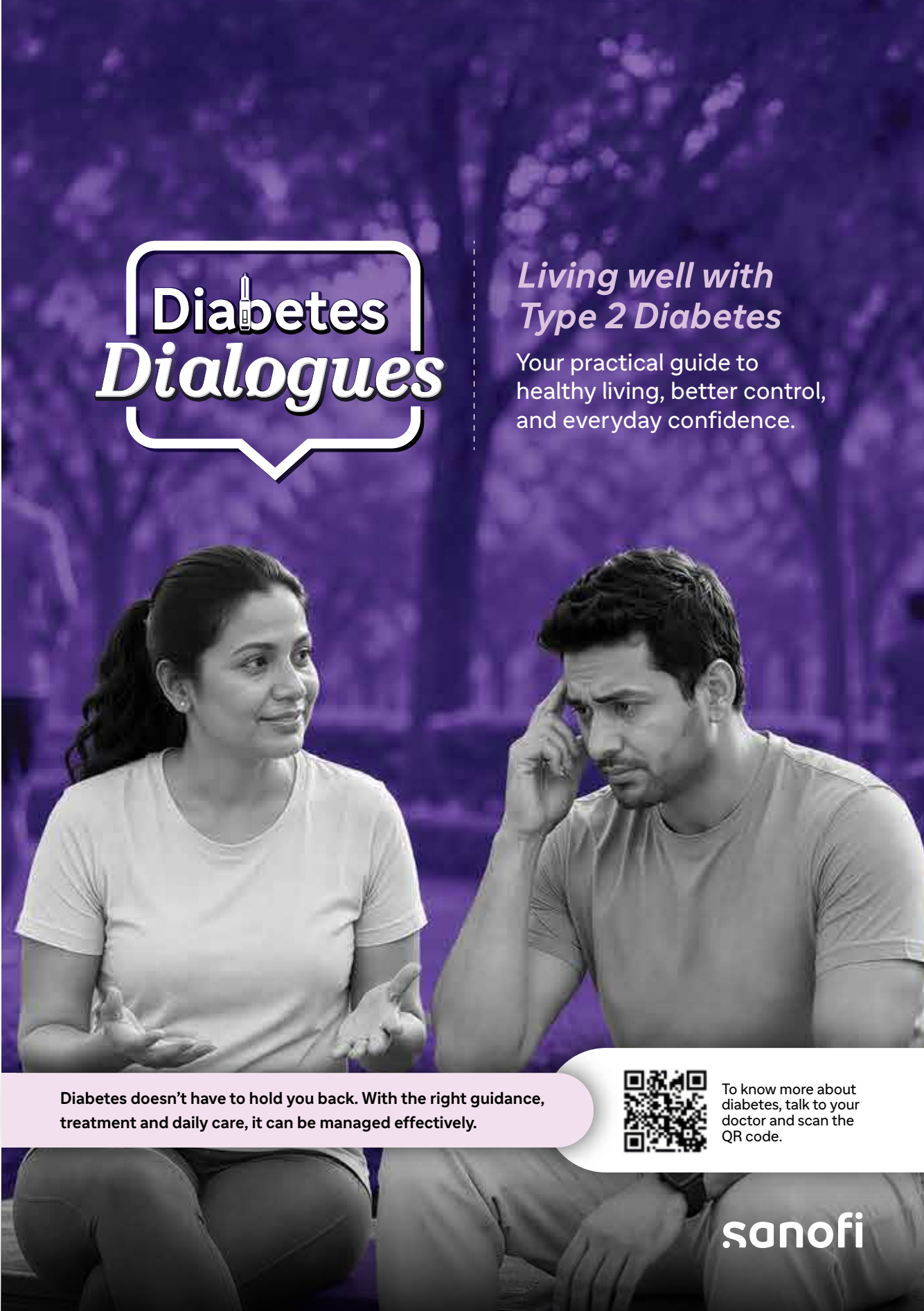
Diabetes Dialogues

Living well with Type 2 Diabetes

Your practical guide to healthy living, better control, and everyday confidence.



Diabetes doesn't have to hold you back. With the right guidance, treatment and daily care, it can be managed effectively.

To know more about diabetes, talk to your doctor and scan the QR code.

sanofi

What is Type 2 Diabetes?



Type 2 diabetes is a chronic condition where the body cannot use insulin properly and/or does not produce enough insulin, leading to high blood sugar levels.[1]

What is Insulin?[2]

Insulin is a key hormone in the body that regulates blood sugar levels. It works in the following way:

When you eat, your body breaks food down into glucose (sugar), which enters the bloodstream.

Rising blood sugar levels signals the pancreas to release insulin.

Insulin helps to move this glucose from blood into the body's cells, where it is used to produce energy.

As glucose enters the cells, blood sugar levels return to a normal range.

Insulin Resistance:[2]

Insulin resistance is a condition where the cells of your body (specifically muscles, fat and liver) do not respond properly to insulin

What this means:

When blood sugar rises, your pancreas releases insulin to help sugar enter your cells.

Over time, your cells respond less effectively to insulin, so your pancreas produces more insulin to keep blood sugar under control.

Eventually, your pancreas may struggle to produce enough insulin, causing blood sugar levels to rise.



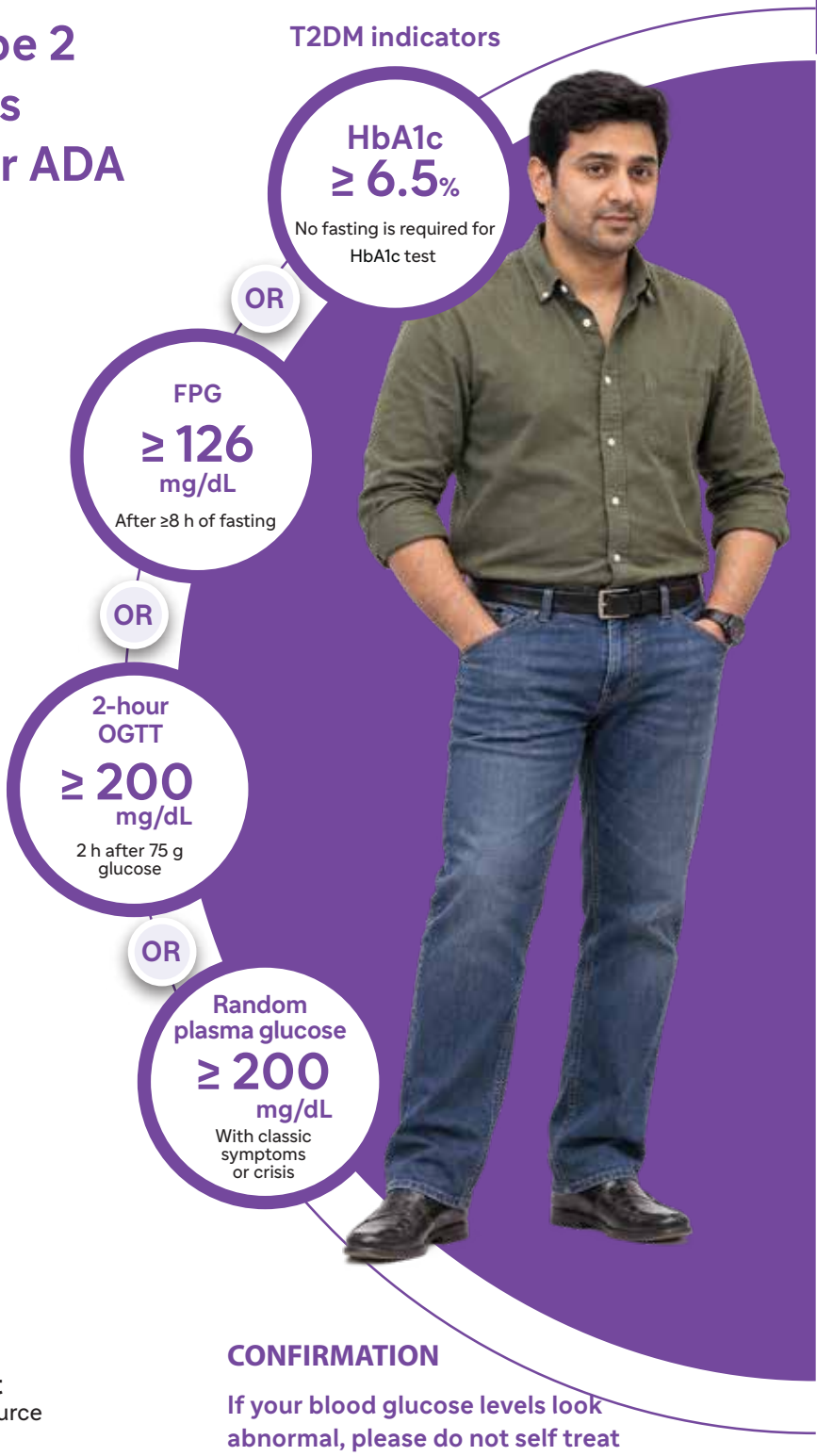
Criteria for a Type 2 Diabetes Mellitus Diagnosis (as per ADA guidelines)[1,3]

1. **HbA1C:** Your average blood glucose for the past two to three months.

2. **FPG (Fasting Plasma Glucose):**This test measures your blood glucose after at least 8 hours without food or drinks, except water.

3. **OGTT (Oral Glucose Tolerance Test):** A two-hour test that checks your blood glucose levels before and two hours after you have a drink containing 75 gms of sugar. It tells the doctor how your body processes sugar.

4. **Random** (also called Casual) **Plasma Glucose Test**: This test is a blood glucose check at any time of the day.



ADA risk test
Screening resource

CONFIRMATION

If your blood glucose levels look abnormal, please do not self treat and visit a doctor.

ADA: American Diabetes Association | OGTT: Oral Glucose Tolerance Test | FPG: Fasting Plasma Glucose | HbA1C: Glycated Hemoglobin

Know your T2DM glycemic target.

These are common treatment goals. Your personal targets may be different.[1,3]

Common treatment goals

HbA1c

often <7%

common target range

FPG

80-130 mg/dL

common fasting target

PPG

<180 mg/dL

common post-meal target

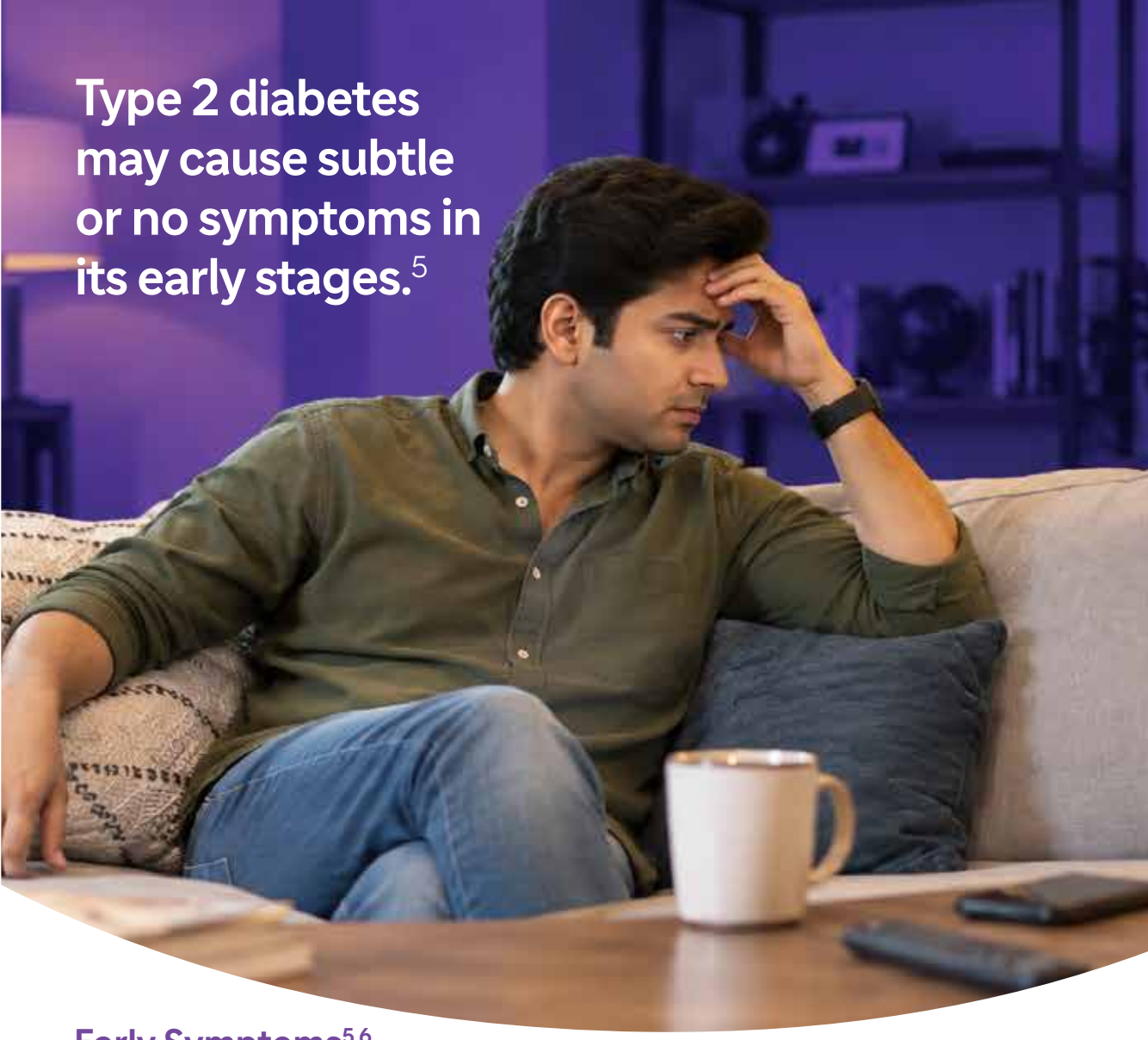
T2DM: Type 2 Diabetes Mellitus | FPG: Fasting Plasma Glucose | PPG: Post Prandial Glucose | HbA1C: Glycated Hemoglobin

Factors associated with increased risk of T2DM development[4]

- Family history
- High Blood Pressure(BP)
- Abnormal cholesterol
- Low activity, poor sleep, tobacco consumption
- Abdominal fat accumulation
- Sedentary lifestyle
- Chronic stress



T2DM: Type 2 Diabetes Mellitus; BP: Blood Pressure



Type 2 diabetes may cause subtle or no symptoms in its early stages.[5]

Early Symptoms[5,6]

- Increased thirst
- Frequent urination
- Tiredness
- Blurred vision
- Slow-healing wounds
- Tingling/ numbness
- Unexplained weight loss
- Excessive hunger
- Dark patches on the skin

Monitor glucose patterns regularly

SMBG / BGM

Self-monitoring blood glucose (SMBG) : when you check your own levels with a **Blood glucose meter** (BGM)[7]

Benefits of SMBG

- Helps you monitor your blood glucose levels at your convenience.
- Shows how food, exercise, and medicines affect your blood sugar.
- Helps you understand your diabetes better and stay involved in your care.
- Helps you and your healthcare team adjust treatment when needed.
- Can guide day-to-day decisions, such as insulin dosing.
- Helps you stay within your target blood sugar range.
- Better blood sugar control can help you feel better and reduce the risk of future health problems.



CGM-Continuous Glucose Monitoring

A CGM is a device that tracks your blood sugar levels day and night, giving you a better picture of how your sugar levels change throughout the day.[8]

Benefits of CGM:[8]

- Track the effect on glucose of food and beverages you consume, your physical activity level, and the medicines you take.
- Download data onto a computer or smart device so you can easily see trends in your glucose levels.
- An alarm that goes off when your glucose level is too low or too high, helping you prevent emergencies. (Only available in few devices.)

What does being in range mean?[9]



TIR: Time in Range

70–180 mg/dL

What it means: The percentage of time your glucose stays between **70–180 mg/dL**.

Target: At least **70%** of the day, or about **17 hours**, for most adults with type 1 or type 2 diabetes.

Why it matters: It reflects how well your glucose is staying within the desired range.

TBR: Time below Range

<70 mg/dL

What it means: The percentage of time your glucose is below **70 mg/dL**, including time spent below **54 mg/dL**.

Target: Less than **4%** of the day below **70 mg/dL** and less than **1%** below **54 mg/dL**.

Why it matters: It shows low blood glucose which means treatment adjustment may be required.

TAR: Time Above range

>180 mg/dL

What it means: The percentage of time your glucose is above **180 mg/dL**, including time spent above **250 mg/dL.**

Target: Less than **25%** of the day above **180 mg/dL** and less than **5%** above **250 mg/dL**.

Why it matters: It shows how much time your body is exposed to high glucose levels and reflects longer-term risk.

Patterns to look out for

Several days of context are more useful than reacting to one isolated value.[10,11,12]

Control matters: Diabetes can affect the whole body

High glucose, blood pressure, cholesterol and tobacco exposure can damage blood vessels and nerves over time. Regular checks help detect problems early.[13,14]

Small blood vessel complications[15]

Diabetic kidney disease



Diabetic retinopathy



Diabetic peripheral neuropathy



Large blood vessel complications[15]

Coronary artery disease



Stroke



Peripheral artery disease





The ABCs of Diabetes

Know your ABCs to prevent diabetes complications[16]

A

A1C Test
HbA1c

LESS THAN

7%

B

Blood Pressure

LESS THAN

130/80

C

Cholesterol Levels for LDL

LESS THAN

100mg/dl

S

Stop Smoking

The National tobacco control programme offers resources to help in smoking cessation

Goals may be different for each person.
Ask your doctor what your goal should be.

LDL: Low density Lipoprotein

Every person has their individual plan

Diabetes care works better when everyday choices, medicines and follow-up are connected and realistic for your routine.[17]



MONITORING

Numbers + patterns + lifestyle[10]



SLEEP

Recovery + mental well-being[18]



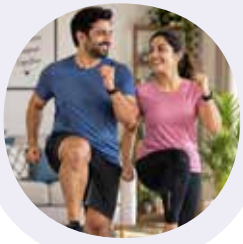
FOOD

Portions, fiber, timing[18]



MOVEMENT

Aerobic + strength + less sitting[18]



MEDICINES

Right dose, right timing[18]



FOLLOW-UP

Targets + safety checks[17]



Your plan is personal

Culture, routine, budget, food access, preferences, other health conditions and what matters most to you all should belong in the plan.

DO

Choose one change you can repeat this week.

DON'T

Copy another person's diabetes plan.

Build a Plate that works for you.

There is no one-size-fits-all eating plan for diabetes. Choose foods and portions based on your usual eating pattern, preferences and health goals. A variety of eating patterns can be used to manage diabetes.[18,19]







Regular meal timing helps some people, especially with insulin or medicines that can cause low glucose. Do not skip or delay meals unless your written treatment plan accounts for it.[18,19]

High-fiber foods	vegetables • beans • peas • lentils • fruits • whole intact grain
Protein-rich foods	beans • fish • poultry • eggs • nuts • seeds • dairy foods
Non-starchy vegetables	salad greens • broccoli • cauliflower • cucumber • cabbage.
Fats (unsaturated fats)	olive oil • nuts • seeds
Fruit and drinks	prefer whole fruit • water • unsweetened drinks

DO

Build meals you can repeat.

DON'T

Remove entire food groups without professional guidance.

Watch what you drink

Sugary drinks can raise glucose quickly and add calories without much fullness. Use the label to check serving size, sugars and total carbohydrate.[18,20]

Be cautious about

Added sugars:

Sugars that are added to packaged drinks during processing on top of naturally occurring sugars in the components.[21]

Five quick checks

Serving size : Some bottles contain more than one serving.

Total sugars : See how much sugar is already in the drink.

Added sugars : A quick clue that extra sugar has been added.

Hidden sugars: Watch out for names in the labels such as fructose, glucose, maltose etc.

Compare & swap : Choose water or unsweetened drinks more often.

Everyday default:

water, unsweetened tea/coffee or plain chaas.

DO

Keep sweet drinks occasional and portioned.

DON'T

Treat juice, energy drinks or sweetened teas as "harmless" drinks.

Move more. Sit less. Start safely.

Exercise helps glucose control, heart health, weight management, mood and strength. For most adults with diabetes, ADA 2026 supports regular aerobic activity, resistance exercise and breaking up prolonged sitting.[18]



150+ min/week

moderate aerobic activity for most adults[18]

2-3 DAYS/WEEK

resistance exercise

Do strength training on alternate days if safe.

BREAK UP SITTING

stand or walk briefly

Short activity breaks can help after-meal glucose.

START SAFELY

personalise intensity

Consider feet, heart health, low-glucose risk and medicines. Don't begin vigorous exercise without consulting with your Doctor.

ADA: American Diabetes Association

Weekly Checklist[18]

MONDAY	25-30 min walk
TUESDAY	Strength training: ~30 mins
WEDNESDAY	25-30 min walk
THURSDAY	Sit/break time
FRIDAY	Strength training: ~30 mins
SATURDAY	40 min walk
SUNDAY	Rest/light movement: 15-20 mins









Safety note:

Start low if inactive. Seek medical guidance before vigorous activity if you have symptoms, complications or major treatment changes.

DO

Start with a repeatable action and build gradually.

DON'T

Begin vigorous exercise without consulting with your Doctor.

Weight, waist and diabetes management

For many people, reducing excess body fat can improve insulin resistance and glucose control. The goal is health gain.[22,23]

Waist size can indicate fat stored around the abdomen, which is associated with insulin resistance and a higher risk of heart disease and related organ health problems.[22]



Think in health gains, not crash goals[22,23]

Set a safe goal	Even modest, sustained weight loss may improve glucose, BP, lipids and mobility.
Build supports	Food access, budget, sleep, stress, medicines and family routine all matter.
Avoid shortcuts	No crash diets, unprescribed drugs or extreme exercise plans.
Track more than weight	Energy, waist, glucose, BP, strength and mobility also matter.

Reframe the goal

Aim for a pattern you can live with

- Nourishing food
- Regular activity
- Adequate sleep
- Medicine adherence and follow-up.

DO

Use sustainable changes and professional support.

DON'T

Use crash diets or unprescribed weight-loss products.

BP: Blood Pressure

The detrimental effect of tobacco and alcohol

TOBACCO[17,18]

Smoking tobacco:
Cigarette smoking is associated with a 3.59 times significantly greater odds of T2DM[24]

Smokeless tobacco:
Tobacco that is consumed orally instead of smoking (gutka, khaini, pan masala, zarda) increases the risk of developing T2DM[25]



ALCOHOL[18]

Alcohol can affect glucose, judgement, food choices and low-glucose risk especially with insulin or some tablets.

Risks related with alcohol consumption

Low glucose
Alcohol can lead to low blood glucose levels especially when combined with insulin or other diabetic medicines.

Food
Drinking alcohol without food can alter your blood glucose levels.

Medicines
Ask what is safe with your exact treatment.

Driving
Never drive if impaired or if glucose is low.

National Tobacco Quit Line
1800 112 356
Missed call: 011-22901701

DO
Ask for help quitting and clarify alcohol safety with your medicines.

DON'T
Use tobacco to manage stress or drink without understanding low-glucose risk.

T2DM: Type 2 Diabetes Mellitus

Medicines are a support, not a restriction

Treatment is individualised by glucose level, heart/kidney/liver health, weight goals, low-glucose risk, side effects, cost, access and preference.[17,26]







MAKE THE PLAN USABLE

WHY	Know why you take each medicine.[18,26]
WHEN	Know timing and how food matters.[26,27]
MISSED DOSE	Ask what to do if you miss your medicine dose.[27]
SPECIAL DAYS	Plan for illness, fasting, surgery and travel.[10,18,27]

DO

Tell your care team about cost, side effects, fasting, travel, surgery or illness.

DON'T

Stop, double, split or restart medicines without medicine-specific advice.

Adhere to your T2DM medications for sustained sugar control

PRESCRIPTION ADHERENCE

Take medicines as advised[18]

Tell your care team about side effects, low glucose, cost or treatment difficulties[26]

Make sure your treatment fits your health needs and preferences[26]

Keep learning how to manage your diabetes[18]

If using insulin; don't change or stop it without medical advice[26,27]

FOLLOW-UP WITH YOUR DOCTOR

Follow up regularly[17]

Check HbA1C regularly[10]

Check your kidney health regularly[28]

Keep up with eye, nerve & foot checks[14]

Keep blood pressure, cholesterol & heart risk under review[13]



T2DM: Type 2 Diabetes Mellitus; HbA1C: Glycated hemoglobin

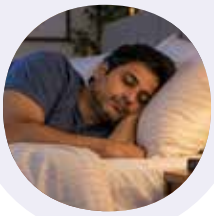
Common misconceptions about insulin

MYTHS	FACTS
If I need insulin, my diabetes has become very serious	Not necessarily. Type 2 diabetes can change over time. The body may produce less insulin and treatment may need to be intensified. Insulin may be added, when needed, to help achieve blood glucose goals.[26,29]
Insulin causes kidney failure or other complications.	Insulin does not cause diabetic kidney failure. Rather insulin will help to further reduce blood glucose which can reduce the risk of future kidney related diabetes complication.[28]
I don't need to take insulin if my blood glucose is normal	A blood glucose reading within your target range does not mean you should stop insulin. Continue insulin as prescribed and do not change or stop it without speaking to your doctor.[27]
Insulin injections are painful.	Modern insulin pen needles can be very short and fine. Studies with 4-mm, 32G pen needles have shown them to be effective, safe and generally well tolerated.[30]
Tablets are better than insulin.	Neither is universally "better." Treatment for type 2 diabetes should be individualized according to glucose levels, health conditions, treatment goals, risks and preferences. Insulin is appropriate when clinically needed.[26]
Insulin is addictive.	No. Insulin is a hormone naturally produced by the pancreas. In type 2 diabetes, the body may not make enough insulin or may not use insulin effectively. Needing insulin treatment reflects the body's insulin needs; it is not an addiction.[31,32]
Taking insulin means I can no longer live a normal life.	Taking insulin in fact, may improve treatment satisfaction and overall quality of life. Actually, many people find that their lives do change with insulin-for the better.[33,34]
Starting insulin means I will definitely gain a lot of weight.	Insulin treatment may cause weight gain, but your doctor can adjust your treatment to suit your blood sugar goals, weight goals and overall health needs.[26]

Sleep, stress and positive health behavior

SLEEP

Keep regular sleep/wake times where possible. Discuss snoring, pause in breathing or severe daytime sleepiness with your doctor.[17,18]



STRESS

Notice emotional eating, missed medicines, tobacco/alcohol triggers or glucose changes.[18]



SUPPORT

Counselling, peer support, family involvement or mental-health help can make the plan easier.[18]



RESET

A difficult day is learning, not failure. Restart with the next meal, walk or medicine dose.[18,26]



Sleep and stress can influence appetite, glucose patterns, motivation and medication routines. They deserve a place in the diabetes plan.[18]

Small actions create big impact

A regular bedtime, 5 minutes of breathing, asking for support, or setting a medicine reminder.

DO

Tell your care team if mood, stress or sleep is affecting diabetes care.

DON'T

Treat emotional distress as a lack of willpower.

My plan: numbers, medicines and safety

Bring this page to appointments.
Write in it. Circle what matters.
Update it whenever treatment changes.

MY PERSONAL TARGETS

Measure	My target	What are my numbers and date
HbA1C	.....	.....
FPG	.....	.....
PPG	.....	.....
Body weight	.....	.....
Blood pressure	.....	.....
LDL	.....	.....

MY MEDICINES AND DOSING

Medicine / insulin	Dose	When/With food?	Special instruction
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

MY SMBG VALUES

1) FPG: ..... **TIME:** ..... **DATE:** .....

2) FPG: ..... **TIME:** ..... **DATE:** .....

3) PPG: ..... **TIME:** ..... **DATE:** .....

4) PPG: ..... **TIME:** ..... **DATE:** .....

My plan: habits, checks and questions

DAILY FOOT CHECK

Date	Skin/ wound	Redness/ swelling	Numbness/ pain	Nail/ callus problem	Action taken
	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

UPCOMING HEALTH CHECKS

What	When	Action	Due
HbA1C			
Kidneys			
Eye Exam			

Questions for my next visit: 1._____ 2._____

Notes

Notes

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To know more about diabetes, talk to your doctor and scan the QR code.

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MAT-IN-2600968-V1.0-08/2026

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