

# Balance365 Episode 223 Transcript

ANNIE BREES (INTRO)

Welcome to Balance365 Life Radio, a podcast that delivers honest conversations about food, fitness, weight, and wellness. I'm your host Annie Brees along with co-founder Jennifer Campbell. Together we have a team of personal trainers and nutritionists who coach 1000s of women daily and are on a mission to help women feel happy, healthy, and confident in their bodies on their own terms. Join us here every week as we discuss hot topics pertaining to our physical, mental, and emotional well-being with amazing guests. Enjoy.

ANNIE

Hello, everyone. Today we're back with part two of our series all about type two diabetes. If you haven't listened to part one, please go back to last week's episode and listen to it. First, we did a deep dive into what type two diabetes is, why it's important to be diabetes aware, and how you can assess your risk for developing it. Today, Jen and I are back to continue the conversation. And alongside us is Jen's sister Janelle Edwards. Janelle is a nurse and was also diagnosed with type two diabetes recently. She was so helpful in helping us create the outline for these two episodes that we asked her to come on and share her knowledge and experience live. It is one thing to hear diabetes stats and facts. It's another to hear someone else's story. So a huge thank you to Janelle, from the Balance365 team and our whole community, for sharing her type two diabetes awareness, passion, and experience with us. If listening to these two episodes is inspiring you to get serious about changing your habits, you have got to check out our Fat Loss Foundations course, if you want a simple, clear, realistic framework for health, wellness, and weight loss. Click the link in our profile to learn more about it. Enjoy this episode friends.

ANNIE

Okay, Jen and Janelle, we're going to get into the stuff that I think everyone is probably really eager to know at this point. If they listened to part one, we covered all the foundational details at a high level, of course, about type two diabetes, and now we're going to get into the lifestyle changes that someone can make to minimize the risk of developing type two diabetes.

JEN CAMPBELL

Yeah, and Janelle, would you agree that they are similar to what someone would do if they have diabetes?

JANELLE EDWARDS

Yeah, I don't think that I would do anything differently. If I was prediabetic, or now, I think it's, it's all just healthy, good stuff.

JEN

Yeah. In addition to, you know, medical care as well, right? So in our, what's in our scope of this conversation, is to talk about lifestyle changes. But of course, there's the medical and pharmaceutical route as well, that can be really important. And I know Janelle is going to talk about a little bit about kind of her thoughts there. Because there's just kind of some even, I don't know if it's like stigma or shame or people...Yeah, there's people that are very resistant to that route as well, hey, Janelle?

JANELLE

For sure.

JEN

Yeah.

ANNIE

And looking ahead at these, I mean, as Janelle said, these are only going to help support your health, whether you're prediabetic, type two diabetic, or neither, right? These are all really great, just foundational, healthy behaviors. So, you want to kick it off, Jen?

JEN

Yeah. I also want to mention that as I was creating this outline, I found a doctor's blog who specializes in managing type two diabetes and prediabetes in her patients. And she feels very strongly that this is just healthy living. And she feels very strongly that everybody should be trying to, or living in a way to prevent type two diabetes, which I just found a very interesting perspective. And of course, I don't want anyone to go like off the rails panicked about that at all, but I will share that with my risk factors of type two diabetes, for me, it was a very empowering reason to you know, create habits and stay consistent with habits and something that created a stronger intrinsic driver for me than weight loss ever did. It's me, as Janelle was saying, in part one, it's me getting honest with myself and looking at my family history and my own risk factors and saying like, "Look, this is important for me to live a good quality of life. And diabetes aside, these habits actually support me feeling well day-to-day." Janelle and Annie are just nodding at me. [Laughs]

JEN

I am not used to recording a podcast with three people, okay? It's like, can I talk? Is she gonna talk? Can I come off mute?

JEN

Yeah, it is a little tough. Usually actually, when Janelle and I are together, nobody can get a word in edgewise, which I think Annie is also used to from being around the two of us. [Laughs]

JANELLE

I'm trying to behave.

ANNIE

Stay in line, stay in line. So they invite me back. [Laughs] Okay, so let's get back to these lifestyle changes. Jen, what's the first one?

JEN

Seven to nine hours of sleep per night. And that is because sleep deprivation increases insulin resistance, and causes an elevation in blood sugar levels, it can also increase our hunger hormone, which can, which stimulates your appetite. So, and when we're coaching women, it's not just that, it's not that sleep deprivation is just increasing hunger. It's also increasing cravings in absence of hunger. And, you know, I would say, in my experience coaching women for the last six, seven years, and even in my own personal experience, people who are sleep deprived aren't like sitting down to a balanced meal, they are looking for high energy, like calorie-dense, high carb foods.

ANNIE

Absolutely.

JEN

Anything you want to add about that, Janelle?

JANELLE

That about covers it.

JEN

I want to add that, we have members going through different seasons of life that really make sleep difficult, if not impossible, right? So we have, might have people with children who aren't sleeping, we might have people who are experiencing, like going through perimenopause and are having sleep disruptions. And also people struggle with insomnia, like, it is a medical issue. And we would say just, if it's a season for you, is just about doing the best you can with what you have. If you are in perimenopause, and this is concerning to you, we have a whole podcast on sleep and menopause that we could link to in the show notes and you could go back to listen to.

JANELLE

I think that people, when they, when we talk about sleep management and stress management in terms of your health, I think people interpret those as really like fluffy, extra things for your health. But there are very real physiological consequences to sleep deprivation and stress. And so they're just as important as like the other things, the main players that we talk about.

JEN

Yeah, so if you had a pie chart, and you were going to separate this out, I think the belief is that like nutrition is 90% of the type two diabetes puzzle, but it is not. All of these things we are mentioning, and that we mentioned in the last podcast as risk factors, they have a place on that pie. And of course, I can't say exactly how much room they each take up. And that probably comes down to the individual. But I think it's really important to zoom out from type two diabetes

just because we have a society that is already obsessed with food that they can kind of latch on to the nutrition component of type two diabetes as well.

JANELLE

And these are also components that, they don't stand alone. They're very interactive, like your sleep affects your nutrition, your stress affects your sleep, it gets -

JEN

Stress affects sleep, your, you know, your energy levels -

JANELLE

They're very intertwined. So they all matter.

JEN

Yeah. Number two is stress management. So when you're stressed, your body goes into fight or flight mode. Stress hormones are released, your cells make energy available to use, you know, to fight or to flight, whatever you're going to do. So chronic stress combined with insulin resistance will create persistent high blood sugar levels. And for stress management, I don't want to leave you hanging. Stress management is so individual, so there is reducing stressors in your life where you can. And I mean, there's, some stressors are controllable, and some are uncontrollable. Sometimes, you know, the different coaching that we do in Balance365 on stress management is like helping people manage their response to stress, right? Because we all have different responses to stress. And we all have different coping mechanisms. And stress management is about assessing what your strengths are, what your coping mechanisms, are and thinking about how you can improve them so that you can improve your response to stress. But then of course we have uncontrollable factors, right? That cause people a lot of stress. And what we are saying here is focus on what you can control.

ANNIE

And I would say it's so common among our members, among my circle of friends, that two common stress management strategies are eating and drinking, drinking alcohol.

JEN

And drinking. Yeah, both which as Janelle said, it being so interactive. Yeah, those things then can contribute to pushing you along that risk factor line.

JANELLE

It's such a vicious, like, self-feeding system. And almost like once the process starts, it's almost like a runaway train. And so if you don't know what's going on, that's just why it's so important to have that information.

JEN

Yeah.

ANNIE

And especially as you were saying about the hyper-focus on controlling the food, if you are using, we talk about this with our members all the time, if you're using food to manage your stress, and then you just take it away, your stress management is then left unattended to, so developing other ways to manage that outside of food, as you maybe make nutritional choices, changes in your choices, is really important. Whether that's a mindfulness practice or an exercise routine, or taking up a craft or a hobby that helps regulate you is really important.

JEN

Yeah, absolutely. Talking to a friend, like connecting socially, there's -

ANNIE

Therapy.

JEN

Therapy, yes, we have a whole podcast on stress management actually.

ANNIE

Or you know, the thing that no one really wants to do is maybe just reduce the demands on your life. [Laughs]

JEN

Set boundaries with problematic [laughs] you know, family members.

ANNIE

That's not always an option. But you know, maybe it's a matter of just telling people "No, I'm not going to do that."

JEN

Yes. So the third thing I want to mention, to help manage risk of developing type two diabetes is exercise, regular exercise. And I think, after researching this, I would add like frequent movement to that. So exercise reduces blood sugar levels, exercise improves insulin sensitivity. And then the opposite, being sedentary can lead to insulin resistance. And so we mentioned in part one, just in our opening, that even small changes can, you know, completely change your trajectory here. And, you know, because we live in such an all-or-nothing society, you know, just hearing this can make people just want to go crazy on some new exercise program. But just getting moving. Just 10 minutes of walking a day can be enough. What are your thoughts, Janelle?

JANELLE

Well, it really plays into that stress piece again, if you're sedentary and you get a diagnosis, and you think you're going to wake up the next day and do an Ironman, well, that is -

JEN

[Laughs]

JANELLE

- stress on your body.

JEN

Good point. Yeah. So managing your stress as you are dialing up your exercises, right?

JANELLE

So like, you know, we can never say enough about walking, and the stress reduction properties of walking, as well as you know, that insulin sensitivity piece like it's, yeah, just a little goes a long way.

JEN

Yeah, and like a good guideline is that in you know, most like reputable organizations exercise guidelines is 150 minutes of, I think moderate cardiovascular activity a week, which could break down to 5 30-minute sessions, or you could break those down even further if you want to take 3 10-minute walks a day. But when I was reading about this, it was talking about how just standing up from a sitting position can improve your insulin sensitivity.

JANELLE

Right.

JEN

Like just moving.

JANELLE

Just move, and it doesn't have to be like all or nothing, you don't, if you were sedentary and walking or doing anything for 150 minutes a week sounds intimidating, well, 30 minutes a week is a lot better than zero minutes.

JEN

Yeah, absolutely. So yeah, I just want to make sure we're being really encouraging here. And that anything can really be helpful here.

JANELLE

And especially, I'll say like with that fatigue piece, if you're dealing with that fatigue from your illness, doing something like you know, starting a whole brand new exercise routine an hour a day, like that's just not going to be realistic. So literally anything is better than nothing.

JEN

Really the enemy here is being sedentary, creating insulin resistance. And so there is a lot of days where I'm sedentary and that's because I have a desk job like Annie. [Laughs] And we sit at desks for our jobs the majority of the day. And so even as I was working on this outline, you

know, it's like, "I know, I know, I should get up and move around." But some days, I'm just putting in and having those days. So even just thinking about it this way and going, "Hey, it really matters when I just get up from my desk for 10 minutes to break up by day." Like it really does matter.

ANNIE

I just looked at, I have an Apple Watch. I just looked at my steps. It's mid-afternoon here. I'm under 1000 steps for the day. [Laughs]

JEN

Oh, yeah, I have days like that. I have days like that as well.

ANNIE

Even at this point, taking an extra lap around the house when I go to the bathroom would be a step in the right direction, no pun intended.

JEN

Yeah, and you know, all these, all the little things matter, too. And we talk about this with our members throughout our program. But parking a little bit further away from the post office door, you know, whatever errands you're running, or from the school, if you're picking up your kids, like it all matters. It all matters, it all adds up. It all has benefits.

JANELLE

Yeah.

JEN

So let's get out of that all-or-nothing mindset. And into that all or something, let it be something. This next one I'll mention is to stay hydrated. And that's because being well hydrated has a diluting effect on your bloodstream. And I just giggled there, because when I wrote that out, my document autocorrected it to delusional effect on your bloodstream. And then the next one I want to mention is balanced eating and learning to balance a meal. And that happens to be something we teach in Balance365. So a balanced meal has protein, fruits and/or vegetables, or both, and carbs and some fat. And the reason that this is important is because well, first of all, we talked about how satiating it is to eat balanced meals, right? So that you're not struggling with hunger and cravings between meals. But for the purpose of this podcast, I want to talk about the importance of slowing down digestion. Correct, Janelle?

JANELLE

Yes.

JEN

And I'm not, I don't want to say, you know, refined carbs, you know, are bad. That's not what I'm saying here. There's just, factually about them, is that they digested very quickly.

JANELLE

Yeah, it's just like a quick uptake for the bloodstream.

JEN

Yeah. Right into your bloodstream. Yes. So even if you're going to have you know, something more refined, it's pairing it with something fibrous, or pairing it with a protein can just slow down digestion and slow down that uptake of glucose into your bloodstream.

JANELLE

Right. There's evidence that people who, yeah, just eat vegetables with their meal, like vegetables, and then they enjoy their pizza. Like -

JEN

Yeah, we have a family member who actually shared that with me the other day, we're probably thinking of the same story, that this family member has a, wears a blood glucose monitor. And is just finding out fascinating things, which, this is the other thing, is I think diabetes is fascinating to me. And obviously, I have a special interest in it because of my family history. But you know, it's also very individual, and what impacts one person's blood glucose could be different for another's. So, we have a family member who shared with me that pairing her pizza with salad is fantastic for her. She can keep on keeping on. But having anything with rice is not good for her. So it's very, you know, it's very individual. And if there's any people with diabetes listening, they're probably nodding like, yeah, like it is. It's very different, very individual, and people have to learn their own bodies and their own responses to different foods and food pairings. So I'm sure there's a learning curve there as well, hey, Janelle?

JANELLE

Yeah, but I mean, to go back to like fiber is important. That's, yeah, that's not individual or disputable, like that is, that's a thing.

JEN

The fact. Yeah. And so a good eating pattern here is to have like a low saturated fat intake and increase in healthy fats, which are unsaturated fats. And the biggest source of saturated fat in the western diet is high-fat meats. So for many people listening it will be looking at shifting to leaner sources of protein or like non-meat sources of protein as well. Yeah. How's that? How's that feel, Annie?

ANNIE

Great, I'm following right along.

JEN

Great. [Laughs]

ANNIE

Just letting the two sisters take the lead. [Laughs]

JANELLE

And those are recommendations you would make...

JEN

Yeah, like these are general health guidelines. Any reputable nutrition organization is, you know, making the same recommendations. Hey, everyone, increase your fruit and vegetable intake, like increase your fiber intake. Decrease your saturated fat. In Canada, like, you know, I should mention this because we have no trans fat in Canada, like it's a completely banned fat, but I'm not sure if it's completely banned in USA. I don't know the -

ANNIE

Mm-mm.

JEN

Oh, it's not. So you want like a zero trans fat diet, a low saturated fat diet. And you want to, probably the majority of your calories from fat being from unsaturated sources.

JANELLE

Easy peasy.

JEN

You good Annie? You're squinting at us.

ANNIE

I was just, I did not know that that was a banned food, or type of food in Canada.

JEN

Yeah. For many years now.

ANNIE

That's fascinating.

JEN

Yeah, we should do a podcast on it, hey?

ANNIE

Yeah, we should. I had no idea. Okay.

JEN

Yeah. And so increasing fiber, decreasing unhealthy fats, replacing them with healthy fats. It's like decreasing your refined carbohydrate intake. And I'm not saying all or nothing, but just decreasing your refined carbohydrate intake. But yeah, learning to balance a meal is really where it's at.

ANNIE

I'm still stuck on thinking about how, like I have aunts and uncles who grew up, this I'm sure is a generational thing, who grew up with a lot of cooking and baking being done with, like, shortening, is that right? Like Crisco?

JANELLE

It rings a bell.

ANNIE

[Laughs] The Canadians have no idea. But anyways, that's just, I'm just having a moment here. So, but let's keep going.

JEN

The last thing I will mention is weight management. And just to strive to maintain a healthy weight, and that is a healthy weight for your body. And so that is related back to what we talked about in part one, and just the risk factors associated with high amounts of abdominal body fat. And of course, you are listening to the Balance365 Life Radio. So we will talk about how we think that is best achieved through long-term behavior change strategies. But I also want to say that, you know, speaking of staying out of the all or nothing zone, that decreasing research shows in type two diabetes, that just decreasing your body weight by five to 10% can have a huge impact on your insulin resistance. So it may not be what you know, sometimes people get overwhelmed by that recommendation. And it's like, what if you just focused on 5% reduction in bodyweight? Yeah, a little more manageable, right?

JANELLE

Yeah.

ANNIE

Absolutely.

JEN

Do you have anything to add there? Janelle?

JANELLE

No, that is the recommendation. That is the thing that experts say will sort of manage the underlying mechanism of diabetes is weight reduction. And it sounds so simple coming from an expert who is doing things in a laboratory, but the human side of that is a lot different.

JEN

Yeah, we know. Yeah, it's, yeah.

JANELLE

It was, I spent most of my 20s dieting, and then I spent my early 30s trying to recover and heal from dieting and disordered eating. So to get this diagnosis and find out that I was going to have to sort of dive back in a way into the dieting world was terrifying to me.

JEN

Yeah. Do you, we can get into your story in a bit, but do you feel like...This is why in Balanced365 we talk about how mindset is everything right? And it's not uncommon for us to hear our members say like, changing what I'm eating is incredibly triggering, right? Because I feel like I'm going back to dieting which was so traumatic for me. Did you have a similar experience?

JANELLE

Yeah, totally. But I think also knowing that, like being mindful of it, and being careful about my thoughts, going back into this working on my eating habits and everything and making sure that I didn't slip into that diet world, you know, diet industry world.

JEN

Yeah, 'cause there's a whole, actually we'll get into this, but there's a whole diet industry wrap around of diabetes, right?

JANELLE

Yeah.

JEN

Of different diets competing to say they are the best, they're the best, they're the best, they can cure diabetes, etc, etc. So yeah, there's a whole diet culture wrap around there, too, that can be hard to kind of sort through and figure out, you know, fact from fiction.

JANELLE

Because I'm still a human. And those things are, like that, all those messages are still pervasive.

JEN

Yeah, absolutely. Okay. So to recap very quickly, what are the recommendations for people to minimize their risk of developing type two diabetes. Number one, focus on sleep, seven to nine hours per night. Number two, stress management, learn different coping mechanisms for managing your day-to-day stress, or, as Annie said, eliminate some of the stressors in your life, if you have the control to do so. Number three is regular exercise and stay out of the all or nothing zone, like a little bit can go a long, long way. Number four, stay hydrated. Number five, learn to balance a meal and start putting more of an emphasis on getting lean protein and fiber and looking at reducing your saturated fat and replacing some of your saturated fat sources with unsaturated fat. And lastly, strive to maintain a healthy weight for you.

JANELLE

Yeah, I think that that covers it. And then of course, getting into medication.

JEN

Yes, so the medication part is like out of our scope of practice. But Janelle just wants to share her experience with that, which I think we could actually, is a great segue into our next section, Janelle, where we wanted to separate some facts from fiction in the type two diabetes world. And can I go right into that, Janelle?

JANELLE

Sure.

JEN

Yeah. So the first myth I want to share is that sugar or carbs cause type two diabetes. So I understand why, you know, people hear that, and then I understand why they believe it, especially everything we've just talked about, right? Well, it's like, well, let's just like remove the glucose, no glucose equals no problem, right?

JANELLE

[Laughs]

JEN

Yeah. [Laughs]

ANNIE

Well, especially because if you ask most people what diabetes is, type two or otherwise, they would say it's an issue with the blood sugar.

JEN

Yeah, absolutely. So it's important to remember, and I hope we have put this message out, both part one and part two, diabetes is a multifactorial issue. Okay? Including, you know, all those things we just mentioned, sleep issues contribute, stress issues contribute. What causes insulin resistance cannot be simplified into one lifestyle factor. I think people are even maybe drawn to that, because they want to be able to control their risk factor, right? And it's kind of, sometimes I think, tough to admit to ourselves as humans, that there's a lot probably out of our control, or that the solution is more complex than we want it to be. But a better question to ask, when it comes to the nutrition side of the risks of developing type two diabetes is, how does a person's nutrition patterns contribute to the increase in risk? And it's not, the answer isn't necessarily that sugar or carbs cause diabetes, it's that having a diet that's high in refined carbs, or even high in saturated fat or fat in general, just means that you could be just in an energy or calorie surplus as you're eating. And the calorie surplus is leading to an excess of abdominal body fat, and that abdominal body fat then becomes the risk factor, or leading to insulin resistance.

JANELLE

And, but just to drive home that it's, it's so complicated.

JEN

It's so complicated.

JANELLE

It cannot be boiled down to one thing.

JEN

And it's also like, we have a whole, we actually have a whole podcast series on sugar and a lot of the myths around sugar. But what we mentioned there, and I'll mention here, is that it's also that when you have a diet that's high in refined carbs or high in fat, it's also what it's crowding out, and that is namely fibrous foods and like leaner protein sources. So what I'm saying here is it's less about the sugar and carbs and more about the lack of fiber and protein in the diet. And instead of demonizing carbs, let's just start talking about it in a little more nuanced way, like the type of carbohydrates that you're eating, and what you're pairing them with.

JANELLE

Yes.

JEN

Yes. Myth number two, if diabetes isn't in my family, I'm not at risk. And while there is a strong genetic link to developing type two diabetes, someone could certainly develop it without any family history. Would you agree with that, Janelle?

JANELLE

Yeah.

JEN

Absolutely. Okay. Great. Hat tip. Moving on. [Laughs]

ANNIE

Myth debunked.

JEN

Myth debunked. Myth number three, only people with obesity have type two diabetes. And gosh, this one is so tricky. And when Janelle and I talked about this, she was like, "Well, you know, obesity is a risk factor, because of that, like high abdominal fat factor that we talked about." But thin people do have insulin resistance, and that predisposes them to developing, you know, prediabetes and diabetes. And there are plenty of people out there in the world living in larger bodies who do not have insulin resistance or diabetes.

JANELLE

Right.

JEN

So what I'm saying here is, it's not like, it's not a guarantee here, right? And also, I mean, that myth can also be harmful, because it can give people a false sense of like safety, that just because they are in a leaner body that they have no risk at all right?

ANNIE

Well, it sounds like your experience at the doctor, Jen, is a perfect example of how someone might look at you and say, you're fine. You don't need to be tested.

JEN

Yeah, exactly. Exactly. And we also can't tell by looking at a body where fat is being deposited in that body, right? Like, it's possible for somebody who, you know, looks quite lean, who has like high visceral fat levels, which is the high abdominal fat levels in relation to where the rest of fat has been deposited in their body. There's also people in larger bodies who actually have smaller waists, right? Who have low, visceral fat levels, and their fat is more stored in their like, like, extremities like their thighs, their arms, their butt type thing.

JANELLE

It's just too complex to assign a specific body type to, you know, who's going to get diabetes.

JEN

Who's getting it, who's not, right? Next myth, and I think this is something Janelle could talk about for hours, but people cause their own diabetes. And what do you want to say about that, Janelle?

JANELLE

Well, I mean, I'm a nurse, so I should know better. But when I got diagnosed, a thought that kept sort of permeating my mind was, "What have I done? What have I done?" There's so much shame and stigma around diabetes, that it's easy to blame yourself, and which is obviously super harmful. Maybe that contributes to that ostrich effect, and -

JEN

Right, yeah.

JANELLE

Yeah. And as I learn more and more, I've given myself so much more grace, you know, three months later, which is ultimately helpful in helping myself become healthier.

JEN

Yeah, like that self-compassion piece actually plays a huge part in behavior change. So yeah, I also think that this is due, like this myth is due to just the overall like, like fat phobic beliefs that our society holds on to right? So if there are individuals out there who have the risk factor of like high visceral or abdominal fat levels, it's that so many people don't even have a thorough understanding of why that might happen. And so there's plenty of research out there that talks about how people with childhood trauma are more likely to develop obesity than those who

don't. And so there needs to be an acceptance at some point in health and wellness, but particularly amongst health and wellness professionals of like the complexity of health and wellness. And so I would say, you know, with that question of do people cause their own diabetes? Well, do people cause their own trauma? Do people cause their own poverty? Do people cause their own cost of living? And the necessity of that individual having to work two jobs and stress levels very high, etc. etc.

JANELLE

I just want to do like that snapping like, amen, yes.

JEN

[Laughs] And I know Janelle's life...You know, the years prior to you getting a diagnosis, they were incredibly stressful. They were incredibly stressful as you were pursuing something to relieve your stress in the future. Correct?

JANELLE

Right. I went to nursing school, I was in school for five years, and then I entered into a profession that is notorious for stress, nursing, in the middle of a pandemic. So, going back to the stress management piece, it's choose your stress. I mean, those things were incredibly stressful, but maybe not furthering my education -

JEN

Would become more stressful for you.

JANELLE

That would have caused me stress in a lot, like so, it's choose your stress and then manage your stress accordingly.

ANNIE

I also, I was thinking about this in part one, when we were talking about the kind of symptoms or common complaints or experiences being, weight gain, chronic fatigue, high stress, and how, especially if I'm someone, and I have been in this position of a woman in a larger body, I walk into my doctor's office, I say these things are probably going to be like, you just need to lose weight. They might not take the additional care or time to do a full blood panel or investigate further and something like prediabetes might go overlooked for a while.

JEN

Yeah.

JANELLE

How unfair is that? It's like saying to someone with a learning disability, just study harder.

JEN

Yeah, exactly.

JANELLE

No amount of studying is going to help their learning disability. Well, no amount of, you know, hard diet and exercise is going to fix the underlying mechanisms going on in your body.

JEN

Driving your appetite, and your insatiable hunger and your fatigue. Yeah, yeah.

ANNIE

But because of this, "It's just a matter of personal responsibility. You just need to make different choices" beliefs that we have prevalent in healthcare in our culture...

JANELLE

It's so damaging.

ANNIE

It absolutely is.

JEN

We don't all have the same privilege to make the same lifestyle choices, right? Depending on, you know, largely probably socioeconomic status, country you live in, access to health care, all those social determinants of health, that a lot of people overlook when they are trying to pin disease on personal responsibility. And it's like, watching two plants grow, but they're in different pots, and they don't have the same soil. So one plant is thriving, and the other one is just trying to survive.

ANNIE

Or even the same sunlight or -

JEN

Exactly.

ANNIE

- like someone watering them. [Laughs]

JEN

Yeah, exactly. So I feel quite passionate about this, is that if you consider yourself, you know, passionate about health and wellness, or a health and wellness professional, then I hope you understand social determinants of health, and I hope you're an advocate for helping to that all people have access to, you know, the same environment. It's important.

ANNIE

And also, as Janelle has shared, the shame, and the stigma that accompanies a prediabetes, or type two diabetes diagnosis, can deter people from investigating it, which does more harm. It just perpetuates this...

JANELLE

Right. Because it's happening anyways.

ANNIE

Mm-hmm.

JEN

Yeah. So the next myth I want to talk about, and this is controversial, that there is a best diet for diabetes. And the reason this is controversial is because I think of that diet culture wrap around that we were just talking about in that there are a lot of like big name fad diets that claim to be the best for diabetes. But the thing is, when you start looking into them, they are completely different diets, and they are both actually getting results for people. So there's, you know, lots of things thrown at us, whether it's low carb or low fat or low calorie or keto or vegan, you know, all claiming to be the best. But the truth is that each individual with prediabetes or diabetes needs to learn how to manage their blood sugar in a way that works for them. If it happens to fall under one of those categories. Fantastic. But often it doesn't. The big truth here that I want to say is that it's actually weight loss that is going to have the biggest impact on a person's risk for developing diabetes, especially, you know, if they're all, if they already have a prediabetes diagnosis, and also for those who have the diagnosis, and they are trying to treat it. And so again, referring back to what we just talked about, it is, even five to 10% reduction in body weight can have a big impact. So a lot of times, it's back to the diet culture wars, it's like these diets are fighting over, you know, they're the best, no, they're the best. No, they're the best. And it's like, if they are both producing weight loss in people, then neither of them is the best, right? Like they're both getting the desired outcome of the reduction in body weight. So there's this question too, is like, how does restrictive dieting increase your risk for diabetes? And so we don't want to trade, you know, short-term benefits for long-term detriments, right? And so when we, when we forsake the long term and just focus on the short term, then sometimes we're messing ourselves up in the long term, which is, typically if you've listened to our podcasts for any amount of time, what's happening with restrictive dieting, whether you're restrictive dieting, to lose weight, because you want to lose weight, or you're restrictive dieting, to lose weight, because you've been diagnosed with prediabetes. Reactive overeating is what happens when you starve yourself. And when you are starving yourself, you will crave sugary foods. And all you'll think about, and it'll be the thing that you are bingeing on. And so we have we have lots of podcasts about this, but really restrictive dieting is what leads us into that, our habits yo-yoing. So going from eating perfectly to riding off the rails, and of course, the yo-yoing weight of gaining and losing weight. Do you, Janelle, do you think your restrictive dieting history led you to eventually developing prediabetes and diabetes?

JANELLE

I think it contributed for sure. Because, of course, predictably, I was restrictive, which you know, led to bingeing, like, yeah, of like, of course. And then just seeing the cycle, like so many other people in this cycle, like nothing. I'm not special. I did the things, the restriction, and then it was really hard to find like that middle ground.

JEN  
Right.

JANELLE  
But yeah, here we are.

JEN  
Yeah, finding it now.

JANELLE  
Finding it now. Yeah, it's so funny because I can, I'm like my own little science experiment, because I can look back at, like, from my childhood and see how this happened. It just seems so like, "Oh, yes, yes, obviously." But it's not obvious when you're in it. Or, you know, you never think it'll happen to you.

JEN  
Yeah. I think, too, if we were to say what a best diet is, just as mentioned in the balanced meals section we just covered, is the best diet is going to be one that reduces saturated fat, reduces refined carbs and alcohol, and increases fiber and puts an emphasis on balancing meals with protein, fat, and fiber to slow digestion. And then of course, managing your energy balance, right? So managing your overeating issues, whether that means taking a deep dive into, like emotional eating and why you do that.

JANELLE  
Absolutely.

JEN  
So here's some myths that I want to share that I know Janelle is particularly passionate about. So I'll let her kind of take it away. But here's another myth, Janelle. It's best to avoid medication. What are your thoughts without mentioning any specific medications?

JANELLE  
I think that's a dangerous thought pattern. You know, when we talk, "Oh, yeah, I have diabetes, and I made these changes, and I got off my medication." The goal is not to get off your medication. The goal is to reduce your blood glucose level. Right? Like bottom line, if reducing your blood glucose level, if that requires medication, it's vital in your, in your health and your longevity. Right? Because being off medication, and you might be thinking, "Oh great, I'm off medication," but your blood glucose level is high. Well, it's doing all that damage. So the goal is not in the medication. It's in the, it's in the blood glucose level.

JEN

But yeah, even if you're like, "I'm going to do this only through lifestyle," it's just, it's like, that can take some time. And so prolonging, you know, weight loss takes time, period, if that's your underlying, the main mechanism for you here of your insulin resistance, it's like, the medication supports you even in feeling well enough to get up and exercise.

JANELLE

Right.

JEN

And all of those things. Yeah.

JANELLE

Why would you make things harder for yourself?

JEN

Yes, yeah. And every individual has to, because of course, there are side effects to a lot of these medications and pharmaceuticals. So every individual is managing that for themselves and needs to talk to their doctor about it. So, but we're calling that out as a myth that it's best for all people to avoid using medication.

JANELLE

Right. It doesn't have to be one or the other. You can, and it shouldn't be one or the other.

JEN

It's both.

JANELLE

It's both.

JEN

Yeah. And then the next thing, which is a good segue into the next myth, is that you'll always need medication. And this is why it's so great, because we're saying, "Hey, use it, but also, you may not always need it, but you may." And there's just no answer for people here. It's going to come down to the individual, and I imagine, Janelle, people, it's okay to have a goal of putting your diabetes into remission, which we're going to get to next, but it is going to come down to probably people figuring that out along the way.

JANELLE

Right.

JEN

Like, how can you possibly predict that if you are going to be a person that can or cannot get off medication? Yeah. We're all just, you're just doing the best you can.

JANELLE

Right. You never know when you're going to be sidelined with like, a broken leg. And then guess what? You're sedentary again. Like it just, life happens. And just being open to doing the best you can with the resources available to you, I think is just a good, a good mantra overall in life, but obviously with a disease that can progress. Yeah.

JEN

Yeah. And then the last myth I want to cover, and then we're actually going to be wrapping up this episode, it's that everybody can put their diabetes into remission. And before I let Janelle answer this, I'll just explain what remission is. So first of all, I believe there's some guidelines coming out by the ADA that's going to give the diabetes world some common language because there's different, there's what is curing diabetes? What is putting diabetes into remission? What is reversing diabetes? Because to be honest with often these different diets or different, you know, kind of gurus out there, they're throwing around these words that their way can reverse, their way can cure, their way can put your diabetes into remission. So we need to kind of understand this. But I want to say that there is no cure for diabetes. But you can put your diabetes into remission. And currently, the ADA considers that to be that your blood sugar's dropped below type two diabetes levels, which is the 6.5% of your A1C test. And you haven't used any diabetes medications to manage that for three months, then you can consider your diabetes in remission. And this is wonderful. But I also want to say it isn't always permanent, as Janelle mentioned, someone can be in remission for months or years, and their diabetes comes back. Or it may never.

JANELLE

I think that when we, on this topic, I think we hear the word reverse more often, like, "Oh, I'm gonna, she reversed her diabetes," or -

JEN

Yeah. What do you think people, comes to mind for people when they say they reversed?

JANELLE

Like that they cured it, and they did all the things and now they don't have it and all is well. And life is good. And wouldn't that be nice?

JEN

[Laughs]

JANELLE

And [laughs] that sounds really great. So for myself, remission was actually a new term that I heard you know, three months ago when I, when I started my own, you know, path down like educating myself, and I like the term remission because to me, it's more accurate. My goal is

remission, obviously, because that's going to say that, you know, that I've made a lot of healthy changes and that I'm setting myself up for a long healthy life. But given my risk factors like that, those things aren't going to go away. So remission is more accurate than reversal. But I'm never going to reverse this. Even if I'm in remission, even if I no longer meet the clinical criteria for type two diabetes, even if I no longer require medication to manage diabetes, it's something that I'm always going to have to be mindful of, because I'm never not going to have a family history.

JEN CAMPBELL

Right. Remission also implies I think that it can come back.

JANELLE

Right. And -

JEN

Where reversal may imply that we're done here -

JANELLE

It's forever. Yeah.

JEN

Dust my hands off, gone.

JANELLE

Done and done. And I don't think that that's...I don't think that's an accurate or realistic term to describe your health goals, when you're trying to manage this. And...

JEN

Yeah.

JANELLE

Yeah, so that's my take on it.

JEN

Awesome explanation.

ANNIE

I think it sounds, it echoes when women come to us with like a goal weight and a finish line, that the mindset that would come with it is, "I've reversed my diabetes" means that maybe I don't - also implies that I don't have to maintain any of the behaviors as a finish line or the habits that I -

JANELLE

Party time.

ANNIE

- used to achieve, yeah, achieve that state. And that's likely very much not the case.

JEN

Yeah. And so what I'm hearing from Janelle is that her diagnosis is forever, whether she's managing high blood sugar levels. Or sorry, she's managing blood sugar, period, whether that's with lifestyle or medication. And even once that's in remission, Janelle is still living like somebody who has diabetes or is managing blood sugar levels.

JANELLE

Right, I'm still going to want to make sure that I'm, you know, eating lots of fiber, eating lean protein. That I'm moving my body every day...

JEN

Managing your stress.

JANELLE

Managing my stress and my sleep, that I'm going for checkups with my doctor and having those things checked.

JEN

Keeping an eye on that alcohol and refined carbs and emotional eating and all the things that can drive your weight back up, too.

JANELLE

Right. I'm going to be doing that forever. And that's okay.

JEN

Yes, yeah. Is there, we're done here. I'm curious if Janelle wants to share any more about her story, or any words of wisdom for anybody on a similar journey?

JANELLE

My words of wisdom? Well, I'm still learning. So I don't know if I would consider it wisdom. But I guess I would just urge women to get checked out because I, of course, wish that I would have caught this at the prediabetes stage, you know, so I could intervene earlier. And then delay, or delay an actual diagnosis of type two diabetes, obviously, that would have been ideal. Yeah, the thing, it's really scary. And when, I think when we hear type two diabetes, we're picturing like, aunts, and grandparents, and/or parents. And we're in our 30s. And we're still kind of in that gray area of like, you know, nothing bad can happen. I think it's, in psychology it's like optimism bias.

JEN

[Laughs]

JANELLE

Like, it can't happen to me, I'm young, I'm only 30. But what we know about prediabetes is that you can have it for years, and even decades. So now in our 30s, or even 20s, why not? is the time to be watching those things. And it's not just about like the physical health, the numbers, the lab work, it's about living your life. And I think that that's the goal, is that you have this full life and that you can stay on top of your health so that you have nothing detracting from getting out there and being the person you want to be.

JEN

I love what you shared with me in the last few days, Janelle, I had asked you about advice and for people with a diagnosis like next steps and I love that you shared and encouraged those who have the privilege to do so, you had said like, ask for the referral from your family doctor to the dietitian if you need some hand-holding with learning how, you know, how to eat, how to balance your meals, how to monitor blood glucose, and ask for the referral to the therapist or counselor to help with any, like relationship with food and body issues that you might have that really you see as problematic towards your lifestyle like that inhibit you from having a healthy lifestyle.

JANELLE

Absolutely. It's a complex condition. And it's going to require a complex solution and a complex team of people to help you. Right? I am a nurse, and I know a lot about, I know a lot about dieting just from my history, and it's still overwhelming to me. And I think it's really important, too, that stigma piece, that personal responsibility piece, you know, give yourself some grace, and get the help that you need. Because the sooner you get help this, you know, the sooner you can overcome it.

JEN

Mm-hmm. Thanks, Janelle.

ANNIE

Janelle, thank you so much for sharing, not only your expertise, but your own personal experience, I think it's going to be really helpful to a lot of listeners.

JANELLE

I just, I just want people to get help, like I'm on such a soapbox. Everyone at work, I'm like, "Have you got your bloodwork lately?" Just because I just don't want to see women have to go through a lot of the same pain and suffering that I did. Past, present, and probably my future, unnecessarily. It's, I could have avoided a lot of pain, had I, you know, looked into this sooner and got help sooner.

ANNIE

It's almost like you're a nurse who cares about people. [Laughs]

JANELLE

Almost.

JEN

Please, everybody, like keep advocating for those who are in more vulnerable situations so that they can also have access to the same health care that Janelle is benefiting from right now.

JANELLE

Right. A lot of, you know, what I'm able to access is just because I already have that, like background knowledge and stuff. And I know what to ask for. And I know how to interpret my lab results. And I fully understand that not everyone has that privilege. And I mean, I have that knowledge and I'm still in this boat. So yes, I would, absolutely. Just help anyone you can.

JEN

All right. Thanks. I hope this was fun, Janelle. I had fun. I love having you on. I was saying earlier we should have you on more often. You're fun to talk to and you always have, you always put a funny spin on things. And Janelle is my little sister, but we have very similar senses of humor, but I'm way more intense than Janelle. And so I like having her around. She's a great counterbalance sometimes to my intensity. She lightens me up a bit.

ANNIE

I enjoy her lots.

JANELLE

Well, I like being here.

ANNIE

Okay, thank you both.

JEN

Thank you.

ANNIE

Bye-bye.

ANNIE (OUTRO)

Hey everyone, if your mind has been blown while listening to this podcast, just wait until you work with us. Let us help you level up your health and wellness habits and your life inside Balance365 coaching. Head on over to [balance365.co](https://balance365.co) to join coaching.