to work with you and I think having a family doctor that is knowledgeable about diabetes and enthusiastic about working with you is essential.

<Card: A doctor specializing in diabetes is a key asset in diabetes management.>

**Dr. Blumer:** I think seeing a diabetes educator on an ongoing basis is crucial.

**Jim Turner:** Uh-huh, CDEs.

**Dr. Blumer:** Absolutely, and a nutritionist. I think seeing a specialist is important. If you have type 2 diabetes at least wants to make sure that all the different bases are being covered.

<Card: To find dieticians, CDE's and other specialists visit [dLife.com/locator](http://dLife.com/locator).>

**Dr. Blumer:** But family doctors do the- the brunt of the ongoing care so although a specialist, I mean I'm a specialist I like to think I have a role to play, but I- but I realize that the family doctor actually has a more important role 'cause they'll see the patient indefinitely and I may see the patient just periodically.

**Jim Turner:** A lot of people feel very, you know rushed and intimidated by doctors, it's a whole bunch of information just sort of coming at us all at once, is there anything we can do to change that, to analyze that better?

**Dr. Blumer:** Well it is intimidating. I mean when I see my own doctor I feel intimidated and I'm a doctor uhm... it's an intimidating situation. So I think the key thing is to look at the doctor as being there to help you along and I think if you go into the doctor's visit recognizing what the key issues are, you can make sure they're covered. If you go into a doctor's office sort of blindly and say, you know doc you- you run the show whatever happens happens, sadly I think people don't get the care they require. If I have a patient who comes in and they know their blood glucose readings and they know their blood pressure and they know how things are going with their feet I find they can get so much more out of the visit and they leave feeling so much more upbeat, they feel like, you know, I really- I really got a lot out of that. It's helpful for me.

**Jim Turner:** Well let's uh... let's do that right here with our audience. How many people had their blood pressure checked in the past year?

<Audience hands raise.>

<Card: 65% of people with type 2 diabetes have high blood pressure.>

**Dr. Blumer:** Now how many of you, keep your hands up if you're sure you remember the actual blood pressure reading, okay a few hands still up. Now keep your hands up still if you know your blood pressure reading and you're sure it was within the American Diabetes Association target. Okay, thank you very much.

<Card: Normal blood pressure is 120/80mmHg or lower.>

**Dr. Blumer:** So you can see there- there's maybe 5% of- of the audience and these are clearly people that are passionate about their diabetes management which is fantastic, it's a pleasure for me to see that. But I think if you know your blood pressure reading and you know what the target should be, if you say to your doctor, you know doc, you just told

J. Anthony Brown / Nicole Johnson Baker /Mother Love / Jim Turner / Episode 128

me or I just found out from you my blood pressure is 140/90, I hear the American Diabetes Association says it should be under 130/80.

<Card: Early treatment of high blood pressure is key in preventing kidney disease.>

**Dr. Blumer:** Doctor how could I work with you to get it down to what it should be? If you're lucky enough to have a doctor who's interested and caring, their eyes will lighten up and they'll say this person wants to work with me, I'm not gonna have to twist arms. It'll be great.

<Card: Anti-hypertensive medications can reduce the risk of kidney disease.>

**Jim Turner:** A lot of us just don't get the basic information we get at the-- at our doctors appointment, I mean is there anything we can do to uh... change that?

**Dr. Blumer:** You have to be a bit demanding, you have to see yourself as being a consumer and I- I think if you- if you go in and you know before you leave the office, you need to know whether your eyes are okay, whether your blood pressure's okay what your most recent cholesterol was, you have to make sure your feet were examined.

<Card: LDL (bad) cholesterol should be under 100 mg/dl.>

**Dr. Blumer:** I mean I- I realize I'm putting a lot of onus, a lot of responsibility on the person with diabetes.

<Card: HDL (good) cholesterol should be above 40 mg/dl for me and 50 mg/dl for women.>

**Dr. Blumer:** But the truth of the matter is if you take that responsibility on your shoulders, you tend to do better and, you know, some patients say to me, you know, doctor you're expecting a lot from me and I say I wish I didn't have to, I wish that the health care system was perfect, but it's not and if when you see your doctor you make sure you're getting the key things done, you'll be healthier.

**Jim Turner:** And so what- what should you do to prepare for an actual doctor visit?

<Card: Get a dilated eye exam at least once a year from an ophthalmologist.>

**Dr. Blumer:** If you go in with your blood glucose readings to be reviewed, I think that's very helpful, I think if you go in with your medications. If it's important to have your feet examined, and if you have diabetes it is,...

<Card: A hemoglobin A1c test should be done every 3-4 months those toxins.>

**Dr. Blumer:** ...I think if you go in and you make sure if you're a woman that you're not wearing long panty hose and you go in and when you're waiting for your doctor, take off your shoes and socks and when the doctor comes in you say, you know what doctor, my feet haven't been checked recently, would you mind having a look and make sure there's nothing worrisome going on or- or even a little thing and- and it seems so silly but it can be so important like getting your blood pressure checked.

<Card: Remember your doctor works for you, not the other way around.>

**Dr. Blumer:** Everybody, every time they see their doctor for a diabetes issue, should have their blood pressure checked, but I can tell you I mean I work, you know, up north where it can be pretty cold and if people come in with big coats and sweaters, it's a lot harder to get to a blood pressure check, to get to the arm.

**Jim Turner:** I also go in a week before and have all my blood and urine tests done so that when we actually sit there, you know there's that information instead of I'll call ya later or something like that.

**Dr. Blumer:** I- I think that's immensely helpful and in fact what I encourage people to do when they're seeing a family doctor or anybody else is before you leave visit A ask for a requisition for your tests to be done before visit B and then you can share them.

<Card: GET YOUR TESTS BEFOREHAND:

Cholesterol

Hemoglobin A1c

Creatinine

Microalbumin>

**Dr. Blumer:** Because I find what- what I often see is that people say to me, you know, I didn't hear back from my doctor so I guess all the tests were fine.

<Card: WHAT TO DISCUSS WITH YOUR DOCTOR:

Records of meals, blood glucose, meds & test results.

Notes and research about your diabetes care regimen.

A plan of action for long-term health.>

**Dr. Blumer:** And I say well maybe they were fine or maybe the test got lost. Maybe your doctor never called you because they never saw the results and people find that intimidating.

**Jim Turner:** Well you're also putting a lot of responsibility on each patient's uh... shoulders to carry this burden uh... I guess maybe that's why we call it, you know our dLife, my dLife.

**Dr. Blumer:** Well- well that- that's true and- and- and some day I hope that won't be necessary, some day I hope that physicians will be so knowledgeable and have the luxury of so much time available to- to cover all bases, but until that time comes, you do need your dLife.

**Jim Turner:** Yeah. If you're looking to read up on diabetes please visit us at [dlife.com](http://dlife.com) and I wanna thank Dr Blumer.

<Card: Recruit your diabetes care team at [dlife.com/locator](http://dlife.com/locator).>

**Jim Turner:** Up next we'll have a look at some of the new products that may help you manage your diabetes with the editor of The Diabetes Close Up newsletter and consultant to the diabetes industry Kelly Close.

<Applause>

<commercial break>

<Nicole and Kelly Close on set>

<card: Nicole Johnson Baker Author, Miss America 1999>

**Nicole Johnson Baker:** Diabetes treatment has made major advancements since the discovery of insulin in 1922. From the glucose meter to the pump, management techniques and devices are constantly being researched and updated. Like me, Kelly Close, the editor of Diabetes Close Up newsletter and consultant to the diabetes industry has diabetes and she is here with us to talk about some exciting new developments in diabetes treatments. So Kelly tell us about what's new out in the market.

<card: Kelly Close Founder, Close Concerns, Inc>

**Kelly Close:** Absolutely Nicole, you know, it's been really inspiring the last, just in the last year everything that has come out after really a decade when there wasn't so much going on.

<Card: Most major advancements in diabetes have occurred in the past 10 years.>

**Kelly Close:** Right we had- we had a few things come on the market like Lantus was a big breakthrough and like you said pumps were a big uhm... but the last year alone two new drugs were developed, Byetta and Symlin, and we really began to see the emergence of real time accurate continuous glucose monitors so it's really been a pretty inspiring year in 2006 uhm... you know looks really good so.

<Card: Insulin was discovered in 1922 at the University of Toronto.>

**Nicole Johnson Baker:** Since the discovery of insulin there has not been another drug come out for people with type 1 diabetes and Symlin that you just mentioned is for type 1's.

<Card: Symlin is for people with type 1 or type 2 who take insulin.>

**Kelly Close:** That's right. Although this drug actually is for anyone that takes insulin and this drug has been uhm... just a terrific drug to see come to market because it works on what's called post prandial blood glucose levels so that means after- after meal blood glucose levels.

<Card: Symlin works with insulin and is taken at mealtimes.>

**Nicole Johnson Baker:** And nearly everybody probably has high after meal blood sugars.

**Kelly Close:** Yes.

**Nicole Johnson Baker:** Give me some details about Symlin, how does it work, what is it?

**Kelly Close:** Absolutely. So Symlin is- is a natural hormone and what happens is in normal people this is co-secreted right along with insulin and so if someone is diabetic they actually have an absence both of insulin and of Symlin, okay? And I think people didn't know this for a very, very long time.

<Card: Symlin is a form of the hormone amylin made by the pancreas.>

**Kelly Close:** But then they started to work on a recombinant version, so an artificial version of this, and so this medicine has now come to market, it was approved in uhm... 2005 and so what happens is this is a- an injectable medicine that you take before every meal and this is-- it is incredible because it just really works on the-- again the post-meal high.

<Card: Recombinant DNA (rDNA) technology was pioneered in the late 1970's.>

<Card: Since 1980, insulin has been produced using rDNA technology.>

**Kelly Close:** So it works to bring those levels down.

<Card: Symlin slows digestion, reducing a glucose surge after eating.>

**Nicole Johnson Baker:** And one of the side effects is actually not such a bad side effect.

<Card: People with gastroparesis should not take Symlin.>

**Kelly Close:** Yes that's right- that's right. One of the things that has been really consistent in clinical trials, and this has been tested in hundreds and thousands of patients, is that everyone seems to lose weight on this drug.

**Nicole Johnson Baker:** Well there's another new drug that's come out that is also an injectable. It's Byetta.

**Kelly Close:** Byetta is a really interesting uhm... it's a- it's a very interesting drug, it's what we call a very smart drug, so this...

<Card: Byetta is for type 2 and reactivates insulin-producing beta cells.>

**Nicole Johnson Baker:** So this is it it's right here?

**Kelly Close:** Yeah that's right- that's right, this drug is taken by injection and it's taken twice a day and as I said what we- we call it sort of a smart drug because it really mimics what should be happening in the body, okay.

<Card: Byetta is a synthetic form of a hormone found in the gila monster.>

<Card: The gila monster can regrow pancreatic beta cells after hibernation.>

**Kelly Close:** So people uhm... people will take this injection and it begins-- it's actually really interesting because the drug really starts to work immediately and again some of this is working on--- particularly on the- the- --- all the glucose levels really it's bringing them down so that people on average in all of the clinical trials had an A1c drop of about 1%.

<Card: Ask your doctor about possible side effects before taking any drugs.>

**Nicole Johnson Baker:** Wow.

**Kelly Close:** Yeah, which was great, and they also found that they lost weight very consistently on this drug as well.

**Nicole Johnson Baker:** Well another outside of the new drugs that have come out all kinds of new things are happening in technology and- and you and I both are big fans of technology, there are all these continuous monitoring devices.

**Kelly Close:** The continuous monitors have really come down in size where there are 3 parts so what- what you have is a sensor that actually it will go on your abdomen or on the side of your arm uhm... then you have a receiver which is where the little scores come through and then it's a transmitter, so the transmitter actually sits on the sensor and it's sending wirelessly.

**Nicole Johnson Baker:** <Inaudible> like a pager.

**Kelly Close:** That's right- that's right and so I was really lucky because I got to be in a trial for one- for one of the products. There's actually one of that's been--- that's out on the market that's already approved, which is called the Guardian RT, that's made by a company called Medtronic and then there are two more that are--- that we do expect to see approval in 2006.

<Card>

The Guardian RT is currently available in 7 test cities in the US.

<End Card>

**Kelly Close:** Uhm... one is called the Deckscom XTS so short term system and then the other one is Abbotts Navigator and so- so I got to be in one of the trials and this was just amazing because so what happened is, you know, put the center on, you click it on it's very easy and then what happens it warms up and then you open the little receiver and you see what your blood glucose is. I still won't remember-- I could never forget what it was like the first time I saw it and it said my blood glucose was 129 but it had an arrow and it said it was going straight up.

<Card: Continuous glucose monitors can take 288 – 1440 readings daily.>

**Kelly Close:** So that's a very, very-- that's very different information, you know what was great about it is I just put the receiver to the side and went on with my work and what-- so it'll alert you when you're going too high or when you're going to-- when you're going to low or going too high so that was what was really inspiring. It wasn't all-- it wasn't about too much information, it was actually just the information that I needed and so what you do is you preset the numbers that you want in the system and then you just let the system run. So I think for me I think it was something like, you know, tell me if I'm going below 80 or tell me if I'm going, you know, above 140, something like that and it would just beep at me.

**Nicole Johnson Baker:** That's amazing.

**Kelly Close:** Yeah so.

**Nicole Johnson Baker:** So well another new development has been in inhaled insulin. How big are these devices right now?

**Kelly Close:** The devices right now are still on the bigger side.

**Nicole Johnson Baker:** Because the one's I've seen are, you know....<laughs>

**Kelly Close:** Yeah the- the devices- the devices are still on the bigger side. I think with every medical device, you know, you see miniaturization over time. But I have to say, you know, for people that just refuse to take insulin, you know, the public-- from a public health perspective this is huge, you know, if many more people would go on insulin who really should be on insulin this absolutely will be an option for a lot of people.

<Card: Exubera, the first inhaled insulin, was FDA approved in January 2006.>

**Kelly Close:** And this is also an issue with continuous monitoring, we also don't when insurance companies are going to pay for the-- all of these things.

**Nicole Johnson Baker:** Right.

**Kelly Close:** Byetta and Symlin hasn't been a problem to get reimbursement for. Continuous monitoring and inhaled insulin I think it'll be a little slower.

**Nicole Johnson Baker:** There is something that I haven't heard of and it's this new anti-addiction drug called Accomplia.

**Kelly Close:** Obesity medications in the- in the actually world- world wide only sell about a billion dollars a year okay so just for context, compare that to cardiovascular medications which sell about 86 billion. Think about just statins alone are a 26-billion dollar market so obesity medications are less than a billion. Why is that? there are no good obesity drugs out there.

<Card: Accomplia is an anti-obesity drug, but has potential in treating type 2.>

**Kelly Close:** They really have a lot of side effects all of that sort of uhm... you know, just- just very difficult to take. As the body normally works there's just a natural rhythm for how food is processed and how energy is processed throughout the body. It is thought that in people that are overweight maybe these receptors are actually over activated so there's just too much going on, right. So what this drug does is sort of calms the signals, okay.

<Card: Accomplia works with the chemicals in the brain linked to addiction.>

**Kelly Close:** So Accomplia has actually-- it's interesting it's sort of being billed as anti addiction, so it's actually thought that this might be helpful both for- for things like overeating but also maybe for smoking, maybe even things like alcohol, gambling.

<Card: Accomplia promotes weight loss and increases insulin sensitivity.>

**Nicole Johnson Baker:** So it could help people with type 2 diabetes mainly?

**Kelly Close:** Uh yeah well as I've seen the research, it works to help people lose weight, but also to actually improve their cholesterol levels, that's, you know, sort of a positive side effect of it.

<Card: ASK YOUR MD ABOUT NEW PRODUCTS:

Byetta

Symlin

Exubera

Accomplia

Continuous Glucose monitoring>

**Kelly Close:** And so we have to see how the data comes through. I think it's really important with all of the new drugs that are out there, you always have to have ask your health care providers about the side effects, you know, and those for- for approved drugs or for drugs that are coming. So we are always just watching for more and more data to come out but we really do applaud all of the scientists and researchers out there who are working to help patients with diabetes.

**Nicole Johnson Baker:** Thank you so much Kelly there's so much to talk about in all of these emerging and exciting products that are out there and in development.

<Card: Keep on top of new products at dLife.com.>

**Nicole Johnson Baker:** You can find out more about Kelly and her latest articles at [www.dLife.com](http://www.dLife.com). UP next we're in the kitchen with dLife's guest chef Chris Smith, The Diabetic Chef for some tasty treats.

<Applause>

<photo of Joe Gibbs>

<Card: Hall-of-Famer Joe Gibbs coached the Redskins to three Superbowl victories and now he tackles type 2 diabetes.>

<commercial break>

<Applause>

<card: Mother Love, Author and TV Personality>

**Mother Love:** Welcome back and joining us is dLife's guest chef Chris Smith, The Diabetic Chef, he's here today to show us some smart ways to satisfy our sweet tooth. So what ya whipping up now chef?

<card: Chris Smith, The Diabetic Chef>

**J. Anthony Brown:** What are we cooking today?

**Chris Smith:** Well we are cooking Tiramisu Bites.

**Mother Love:** Tiramisu Bites.

**Chris Smith:** This absolutely fantastic, we've got a light

<Card: Remember to limit portions and limit carbs to stay in control.>

**J. Anthony Brown:** What's this first?

**Chris Smith:** This is light whipped cream cheese. We've got a light whipped topping then I'm gonna add a little bit of vanilla.

**Mother Love:** Okay now there are a lot sugar substitutes out there so you really don't need to use sugar in most of these preparations correct?

<Card: For this and other great recipes visit [dLife.com/recipebox](http://dLife.com/recipebox).>

**Chris Smith:** Correct and what I have here is actually Splenda Blend and this really works very well to giving that sweetness to it and then it still gives you the control and the moderation that you want.

**Mother Love:** And Splenda's really good for baking as well, it doesn't seem to break down under all that heat and I know it's a no-carb, no-calorie substitute, you know and I just, I love baking with it personally.

**Chris Smith:** It- it- it works fantastic. This is actually coffee and we've cooled this down and we're gonna add this to it, now it's gonna start to look a little watery but what we're gonna do is just kinda incorporate this. It really gives that coffee desert flavor and quality and as I do this, Mother Love, why don't you take that pastry bag.

**Mother Love:** Oh the pastry bag.

**Chris Smith:** Because that's the finished product and look at that Mother Love you are going great, And J., we've got the finished product right here. What I want you to do is just take the cinnamon and just kind of give it a light garnish, give it that- give it that wrist action there, there you go.

**Mother Love:** They look great though.

<Card: TIRAMISU BITES

60 Calories

3g Carbohydrate

1g Protein

5g Fat>

**Chris Smith:** Now what we also have here is just some fruit puree, we've got a kiwi, we've got a strawberry and also a blueberry so this could also be used as a garnish whether you wanna have this on top...

**Mother Love:** And that's just pureed fruit, nothing added?

**Chris Smith:** That's just pureed yeah, you know, it just gives a color and gives it dimension so in either way you wanna go, this is a smaller portion it's bite size and it's just great pieces that you can enjoy one at a time. And there you go it's a wonderful, wonderful desert and it really brings it back home.

<Card: Adding fruit puree adds carbs. Be mindful of your carb-counting.>

**J. Anthony Brown:** Thanks Chris, that was great. When we come back, Dr. Richard Bernstein will offer some tips on accuracy with your numbers.

<Card: For this and other great recipes visit [dLife.com/recipebox](http://dLife.com/recipebox).>

<video of Dr. Bernstein>

<card: Richard Bernstein, MD Diabetologist>

**Dr Bernstein:** If you've handled food, skin lotion, or glucose tablets before checking your blood sugar, you can get an artificial increase in the reading. So be sure to wash your hands first. If you can't find a sink just lick your finger off.

**Mother Love:** Wow, that's all the time we have for this week. Thanks for tuning in and thanks to our guests; Dr. Ian Blumer, Kelly Close and dLife's guest chef Chris Smith, The Diabetic Chef, and remember it's your dLife, you are responsible for your diabetes life. We'll see ya next week.

<Card: Hear more from our hosts and today's guests on dLife Backstage Podcasts and [dLife.com](http://dLife.com).>

<Card: dLife, Sunday Nights 7PM ET, 4PM PT>

<Card: To order a copy of any episode of dLifeTV visit [www.dlife.com/orderdlifetv](http://www.dlife.com/orderdlifetv).>

<Applause>

<Card: dLife TV is produced by LifeMed Media and does not represent the views or opinions of CNBC, Inc.>

<Credits>

**Nicole Johnson Baker:** Remember we're not role models, we're people living with diabetes just like you. What we do and how we manage may work for us, but everyone is different and you have to work with your diabetes care taker to find out what's best for you. Remember, it's your dLife and there's no substitute for getting control of it.

#### End of Episode 128 ####