All About Type 2 Diabetes and How to Lower Your A1c Transcript

(Transcripts are generated by AI and may contain errors)

Welcome and Walk Overview

Twelfth Walk with a Doc. Thank you to many of you who have been here before and thank you for making this a reality because it's now been one year that we've been doing this.

So a round of applause to all of for you making that happen. To those of who are new, a very warm welcome. What we do here is we our little health talk first.

We'll go over some quick housekeeping, we take a group photo and then we'll do our walk for about 45 minutes together. Does that sound okay? Yeah, okay.

So today's a little bit about me first. My name is Dr. Hussain Kimji. I'm on a mission to help people with three things. To help you become your happiest and healthiest self.

Help you manage, prevent, and reverse chronic diseases. And help your optimize your mental health and your emotional well-being. More important than that, I am also a human being in progress.

so I here to walk the talk with you, not just tell you what to do. and obviously get my steps in as well. Part of what I do and walking that talk is hosting the Calgary Walk with the Doc chapter.

So this is our local chapter, there's over 700 of these around the world. It's actually Walk With the Docks 21st anniversary this year and I'm going to have an announcement about that at the end of the walk as well.

So for today's health talk, we're going to talk about type 2 diabetes.

Introduction to Type 2 Diabetes

Type 2 Diabetes, why does this matter? It's one of the most common chronic diseases out there. It affects millions of people around the world. And in Canada, 95% of diabetes cases are actually type two diabetes, so that's what we are going focus on today.

Before I kind of go, oh, why is it important to me is diabetes I often think about as a silent disease or a Silent killer. So it often presents with no symptoms or we are very, we're diagnosed very late in life.

We often feel like, Oh, I was suddenly diagnosed when it's actually something that's been brewing for years. The more you can know about it early and now, the better you Can be at managing, preventing or reversing.

Does that make sense so far? Okay. Before we go into type 2 diabetes, there are different types of diabetes. Can someone tell me the other kinds? We have type two, what are other types?

You can just shout out. Type one, very good. What else? Type 1 and 2, by far, there is a type 3. Do we all know what type three is? Type 3 is when you have type 2 diabetes or insulin resistance, but it's associated with the risk of developing Alzheimer's dementia.

So there's a Type-3, good. Type one, type two, Type three, and there another term called pre-diabetes. Have you all heard of pre diabetes? Pre-diabetes is a relatively new term.

What it indicates is an increased risk of developing type 2 diabetes. And the way we measure it is in your blood work, which I'll talk about later, and it means that the blood sugar levels are high, more than normal, but they're not high enough to give you a diagnosis of diabetes, make sense?

Okay. So let's talk about type 2 diabetes.

Symptoms, Screening, and A1C Basics

In terms of signs and symptoms, as I mentioned, it's very silent. But if you were to have signs or symptoms you'd be looking at the top three common signs often coming together.

Frequent excessive thirst, more than usual. frequent urination, peeing more often. And blurry vision. There are two other common symptoms to watch out for.

Chronic fatigue and low energy. and unintentional weight loss. As I mentioned, we do blood work in clinical practice to help you see. So this is a good time to see your health care provider, your family doctor.

This is why screening and preventative care is so important. They will do a blood test usually annually after the age of 40 or every three years called the hemoglobin A1C.

Familiar with that? Heard about that. A1C is just a measurement of the percentage of red blood cells in your bloodstream that sugar has bound to. So A2C, there's three kind of cutoffs or ranges that you should know.

Less than 5.7% is normal. That's good, that's what we're aiming for. 5,7 to 6,4%, that the pre-diabetes. Again, risk of type two. And anything greater than 6.5% as type 2 diabetes.

Good? I can ask you that at the end maybe. So signs and symptoms we talked about, risk factors we talk about. In terms of management, I think this is the most important thing and many of you know I like to leave you with practical, actionable things that you can actually do at home and in your life to improve your health.

My top four recommendations or strategies to optimize your heath, manage, prevent and even reverse type 2 diabetes are the following. nutrition, movement, weight loss, and support.

I'm going to tell you a little bit about each one. So, number one, nutrition. You want to try to increase and decrease two different things.

Four Key Management Strategies

you want eat more of and prioritize high fiber foods and lean protein foods. The high-fiber foods you wanna eat of, as you know, are fruits and vegetables, healthy whole grains, beans and lentils.

The foods you want to eat less of are sugary beverages especially, but also highly processed or ultra processed foods and refined carbohydrates. So nutrition is number one by far.

Movement is Number two, regular physical activity matters immensely. You're aiming for 30 minutes a day, five days a week of moderate intensity aerobic activity.

That's generally what we call cardio, where you are getting your heart rate up, you might feel a little out of breath, that's good and normal. So 150 minutes a week.

And in addition to that, strengthen resistance training, building muscle as well. So nutrition and movement. Number three, weight loss. It doesn't need to be anything extreme.

Just five to 10% of body weight lost in clinical practice, that's modest weight, loss can significantly reduce your risk of developing or having or keeping type two diabetes.

number four is support. I think this is a very important pillar or reason to look after your diabetes for two reasons. Number one, medications do matter in type 2 diabetes.

Things like metformin and pagliflozin, GLP-1 medications. These all play a critical role to help a lot of people manage their diabetes, but it does not need to be one or the other medication or lifestyle.

It can be both. They can work synergistically together. And the second part of support is community. So getting together with other people who have type 2 diabetes so you can work with each other, learn from each, seeing your health care provider or your family doctor regularly, an endocrinologist who is a specialist in type two diabetes.

If you need more support, there's certified diabetes educators, nurses, and many other multidisciplinary allied health professionals who can help with type-2 diabetes, so support is that last one.

You guys are gonna remember all four? For those of you who have been here before, you know I'm all about lifestyle medicine, which has six pillars. You would have noticed two of those six are of the pillars, so we have nutrition and movement, but we also have positive social connection, part of what we're doing today, avoiding and eliminating risky substances.

alcohol, smoking, drugs, high quality restorative sleep and also stress management and stress reduction. And working on all four of those pillars in addition to the four things I mentioned will also help you manage, prevent and reverse type 2 diabetes.

Still with me?

Lifestyle Medicine and Remission

The very last thing I wish that you take away today, aside from those action points, is that, you actually have the power in your hands, in you lifestyle, your habits, and your choices, to manage, prevent, literally reverse type 2 diabetes.

When I say reverse, it's a catchy sounding word, we can truly put it into what we call clinical remission, where that A1C number in the blood work will be below 5.7 for at least a certain amount of time, based on your lifestyle management.

Maybe some medication again as needed. Does that all make sense? Excellent. I promise we'll still go for a walk today before I get to the housekeeping and anything else.

Do we have any questions, comments, things anyone wants to share? You're all experts in type 2 diabetes. Yeah. Good. Okay, that's fine. That's okay. So yeah, so the comment was that someone has had pre-diabetes for many years and has been dancing in that range of 5.7 to 6.4. Thank you for sharing that.

What I would like to share in response to that is that's not a bad thing. I see a lot of patients and clients all the time saying, oh, my A1C is 5,8 so it's good enough.

5.8 is a fantastic A1C. You still don't have type 2 diabetes or you've put it almost into remission. The other important thing about this is to maintain your success.

It's not just about hitting a target, hitting number, or hitting goal. That's a great thing to do. it'll take you three months, you can do a quick fix program, but how are you going to stay there for the rest of your life?

Audience Questions and Person-First Language

So it's important to think about long term rather than short term. Thanks for sharing that. Anything else? He once made a comment to me about the opposite perception of diabetes.

About which, sorry? Diabetes. Oh yes, yeah. Definitely. Thank you. So this is one of my most important things. This is a hill I will die on. Person first language.

All the time. Healthcare providers, physicians, myself included, nurses, patients, colleagues. Doesn't matter what your role is. Human beings. We tend to say, I am a diabetic.

Oh, the diabetic in room three. That diabetic is in the emergency room. No, you are not your disease. That is not you identity. You as a human being have value and worth.

I have type 2 diabetes. I have a condition that I can manage. As soon as we ascribe our value to I am obese, I'm diabetic, it changes the way we look at the problem.

So as much as you can catch that every time you hear yourself saying it, I'm a diabetic. pause, I have diabetes, obesity, it now becomes something A, not tied to you and B, something external to which you can manage.

Great point. Anything else? Good.

Housekeeping and Group Photo

If you have more questions, thoughts, you can catch me along the walk. Quick housekeeping. We'll do our usual 45 to 50 minutes. There's no rush. It's not a race.

You can walk at your own pace. In the mall, it's great. They're seating, washrooms, water. Help yourself. Take your time. Please be aware of your surroundings.

Let other people pass by you. I will come and try to say hi to all of you along walk, so you might see me sprinting or running here and there, but you don't have to do that.

And we'll take our group photo now, and then we will get going. Does that sound good? Yeah?