Type 1 and Type 2 Diabetes

Type 1 diabetes, or insulin-dependent diabetes, is usually diagnosed in children and young adults. There are few known risk factors, though family history may play a role. Type 2, or insulin-resistant diabetes, is most often diagnosed in adults, though the rate of type 2 in youth is on the rise. In contrast to type 1 diabetes, type 2 may not require insulin injections and can often be controlled with lifestyle changes, oral medications or both. Obesity, inactivity, family history and poor diet are risk factors for type 2 diabetes.
You’ll talk about all aspects of your life, such as work, home, family and social situations, to help you identify specific challenges you might face. For example, do members of your family prefer to keep unhealthy food in the house or is there a tempting candy jar at work? The psychologist will also discuss what you are already doing well and which behaviors related to diabetes management you can improve. He or she may ask you to keep a diary of different things, such as your eating behaviors, activities, emotional reactions or thoughts. After the initial visit, you and the psychologist will schedule follow-up visits and begin to create a treatment plan.

**DIABETES AND STRESS**

Stress has been associated with an increased risk of type 2 diabetes.

When you’re under stress, your body signals its nervous system and pituitary gland to produce epinephrine and cortisol, known as “stress hormones.” When cortisol and epinephrine are released, the liver produces more glucose, a blood sugar. For people who are already diabetic or at risk for diabetes, that extra blood sugar can be dangerous to their health.

Studies show that if you learn how to manage stress, you can better control your blood sugar levels. So regulating stress levels is an important component of treating diabetes.

2. **Accept your feelings.** Studies show that people who acknowledge negative feelings about their diabetes are better at caring for themselves and keeping glucose levels stable. For example, if you get anxious by the sight of a sugary snack and how it can affect you physically, pay attention to the feeling instead of ignoring it. Avoiding negative thoughts and feelings about diabetes, like worrying about what to eat, can bring on stress.

3. **Maintain a balanced perspective.** Don’t allow diabetes to become your main focus; the disease doesn’t have to define you. You’re the same person you were before your diagnosis, so continue to do things you enjoy as you learn to live well with your disease.

4. **Be realistic.** Rules that are too rigid are more likely to be broken. Set small goals that are easily attainable, such as walking for 10 minutes a day and slowly building up to 30 minutes or more over several weeks to increase your exercise.

5. **Try new things.** While diabetes may require significant changes to your lifestyle, it also provides an opportunity to try new recipes, foods or activities.

6. **Develop a strong support network.** Studies show that people are more likely to follow health regimens when they have a support network. And research specific to diabetes patients found those who have support from family and friends have healthier blood sugar levels during times of high stress. So, communicate with family and friends about how they can help you.

**Six Steps to Living Well With Diabetes**

Consider the following steps that can be helpful in changing unhealthy habits and managing thoughts and behaviors.

1. **Get the facts.** Learning about diabetes and understanding your specific diagnosis will help you make informed decisions to manage your condition. Prior to a visit to your physician or other health care provider, consider making a list of questions or concerns to address.

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**The American Psychological Association gratefully acknowledges Teri L. Bourdeau, PhD, ABPP, Clinical Assistant Professor of Behavioral Sciences and Director, Behavioral Health Services, Oklahoma State University; Gareth R. Dutton, PhD, Associate Professor, Division of Preventive Medicine, University of Alabama at Birmingham, Nutrition Obesity Research Center; and Amy Walters, PhD, Director of Behavioral Health Services at St. Luke’s Humphreys Diabetes Center in Boise, Idaho, for contributing to this fact sheet.**