Preface by Stephanie A. Eisenstat

When I was first told I had diabetes, I was in shock and so was my family. I was a new mother in my thirties, and no one in my family had diabetes. For months I had been experiencing weight loss, fatigue, increased urination at night, headaches, joint aches, and frequent yeast infections. Despite being a doctor and knowing better, I thought all these problems were due to my stressful life—raising my children, caring for ill family members, working full time, having a husband who traveled for business, and generally being the one who holds all the pieces together. I viewed myself as a strong, healthy person with relatively healthy living habits. I visited my doctor at most once a year for that annual pap and flu shot.

All that changed after diagnosis. In my case, I went right on insulin and battled with high and low blood sugars, a new eating schedule at home and work, and frightening information from specialists about all the potential complications of this disease. The first time I saw the eye doctor, despite his best intentions he proceeded to recite a litany of awful things that would happen to me, including blindness, if I didn't take this diagnosis seriously. And although I knew all this as a doctor, hearing it as a patient was different and, frankly, increased my denial of the disease. Over the ensuing months, with the help and understanding of my health care team, I came to realize that the signs and symptoms I had been experiencing all led to the same conclusion, confirmed by a simple blood test: I really did have diabetes. I had to come to terms with my illness before it got out of control and impacted my physical well being, emotional outlook, friends, family, co-workers—in short, my entire life.

Looking back, I consider myself lucky. I had symptoms that brought me to the doctor, whereas for many people diabetes is a silent killer. I live in Boston, a mecca of medical care, with superb doctors and health care teams, whereas many Americans are without health in-

surance and must bear the high cost of drugs and diabetes supplies themselves. I started on insulin and soon felt much better. Some people don't feel back to normal for some time.

I quickly realized, however, that diabetes can be emotionally wearing at best and downright oppressive and frightening at worst. All of a sudden (and for the rest of your life), you need medical care, and you have to learn how to navigate a complex medical care system. You also have to self-manage diabetes outside the doctor's office: monitoring glucose at home, watching what you eat, taking medication, understanding your symptoms and communicating with your health care team, exercising when you don't have an extra minute in your day, and maintaining a strong conviction that you will beat this disease and prevent all the complications associated with it.

Many of the patients with diabetes whom I care for in my own general medicine practice share my sentiment. They, too, are frustrated because on a day-to-day basis they find it difficult to meet diabetic targets: the HgbA_{1C} under 7 percent, fasting blood sugars less than 100–120, normal cholesterol panel, ideal body weight, and so on. They sometimes feel lost and deflated. They don't get a chance to hear from those who are successfully managing their disease. They may not yet realize that even though everyone's situation is unique, they are not alone, that, with psychological support, diabetes education programs, and a good medical team, they can become active participants in their care rather than passive observers.

About two years ago I approached Dr. David Nathan, one of my colleagues, a superb clinician, researcher, and leading expert in the diabetes world, and asked if he and Ellen Barlow, a medical writer, would work with me on a book to help women better understand diabetes and its complex management issues. Together we created *Every Woman's Guide to Diabetes* to empower women to self-manage diabetes in partnership with their medical team, and to more readily translate "diabetes awareness" into action.

This book is the "what, why, and how to" of diabetes care for women. We cover the unique aspects of the disease for women, the na-

ture of diabetes, its causes and potential consequences, the complexity of medical decision making and treatment, and the challenge of core lifestyle changes critical to successful prevention of complications. We also suggest strategies to decrease stress and feelings of isolation, and offer management techniques for home and work. We talk about the dreaded “diabetes diet” and explore how to make smart tradeoffs when choosing what to eat. We highlight the relationships between what you do during the course of a day, how you feel, and their impact on glucose control. We also let you know how to reduce your risk factors for heart disease, the number one killer of women with diabetes. And we provide tips for starting an exercise program and advice for making the most of your medical visits.

We hope this book helps you and your families avoid the pitfalls that I and others have encountered over the years.

This book is for any woman who has diabetes or may be at risk for diabetes, and any family member who wants to learn how to help make diabetes more manageable at home for their loved ones. It is meant to complement the information you receive from members of your medical care team, who know your situation best. More important, the aim of this book is to make those of you with diabetes realize that you can feel physically and emotionally better. By learning effective strategies, you can control this disease rather than feeling that the disease is controlling you.

Be healthy!

Stephanie A. Eisenstat, M.D.