

Indian Diabetes

EDUCATOR JOURNAL



Theme of the Month

Celebrate Smart: Festive Care in Diabetes

To keep Members of Diabetes Care team abreast about
DSME/DSMS - (Diabetes Self management Education/Support) Concepts

2015

2016

2017

2018

2019

2020

2021

2022

2023

2024

2025

Longest Running Monthly Journal

In collaboration with





1st time in India
To keep the members of
diabetes care team abreast with
DSME and DSMS concepts

EDITORIAL BOARD

Chief Editors

Dr. L. Sreenivasamurthy, Bengaluru
Dr. Amit Gupta, Noida

Editorial Board

Dr. G. Vijaykumar, Chennai
Dr. Krishna Prashanti, Tirupati
Dr. Subhash Kumar, Patna
Dr. Anjali Bhat, Pune
Dr. Shankha Sen, Siliguri
Dr. Mayura Kale, Aurangabad
Dr. Rutul Gokalani, Ahmedabad
Ms. Sheryl Salis, Mumbai

Advisor

Dr. Sunil Gupta, Nagpur

NATIONAL ADVISORY BOARD

President	Dr. Vijay Viswanathan
Immediate Past President	Dr. Rakesh Sahay
President Elect	Dr. Anuj Maheshwari
Secretary General	Dr. Sanjay Agarwal
Hon. Joint Secretary	Dr. Pratap Jethwani
Hon. Treasurer	Dr. J. K. Sharma
Vice President	Dr. Sujoy Ghosh
Vice President	Dr. L. Sreenivasamurthy
All India Members	Dr. Aravinda J. Dr. Manoj Chawla Dr. N. K. Singh Dr. M. Shunmugavelu Dr. Amit Gupta, North Zone Dr. Jothydev, South Zone Dr. Rakesh Parikh, West Zone Dr. Anil Virmani, East Zone
Co-opted Members	Dr. Neeta Deshpande Dr. Sunil Gupta
Patrons of RSSDI	Dr. H.B. Chandalia, Mumbai Dr. Daya Kishore Hazra, Agra Dr. Ashok K. Das, Puducherry Dr. Sidhartha Das, Cuttack Prof. Samar Banerjee, West Bengal Dr. Prasanna Kumar, Bangalore Dr. P.V. Rao, Hyderabad Dr. Jitendra Singh, New Delhi Dr. V. Mohan, Chennai Dr. Shashank Joshi, Mumbai

Scan the QR code to access
full library of IDEJ -
<https://usvmed.com/>





FOREWORD

Research Society for the Study of Diabetes in India (RSSDI) founded by Prof. MMS Ahuja in the year 1972 is the biggest scientific association of healthcare professionals involved in promoting diabetes education and research in India. RSSDI is happy to collaborate with USV to support their endeavour to make India the 'Diabetes care capital of the world'. Through this collaboration, RSSDI would like to strengthen the cadre of diabetes educators by empowering them with recent updates in diabetes management helping bridge the gap between the physician and the patient. Today, the rule of 50% is prevailing in terms of awareness, detection, treatment and control in T2DM. Our aspiration is to achieve 90-90-90-90 i.e. 90% of people with diabetes should be made aware, 90% should be detected, 90% of those detected should be treated, and 90% of those treated should reach their goals.

Indian Diabetes Educator Journal (IDEJ) is the first of its kind in India, and the longest running monthly diabetes educator journal since April 2015 and continues its endeavour to spread awareness, knowledge and enable healthcare teams to manage individuals with diabetes and empower them for self-care. RSSDI IDEJ will continue to keep the members of diabetes care team abreast with concepts of Diabetes Self-Management Education/Support (DSME/S) with a reach of 44000 doctors and diabetes educators digitally.

In recognition of the festive season, this edition of IDEJ embraces the theme "Celebrate Smart: Festive Care in Diabetes." Festivals bring joy, connection, and cultural richness, but for people with diabetes, they can also pose unique challenges with altered routines, indulgent foods, and reduced physical activity. This issue focuses on equipping diabetes educators with strategies to help patients enjoy celebrations while maintaining safe and balanced diabetes management. From mindful eating and glucose monitoring to lifestyle tips, we highlight practical ways to safeguard health without missing the spirit of festivities. The emphasis is on celebrating with awareness, making informed choices, and reinforcing patient-centered care.

We sincerely thank our contributors for making this issue delightful reading for our readers. We dedicate this journal to all the healthcare professionals who are working relentlessly towards making "India-The Diabetes Care Capital of the World."

Sincere Regards,

Dr. Sanjay Agarwal
RSSDI Secretary

Disclaimer: This Journal provides news, opinions, information and tips for effective counselling of people with diabetes. This Journal intends to empower your clinic support staffs for basic counselling of people with diabetes. This journal has been made in good faith with the literature available on this subject. The views and opinions expressed in this journal of selected sections are solely those of the original contributors. Every effort is made to ensure the accuracy of information but Hansa Medcell or USV Private Limited will not be held responsible for any inadvertent error(s). Professional are requested to use and apply their own professional judgement, experience and training and should not rely solely on the information contained in this publication before prescribing any diet, exercise and medication.
Hansa Medcell or USV Private Limited assumes no responsibility or liability for personal or the injury, loss or damage that may result from suggestions or information in this book.

Expert Contributors of the month



Dr. R. C. Sharma

MBBS, MD (Internal Medicine)

Consulting Physician, Diabetologist and Cardiologist,
Dr. R. C. Sharma Clinic, Indore

Article: Feasting with Care: Celebrating Festivals Mindfully with Diabetes



Dr. Azaz N. Khan

MBBS, DFM, PGD. Diabetes, C. M. Diabetes, C.ECG

Consulting Diabetologist and Family Physician,
A. K. Wellness Clinic, Mumbai

Article: Celebration Foods and Sugar Surges: Smart Eating for
Glucose Control During Festivals



Dr. K. Sathyanarayana Reddy

**MBBS, Dip Diab (Zagreb), PGDHSC- Diabetes (AU), CCEBDM,
CCGDM – Diabetology (PHFI), Fellowship in Diabetology (IMA)**

Consultant Diabetologist, Dr Satyam's Clinic, Warangal

Article: Healthy Festive Swaps and Tips



Dr. Ritesh Shah

MD, DNB, MNAMS

Consulting Physician, Diabetologist and Cardiac Specialist,
The South Bay Diagnostic Centre, Mumbai

Article: Managing Emotional Eating During Festivals



Dr. Ami Sanghvi

MBBS, D. Diabetology, F. Diabetology

Consultant Diabetologist and Director,
Sanghvi Eye & Diabetes Care Centre, Mumbai

Article: Ask the expert: Common Medication Frequently Asked Questions
with Dr. Ami Sanghvi



Dr. Ashutosh Chaturvedi

**MD (Medicine), FICP, FRCP, FIDF,
FIACM FICCMD, FISH**

Associate Professor, Department of Medicine
Mahatma Gandhi Medical College & Hospital, Jaipur

Article: Monitoring Glucose Levels During Festivals

Expert Contributors of the month



Dr. Jayant Vishe

MBBS (MUHS), PG Dip Diab (IIPH), F. Diabetology (Delhi), CPCDM (RRSDI), F. Diabetic Foot Management (KIER Bangalore), F. Diabetic Foot Surgery (K. L. Raheja Mumbai), MSc Endocrinology (UK)
Consultant Diabetologist, Ananya Diabetes and Foot Care Center, Kalyan

Article: Alcohol, Appetizers, and Aftermath

Sheryl S. Salis

Registered Dietitian, Certified Diabetes Educator, Certified Insulin Pump Trainer, Certified Sports Nutritionist-USA, FODMAP Dietitian-Australia, Certified Onco-Nutritionist
Founder of Nurture Health Solutions, Mumbai

Article: Healthy Festive Gifting Ideas for People with Diabetes



Dr. Aditya Deshpande

MBBS, MD (Medicine), DM (Endocrinology)
Consultant Endocrinologist, Shantabai Deshpande Superspeciality Hospital, Baramati

Article: Diabetes Educator's Toolkit: Skill of the Month: Confrontation

Dr. Sushil Patel

MD, FAIDR PGCD (Boston)
Consulting Diabetologist, Akshar Diabetes Centre, Vadodara

Article: Frequently Asked Questions on Diabetes and Foot Care



To get featured in the Indian Diabetes Educator Journal you can connect with us on the below mail ID for further communication: info@nurturehealthsolutions.com

Table of Content

Cover Story: Feasting with Care:
Celebrating Festivals Mindfully with
Diabetes

Dr. R. C. Sharma

01

Alcohol, Appetizers, and Aftermath

Dr. Jayant Vishe

13

Celebration Foods and Sugar Surges:
Smart Eating for Glucose Control
During Festivals

Dr. Azaz N. Khan

04

Healthy Festive Gifting Ideas for People
with Diabetes

Sheryl S. Salis

15

Healthy Festive Swaps and Tips

Dr. K. Sathyanarayanan Reddy

06

Diabetes Educator's Toolkit: Skill of the
Month: Confrontation

Dr. Aditya Deshpande

17

Managing Emotional Eating During
Festivals

Dr. Ritesh Shah

08

Frequently Asked Questions on
Diabetes and Foot Care

Dr. Sushil Patel

19

Ask the expert: Common Medication
Frequently Asked Questions
with Dr. Ami Sanghvi

Dr. Ami Sanghvi

09

True or False: People with Diabetes
Can Enjoy Sugar-free Foods Freely

21

Monitoring Glucose Levels During
Festivals

Dr. Ashutosh Chaturvedi

12

Role Play

22

Cover Story: Feasting with Care: Celebrating Festivals Mindfully with Diabetes



Dr. R. C. Sharma

MBBS, MD (Internal Medicine)

Consulting Physician, Diabetologist &
Cardiologist, Dr. R. C. Sharma Clinic, Indore

Festivals in India are synonymous with joy, family gatherings, and feasting, often involving rich foods and sweets. For people living with diabetes, however, these occasions pose a unique challenge, as the indulgence can disrupt blood sugar control and increase health risks. Rather than avoiding celebrations, mindful planning, dietary awareness, and medical adjustments can help individuals participate fully while staying healthy.

Festivals, food, and emotional eating

Traditionally, food is associated with love, sharing, and celebration, but these links may trigger overeating, especially under emotional influence. Sweet dishes, fried snacks, and alcohol are often consumed in abundance, leading to sudden spikes in glucose. Emotional eating is a common challenge during festivals—many eat not from hunger but as a response to excitement, stress, or social expectations. Recognizing these triggers can help prevent binge eating and post-meal hyperglycemia.



The challenge of sweets and sugar



Refined sugar, still the centrepiece of most festive foods, has a high glycemic index and contributes empty calories. Jaggery, honey, and coconut sugar are often considered healthier but still impact blood glucose significantly. Though these natural sweeteners add trace minerals, they should not be assumed safe for unrestricted use in diabetes as they provide the same amount of calories and carbohydrates. Stevia and other non-nutritive sweeteners provide sweetness without calories and can be included in moderation in festive cooking within the acceptable daily intake (ADI) level in to balance tradition and health.

Alcohol and festivals: A hidden risk

Alcohol is frequently part of festive celebrations, but for people with diabetes, it introduces dual risks of hypoglycemia and excess calorie intake. Drinking without food can cause blood sugar to fall dangerously, especially in those on insulin or sulfonylureas. The American Diabetes Association (ADA) advises limiting alcohol to one drink per day for women and two for men, always consumed with food and never on an empty stomach. Monitoring glucose before, during, and after alcohol intake is vital, since delayed hypoglycemia may occur overnight.



Insulin and medication adjustments

Festive meals are often larger, richer in carbohydrates and fats, and eaten at irregular times, making glucose management more complex. It is recommended to:

1. Monitor blood glucose more frequently, especially before and after heavy festive meals.
2. Adjust insulin doses flexibly, using insulin to match the carbohydrate content of meals.
3. Do not skip prescribed doses, even if meal timings change, as this can raise the risk of both high and low blood glucose levels.
4. Stay well hydrated, since lack of fluids can aggravate post-meal blood glucose spikes.

For those on oral medications, adjustments may also be necessary, but only under medical supervision.



Practical strategies for mindful feasting

- **Food order:** Start the meal with fibre and protein-rich foods, followed by carbohydrates and sweets.
- **Plan ahead:** Choose a small portion of your favourite festive dish instead of avoiding it completely.
- **Fill the plate wisely:** Emphasize vegetables, lentils, and whole grains to balance sweets and fried foods.
- **Physical activity:** Continue usual physical activity. Short walks after meals can help blunt glucose spikes.
- **Mindful eating:** Pause and assess whether hunger is physical or emotional before reaching for more food.



Festivals are a time of joy, not restriction. By understanding the impact of sweets, alcohol, and emotional eating, and by making small adjustments to insulin or medication, people with diabetes can celebrate fully and safely. Moderation, mindfulness, and medical guidance are the true ingredients of festive well-being.

Resources:

1. Kalra S, Baruah MP, Sahay R, *et al.* Management of diabetes during fasting and feasting in India. *J Assoc Physicians India.* 2019;67(9):70–77.
2. Indian Council of Medical Research. *ICMR Guidelines for Management of Type 2 Diabetes.* New Delhi: ICMR; 2018.
3. Hirpara P, Thakare N, Kele VD, Patel D. Jaggery: A natural sweetener. *J Pharmacogn Phytochem.* 2020;9(5):3145–3148.
4. Fitch C, Keim KS. Position of the Academy of Nutrition and Dietetics: Use of nutritive and nonnutritive sweeteners. *J Acad Nutr Diet.* 2012;112(5):739–758.
5. Singh P, Rao GP. Sugar and sugar substitutes: Recent developments and future prospects. In: *Sugar and Sugar Substitutes.* Springer; 2020:85–113.
6. Diabetes UK. Alcohol and diabetes. Know Diabetes website. <https://www.knowdiabetes.org.uk/resources/internal/alcohol/>. Accessed August 26, 2025.
7. American Diabetes Association. Alcohol and diabetes. ADA website. <https://diabetes.org/health-wellness/alcohol-and-diabetes>. Accessed August 26, 2025.
8. Diabetes UK. Managing emotional eating. Know Diabetes; 2024. <https://www.knowdiabetes.org.uk/resources/internal/alcohol/>. Accessed August 26, 2025.

Celebration Foods and Sugar Surges: Smart Eating Glucose Control During Festivals



Dr. Azaz N. Khan

MBBS, DFM, PGD. Diabetes, C. M. Diabetes, C.ECG

Consulting Diabetologist and Family Physician,
A. K. Wellness Clinic, Mumbai

Gatherings, rituals, and celebratory foods mark festivals. However, for people with diabetes, these occasions present unique challenges in maintaining glucose control.

The impact of festivals on glycemia: Festivals are associated with feasting, altered meal timings, and reduced activity levels. Festive foods are often rich in refined carbohydrates, fats, and sugars, which can lead to high postprandial glucose levels. Disrupting not only immediate glucose control but also contributing to long-term cardiovascular risk. Studies show that more than 95% of individuals with type 2 diabetes report significant lifestyle alterations during religious observances like Ramadan, Navratri, Diwali, Christmas, etc., with high-calorie foods and sweets contributing to glucose excursions. Proper counseling before festivals helps individuals plan meals, medications, and activity schedules to prevent extreme fluctuations. Adopting smart dietary strategies can allow individuals to enjoy celebrations while safeguarding their health.



Dietary strategies for postprandial control: Evidence highlights that the type, amount, and sequence of food intake significantly influence postprandial glycemia. High-fiber foods rich in vegetables, legumes, and whole grains blunt post-meal glucose rises. Including lean proteins and healthy fats further improves satiety and lowers glycemic variability. An innovative approach to postprandial glucose control is modifying the order of food intake. A study demonstrated that consuming vegetables and protein before carbohydrates reduced postprandial glucose levels by up to 36% and lowered insulin excursions. Such strategies can be particularly helpful during festivals, where high-carbohydrate foods dominate meals. Additionally, incorporating functional foods and bioactive compounds—such as cinnamon, vinegar, and omega-3 fatty acids has shown promise in reducing postprandial glucose control. These can be integrated into festive recipes without compromising cultural authenticity. Here are some tips:



Practical tips for festive eating

- **Start smart:** Begin meals with a small bowl of salad (cucumber, tomato, carrot)/ soup or vegetable or a serving of protein like dal/paneer/curd before reaching for sweets or fried snacks.
- **Choose wholesome carbs:** Opt for roti made with whole wheat, jowar, bajra, or multigrain atta instead of puris/parathas made with maida.
- **Balance indulgence:** Enjoy traditional sweets like gulab jamun, boondi laddoo, etc. in small portions, or balance with healthier festive foods like dried fruit nuts laddoo, besan laddoo, til laddoo, baked gujiya stuffed with nuts and dried fruits instead of sugar and khoya, etc. These are not fried and can be made using less sugar.
- **Stay active:** After festive meals, take a 10–15 minute walk with family, join in garba, bhangra, or simple household chores to help control post-meal glucose spikes.
- **Plan ahead:** Seek pre-festival counselling to tailor meal planning and medication adjustments.



Festivals are times of joy and togetherness, and with mindful dietary strategies, individuals with diabetes can celebrate without compromising health.

Key points

- **Festivals often disrupt glucose control** due to high-calorie foods, irregular meal timings, and reduced activity.
- **Food sequence matters** – eating fiber and protein before carbs can reduce post-meal glucose spikes by up to 36%.
- **Mindful swaps and moderation** in sweets and fried foods allow enjoyment without compromising health.
- **Pre-festival planning and light activity** help balance celebrations with better glucose control.

Resources:

1. Sahay R, Kesavadev J, Salis S, *et al.* The impact of festivals on diabetes. *Int J Diabetes Technol.* 2023;2(2):43–48. doi:10.4103/ijdt.ijdt_32_23
2. O’Keefe JH, Gheewala NM, O’Keefe JO. Dietary strategies for improving post-prandial glucose, lipids, inflammation, and cardiovascular health. *J Am Coll Cardiol.* 2008;51(3):249–255. doi:10.1016/j.jacc.2007.10.016
3. Shukla AP, Iliescu RG, Thomas CE, Aronne LJ. Food order has a significant impact on postprandial glucose and insulin levels. *Diabetes Care.* 2015;38(7):e98–e99. doi:10.2337/dc15-0429
4. Ceriello A. Postprandial hyperglycemia and diabetes complications: is it time to treat? *Diabetes.* 2005;54(1):1–7. doi:10.2337/diabetes.54.1.1
5. Hanefeld M, Schaper F. Meal-related glycemia in type 2 diabetes: The key for treatment success. *Diabetes Res Clin Pract.* 2008;81(1):S9–S14. doi:10.1016/S0168-8227(08)70003-6.

Healthy Festive Swaps and Tips



Dr. K. Sathyanarayana Reddy

MBBS, Dip Diab (Zagreb),
PGDHSC- Diab (AU), CCEBDM,
CCGDM – Diabetology (PHFI),
Fellowship in Diabetology (IMA)

Consultant Diabetologist, Dr Satyam's Clinic,
Warangal

Festivals are filled with delicious food, but these meals are often high in sugar and unhealthy fats. This can be challenging for people with diabetes. This guide offers simple ways to enjoy festive foods.

Principles for glycemic management – To manage diet during festivals, follow key nutritional principles to avoid sharp blood glucose spikes by making smart food choices:

- 1. Macronutrient balance:** Balance meals with adequate protein and healthy fats to slow digestion. Also, include high-fiber foods like vegetables, whole grains to feel full and lower glycemic response.
- 2. Cooking methods:** Opt for healthier cooking methods like baking or steaming instead of deep-frying to reduce high-fat intake.
- 3. Mindful consumption:** Conscious eating, characterized by slower food intake and attention to satiety signs, can prevent overconsumption and support better portion control.

Diwali: “The Festival of Lights” is known for its traditional sweets and fried snacks, which are often high in refined flour and sugar, causing a sharp rise in blood glucose levels. For a healthy twist:

- Replace refined sugar with natural sweeteners like figs or dates in sweets like *barfi* and *laddoos*.
- For snacks such as *shakarpara* and *karanji*, use whole wheat instead of refined flour and bake them.
- A healthier stuffing of *karanji* can be made with roasted chana powder, nuts, and seeds, instead of *rawa*.
- For fried items like *chakli* and *sev*, switch to baking or practice portion control.



Ganesh Chaturthi is celebrated with *modaks*. The healthiness of these sweet dumplings depends on their ingredients and preparation.

- The traditional steamed *ukadiche modak* is a healthier option than its fried version, as it avoids high fat.
- The filling can be made healthy by reducing sugar content and adding dried fruits like dates, figs, and nuts. Adding nuts and seeds helps to lower the glycemic index of the food.



Eid: Feasts often feature rich, heavy-meat curries and desserts that are high in saturated fat and simple carbohydrates. For leaner protein, opt for chicken breast or fish over fatty red meats. Grill or bake kebabs and tikkas instead of frying, and be sure to trim any visible fat before cooking. When making biryani, use unpolished rice or low-glycemic index rice instead of white rice and moderate the use of oil or ghee. Include vegetable raitas to help blunt the blood glucose spike. Make sheer khurma healthier by using less sugar and ghee, low-fat milk, and natural sweeteners like dates.

Christmas: For a better dessert option, use dark chocolate instead of regular chocolate, or make "chocolate rocks" by dipping nuts in dark chocolate. Use whole wheat or almond flour for cakes. For the main meal, choose roasted chicken instead of rich curries/processed meats. Make sure a large part of the plate is filled with stir-fry vegetables/salads or roasted vegetables. And for a healthier side of potato mash, mix mashed cauliflower with potatoes to reduce the carbohydrate content.



Conclusion

By making smart food swaps and using healthier cooking methods, people can enjoy traditions without harming or compromising their health. Focusing on whole grains, lean proteins, fiber and eating mindfully, is key to managing blood glucose levels.

Resources:

1. Sahay R, Kesavadev J, Salis S, *et al.* The impact of festivals on diabetes. *International Journal of Diabetes and Technology* 2(2):p 43–48, Apr–Jun 2023.
2. Diabetes UK. Christmas food and diabetes. <https://www.diabetes.org.uk/living-with-diabetes/eating/christmas-food-and-diabetes>. Accessed August 19, 2025.
3. Ehret J, Brandl B, Schweikert K, *et al.* Benefits of Fiber-Enriched Foods on Satiety and Parameters of Human Well-Being in Adults with and without Cardiometabolic Risk. *Nutrients*. 2023;15(18):3871. Published 2023 Sep 6. doi:10.3390/nu15183871
4. Giuntini EB, Sardá FAH, de Menezes EW. The Effects of Soluble Dietary Fibers on Glycemic Response: An Overview and Futures Perspectives. *Foods*. 2022;11(23):3934. Published 2022 Dec 6. doi:10.3390/foods11233934

Managing Emotional Eating during Festivals



Dr. Ritesh Shah

MD, DNB, MNAMS

Consulting Physician,
Diabetologist and Cardiac Specialist,
The South Bay Diagnostic Centre, Mumbai

Festivals are a period of joy and bring together strong emotions, diverse food options, irregular routines, and social pressures. These factors often increase emotional eating, referred to as consuming food to regulate emotions (positive/negative or neutral) rather than to satisfy the actual hunger. Emotional or 'stress' eating is linked with less favorable glucose and metabolic outcomes,

especially in people with diabetes. This article provides a few strategies to deal with emotional eating during the festive period.

- 1. Identify the triggers and develop coping strategies:** During festivals, it is important to identify personal emotional triggers, such as anxiety or excitement during family gatherings, and trace the sequence: Trigger → Thought → Emotion → Action (eating). Developing this awareness supports more coping strategies, such as focusing on conversations rather than the food table or engaging in faith-based rituals before festive meals.
- 2. Pause and check:** Before reaching for sweets or snacks, pause and question: 'Is this real hunger or am I trying to change how I feel?' If it's emotion-driven, drink water, try walking or have a call with a friend first. This space allows one to notice whether it's hunger or emotions which are driving the urge. With practice, this pause can reduce emotional eating and make difficult feelings easier to handle.
- 3. Practice mindfulness:** Mindfulness can be a helpful tool in managing emotional eating. This involves 'living in the moment', paying full, non-judgemental attention to the present experience, accepting it as it is. This brings more awareness of thoughts and behaviors they trigger, which reduces the likelihood of reacting automatically to emotions by turning to food. During festivals, engage in a short mindfulness ritual before meals, such as, reflecting on traditions, gratitude, or savoring the colors and aromas of festive foods. Plate once, pick a small portion, sit, savour, make the first bite slow, mindful, and without multitasking.
- 4. Self-care alternatives to eating:** Evidence-based activities such as listening to music, journaling, creative activities (e.g., coloring, crafting), walking, spending time with family, friends, or pets, and recreational games are some of the ways to cope with a trigger. During festivals, one can try listening to devotional music, writing festival memories, or walking around decorating the home instead of reaching for snacks.

Festivals can be enjoyed fully without letting emotions rule the plate. By combining awareness, mindful choices, and self-care alternatives, people with diabetes can celebrate with balance. This approach ensures both cultural enjoyment and diabetes management.

Resources:

1. University Hospitals Sussex NHS Foundation Trust. Managing emotional eating. Published September 2024. Accessed August 16, 2025. Available from: <https://www.uhsussex.nhs.uk/resources/managing-emotional-eating/>
2. Erbakan AN, Arslan Bahadir M, Gonen O, Kaya FN. Mindful Eating and Current Glycemic Control in Patients With Type 2 Diabetes. *Cureus*. 2024;16(3):e57198. Published 2024 Mar 29. doi:10.7759/cureus.57198 <https://pubmed.ncbi.nlm.nih.gov/38681461/>
3. Franc S, Bensaid S, Schaepelynck P, Orlando L, Lopes P, Charpentier G. Impact of chronic emotions and psychosocial stress on glycemic control in patients with type 1 diabetes. Heterogeneity of glycemic responses, biological mechanisms, and personalized medical treatment. *Diabetes Metab*. 2023;49(6):101486. doi:10.1016/j.diabet.2023.101486 <https://www.sciencedirect.com/science/article/abs/pii/S126236362300068X?via%3Dihub>
4. Gager E. *Tips to manage stress eating [Internet]*. Johns Hopkins Medicine. Accessed August 16, 2025. Available from: <https://www.hopkinsmedicine.org/health/wellness-and-prevention/tips-to-manage-stress-eating>

In uncontrolled T2DM with A1c >8.5%, **Choose 1st**

Rx **UDAPA-Trio**

Dapagliflozin 10 mg + Sitagliptin 100 mg + Metformin 500 mg XR



Abridged Prescribing Information

UDAPA-TRIO Forte, UDAPA-TRIO, Dapagliflozin, Sitagliptin & Metformin Hydrochloride Extended Release Tablets

Composition: Dapagliflozin 10 mg, Sitagliptin 100 mg & Metformin Hydrochloride Extended Release 1000 mg tablets Dapagliflozin propanediol monohydrate eq. To Dapagliflozin 10 mg Sitagliptin Phosphate Monohydrate IP Eq. Sitagliptin 100 mg Metformin Hydrochloride IP (as Extended Release) 1000 mg Dapagliflozin 10 mg, Sitagliptin 100 mg & Metformin Hydrochloride Extended Release 1000 mg tablets Dapagliflozin propanediol monohydrate eq. To Dapagliflozin 10 mg Sitagliptin Phosphate Monohydrate IP Eq. Sitagliptin 100 mg Metformin Hydrochloride IP (as Extended Release) 500 mg **Indication:** It is indicated as an adjunct to diet and exercise to improve Glycemic Control adults with type 2 diabetes mellitus **Recommended Dosage:** As directed by the physician. **Method of Administration:** Oral **Adverse Reactions:** Most common adverse reactions reported are: Dapagliflozin - Female genital mycotic infections, Nasopharyngitis, Urinary tract infections. Sitagliptin - Upper respiratory tract infection, nasopharyngitis and headache. Metformin - Diarrhea, nausea/vomiting, flatulence, asthenia, indigestion, abdominal discomfort, and headache. **Warnings and Precautions:** Dapagliflozin: Volume depletion; Ketoacidosis in patients with Diabetes Mellitus; Urosepsis and Pyelonephritis; Hypoglycemia; Genital mycotic infections Sitagliptin: General: Sitagliptin should not be used in patients with type 1 diabetes or for the treatment of Diabetic Ketoacidosis. Acute pancreatitis: Hypoglycemia is used in combinations when combined with other anti-hyperglycemic medicinal product; Renal impairment: Hypersensitivity reactions including anaphylaxis, angioedema, and exfoliative skin conditions - Steven johnson syndrome; Bullous pemphigoid Metformin Hydrochloride: Lactic acidosis; In case of dehydration (severe diarrhea or vomiting, fever or reduced fluid intake), metformin should be temporarily discontinued and contact with a healthcare professional is recommended. **Contraindications:** Hypersensitivity to the active substance of Dapagliflozin, Sitagliptin & Metformin or to any of the excipients listed. Any type of acute metabolic acidosis (such as lactic acidosis, diabetic ketoacidosis). Diabetic pre-coma; Severe renal failure (eGFR < 30ml/min); Acute conditions with the potential to alter renal function such as: Dehydration, Severe infection, Shock; Acute or chronic disease which may cause tissue hypoxia such as: Cardiac or respiratory failure. Recent myocardial infarction, Shock, Renal Impairment, Acute intoxication, Alcoholism. **Use in special population:** Pregnant women: Due to lack of human data, drugs should not be used during pregnancy. Lactating women: It should not be used during breastfeeding. Pediatric patients: The safety and efficacy of drugs has not yet been established. No data is available. Geriatric Patients: In patients >65 years, it should be used with caution as age increases. For Additional Information/full prescribing information, please write to us: USV Private Limited, Arvind Vithal Gandhi Chowk, B.S.D Marg, Govandi, Mumbai - 400088 Last updated on 02/04/2024.



USV Private Limited

Arvind Vithal Gandhi Chowk, B.S.D. Marg, Govandi East, Mumbai-400088
Tel.: 91-22-2556 4048 Fax: 91-22-2558 4025 www.usvindia.com

In T2DM uncontrolled on monotherapies

Intensify Now

With

UDAPA-S

Dapagliflozin 10 mg + Sitagliptin 100 mg Tablets



INTENSIFY
NOW

Treatment
Success

Improves
Adherence

For Better Outcomes

Ref: L Ravkumar et al. Cardiology and Cardiovascular Medicine, 2023; 7: 141-144. |

Abridged Prescribing Information

Composition: Each Film Coated Tablet Contains: Dapagliflozin Propanediol Monohydrate eq. to Dapagliflozin (10 mg) + Sitagliptin Phosphate Monohydrate IP eq. to Sitagliptin (100 mg). **Indications:** For the treatment of type 2 diabetes mellitus inadequately controlled on Metformin monotherapy. **Recommended Dosage:** As directed by the physician. **Method of Administration:** Oral. **Adverse Reactions:** Female genital mycotic infections, nasopharyngitis, and urinary tract infections are most common adverse reactions associated with dapagliflozin. While, upper respiratory tract infection, nasopharyngitis, and headache are most common adverse reactions associated with sitagliptin. **Warnings and Precautions:** **Risk of Volume Depletion in Elderly** - Before initiating Dapagliflozin and Sitagliptin, assess volume status and renal function in the elderly, patients with renal impairment or low systolic blood pressure, and in patients on diuretics. Monitor for signs and symptoms during therapy. **Ketoacidosis in Patients with Diabetes Mellitus** - Assess patients who present with signs and symptoms of metabolic acidosis for ketoacidosis regardless of blood glucose level. If suspected, discontinue UDAPA-S, evaluate and treat promptly. Before initiating UDAPA-S, consider risk factors for ketoacidosis. Patients on UDAPA-S may require monitoring and temporary discontinuation of therapy in clinical situations known to predispose to ketoacidosis. **Urinary Tract Infections and Pyelonephritis** - Evaluate for signs and symptoms of urinary tract infections and treat promptly, if indicated. **Hypoglycemia** - Consider a lower dose of insulin or the insulin secretagogue to reduce the risk of hypoglycemia when used in combination with Dapagliflozin and Sitagliptin. **Neuropathic Pain** - Serious, life-threatening cases have occurred in patients with diabetes, both females and males. Assess patients presenting with pain or tenderness, erythema, or swelling in the genital or perianal area, along with fever or malaise. If suspected, institute prompt treatment. **Genital Mycotic Infections** - Monitor and treat if indicated. **Contraindications:** Patients with a history of hypersensitivity reaction to the active substance or to any of the excipients. In patients with varying degrees of renal impairment, adjusting the dosage is advised based on the severity of the condition. Prohibited medications include strong CYP2C8 inhibitors/inducers, drugs increasing/decreasing hypoglycemic action, drugs known to cause QT prolongation, or other oral hypoglycemic agents other than study medications.

For Additional Information/Full prescribing information, please write to us:

USV Private Limited, Arvind Vitthal Gandhi Chowk, B.S.D Marg, Govandi, Mumbai - 400088
Updated on 20th March 2024

PV - In case of any adverse events, kindly contact: pv@usv.in



USV Private Limited.
Arvind Vitthal Gandhi Chowk, B.S.D Marg, Station Road, Govandi East, Mumbai -400 088. India.

Personalizing Diabetes Care Support for Hectic Lifestyles A Doctor's Experience with the MyCare Patient Support Program



Dr. Alok Joshi

MBBS, MD

Sr. Director Internal Medicine,
Max Hospital Shalimar Bagh, Delhi

A 32-year-old man with type 2 diabetes mellitus was managed by Dr. Alok Joshi

Here's what Dr. Alok Joshi has to say:

A 32-year-old male IT professional with type 2 diabetes mellitus (T2DM) consulted me for glucose management. He reported high blood glucose levels, with a fasting blood glucose of 210 mg/dL, post-prandial blood glucose of 340 mg/dL, and glycated hemoglobin (HbA1c) of 11.8%. During the consultation, it was observed that he was unable to follow a structured healthy lifestyle plan and had an irregular eating pattern due to night shifts. He also reported frequent fatigue and lack of concentration at work.

I referred him to MyCare Diabetes Educator (MDE) Ms. Saima Sadir for diabetes education, particularly for diet and lifestyle support. MDE Saima carefully assessed his daily schedule and designed a flexible meal plan with healthier snacking options suitable for late-night work. She further emphasized the importance of hydration, taking small breaks whenever possible, and performing short, simple physical activities at the workplace. He was also counselled on stress management through meditation, and establishing a good-quality sleep routine was recommended.

After one month, he showed remarkable improvement. He lost 2.5 kg weight and reported better energy levels and productivity at work. His HbA1c levels also dropped to 8.9%, showing improved glucose control.

MDE Saima had motivated him to balance his professional and personal life and played a key role in his improved glycemic control. With structured guidance, mindful food choices, and adherence to physical activity, he gained confidence in managing diabetes while continuing his demanding career.



Ms. Saima

NDEP and T1DE Certified Diabetes Educator

Here's what MDE Saima has to say:

MDE Saima reflects that this case highlights the importance of adapting diabetes care to a patient's unique work routine and lifestyle. She emphasizes that flexibility, practical food choices, and simple activity plans can empower even those with demanding schedules to achieve better control. The key learning is that personalized guidance and consistent support help patients gain confidence and sustain long-term improvements.





MyCARE

With me, every step of the way

20 weeks personalised and hand-holding support for people with diabetes initiated with Insulin.
Aims to empower PWD* with information and knowledge they need to ensure a better quality of life while managing their diabetes.



MyCARE Service available at Ahmedabad, Bangalore, Bhopal, Bhuvaneshwar, Burdwan, Chandigarh, Chennai, Cochin, Coimbatore, Delhi, Guwahati, Hubli, Hyderabad, Jaipur, Jodhpur, Kolkata, Lucknow, Ludhiana, Madurai, Meerut, Mumbai, Mysore, Nagpur, Patna, Pune, Siliguri, Surat, Thiruvananthapuram, Varanasi, Vijayawada, Visakhapatnam
*PWD: People with Diabetes

Ask the expert: Common Medication Frequently Asked Questions with Dr. Ami Sanghvi



Dr. Ami Sanghvi

MBBS, D. Diabetology, F. Diabetology
Consultant Diabetologist and Director,
Sanghvi Eye & Diabetes Care Centre,
Mumbai

Dr. Ami Sanghvi is a highly accomplished Consultant Diabetologist and the Director of Sanghvi Eye & Diabetes Care Centre in Mumbai. With extensive expertise in managing diabetes and related conditions, she has earned accolades for her exceptional contributions to the field. Dr. Sanghvi is a distinguished faculty member, an active contributor to prominent diabetes conferences, and a prolific author, editor, and mentor. Known for her patient-centric approach, she focuses on improving the quality of life for individuals living with diabetes through personalized treatment plans, lifestyle modification guidance, and cutting-edge medical interventions. Her commitment to excellence and compassionate care has earned her the trust and respect of her patients.

Common Medication Frequently Asked Questions



1. Can diabetes be controlled without medication, just through diet and exercise?

When we talk about diabetes, depending on the stage of diabetes you are in, the doctor will decide the mode of treatment. If you have mild diabetes or pre-diabetes, or you know when the glycated hemoglobin (HbA1c) is not very high (below 7%), maybe you can be treated only with diet and exercise, but if your HbA1c is higher, then you'll definitely require medications. But this does not discount the fact that you still have to follow a balanced diet and regular exercise. If you are following a strict diet and exercising regularly, then the number of medications required may go down, and you will have good glycemic control.



2. Are diabetes medications safe to take long-term? Do they have side effects?

Diabetes medications are time-tested medications. They undergo strict trials before they are given to patients. We have been using them for years, and they are safe if they are given in the correct dosages and if they are consumed in the right way. Side effects do come with a few medications but their benefit is way more than the complications they can cause. To ensure this, patients are always advised to get their kidney profile or liver profile, cholesterol checks, their heart checks, and retina (eye) check-ups every year. So, these medications are safe; they can be taken over a period of time, but the important part is that whenever you are on these medications, see that you follow up with your doctor regularly. Don't think that I am taking a medicine for diabetes, now I don't need to see my doctor, let's continue over a period of time, because I don't feel I have any other problems. Also, certain medications are such that they need to be avoided in certain scenarios, like if you have retinopathy, you have to avoid Pioglitazone or Glucagon-like peptide-1 (GLP-1) analogues, if you have any renal conditions, you need to avoid pioglitazone and cut down on the dosages of metformin and sulfonylureas, even in hepatic disease, we have insulin as the best choice. So, if we monitor these parameters time and again, and if you see the doctor at regular intervals, they will prescribe you the correct medicines, and you will not have any harmful effects because of the medicines or because of diabetes.



3. Are there any natural or alternative remedies that can replace diabetes medication?

There are a few natural remedies which can be given to the patients for treating diabetes, but they are in support to the treatment line which we give to our patients. If you are taking any other alternative medicines, keep your doctor informed about it. So, if your sugars are dropping or you are having any other complications, then the doctor can advise you accordingly. But one word of caution here is that do not stop the diabetes medications which have been advised to you and switch over to alternative medicines because that can cause hyperglycemia, renal, hepatic, or retinal complications. So, if you are following any alternate therapy or natural medication, please keep your doctor informed, and they will adjust the dosages of your diabetes medications accordingly.



4. If I forget to take my morning diabetes medicine, can I take it later with my afternoon dose?

If you have forgotten a morning dose, you cannot take it in the afternoon. If you have skipped a before-meal tablet for some reason and if you remember it immediately after your meal or within even half an hour of taking your meal, you can take the tablet.

But otherwise, you cannot take this morning dose to the afternoon and then shift the afternoon dose to some other time. If you have skipped a particular dose, forget about the dose and move on to the next dose.

But be careful, so that this does not happen too often. Because if that happens, then there can be hyperglycemia, high A1C values, and that would lead to further complications.

5. All the medicines look the same, what if I take a double dose?

Yes, there may be a few medications which look the same, and if you are on multiple therapies, maybe for diabetes, for blood pressure, for cholesterol, for any heart problem, thyroid, or any other issues, there can be confusion regarding the medications.

If that is the case, what I would suggest is please do not take double dosages because that will lead to still further complications in terms of low sugar, and you may feel uncomfortable.

A better idea would be to make boxes for medications. You have these ready-made medicine boxes available which show morning, afternoon, evening and from Monday to Sunday. So you can fill up your tablets in those boxes and then every morning, afternoon, evening as prescribed by your doctor, you can take the medications accordingly so that you are not taking any dosages twice, or you are not even skipping or missing your dosages. This will help you to keep your blood pressure, diabetes, and cholesterol under control and help you to lead a better quality of life.



Monitoring Glucose Levels During Festivals



Dr. Ashutosh Chaturvedi

MD (Medicine), FICP, FRCP, FIDF,
FIACM FICCMD, FISH

Associate Professor, Department of Medicine,
Mahatma Gandhi Medical College & Hospital,
Jaipur

During festivals, people with diabetes are often exposed to changes in routine, including irregular meal timings, festive foods high in carbohydrates and fats, and missing out on workouts. These factors can lead to fluctuations in blood glucose levels. Hence, frequent monitoring of blood glucose becomes essential to ensure better control, prevent complications, and allow timely adjustments in diet, medication, or insulin.

Self-monitoring of blood glucose (SMBG): SMBG using a glucometer remains a simple and reliable method to check glucose levels during festivals. Testing before and after meals, at bedtime, or whenever symptoms occur can help identify fluctuations caused by festive eating or changes in activity. These timely checks guide adjustments in diet, medications, or insulin, helping reduce the risk of both hypoglycemia and hyperglycemia.

Continuous glucose monitoring (CGM): CGMs can be especially helpful during festivals, when food patterns, sleep schedules, and activity levels are often irregular. CGMs provide real-time glucose readings and trend information, allowing timely action to prevent hypo- or hyperglycemia. The use of CGMs also reduces the need for frequent finger pricks and offers valuable insights through alerts and glucose trend reports, making them a practical tool for safer diabetes management during celebrations.

High-fat foods: Festival foods are not only high in carbohydrates, but they have a high fat content too. This causes delayed glucose spikes, typically post 3-4 hours. CGM is extremely beneficial in such cases, which point out these delayed spikes, and help manage them. Hence, it is important to check the blood levels using a glucometer or CGMs post 4 hours for managing such post-meal blood glucose spikes.

Bedtime blood glucose monitoring: Festival dinners are often delayed, richer in carbohydrates, and may be accompanied by more physical activity than usual. This combination can increase the risk of both high and low blood glucose levels during the night. Monitoring blood glucose at bedtime during festivals is therefore crucial to prevent nocturnal hypoglycemia and avoid excessive hyperglycemia. If levels fall below 70 mg/dL, immediate correction with a fast-acting carbohydrate is recommended, while elevated readings may require appropriate corrective measures.

Festivities and feasting are a part of Indian culture, people with diabetes can enjoy the festival season by being mindful, choosing well-balanced meals, and frequently monitoring their blood glucose levels.



Resources:

1. Journal of the Association of Physicians of India. Management of diabetes during fasting and feasting in India. *J Assoc Physicians India*. 2019;67(9):70.
2. Mohan V, Jain S, Kesavadev J, Chawla M, Mutha A, Viswanathan V, et al. Use of retrospective continuous glucose monitoring for optimizing management of type 2 diabetes in India. *Journal of the Association of Physicians of India*. 2016 Apr;64(4):16–21.
3. Erickson ML, Jenkins NT, McCully KK. Exercise after you eat: Hitting the Postprandial Glucose Target. *Front Endocrinol (Lausanne)*. 2017;8:228. Published 2017 Sep 19. doi:10.3389/fendo.2017.00228
4. Rodbard D. Continuous Glucose Monitoring: A Review of Recent Studies Demonstrating Improved Glycemic Outcomes. *Diabetes Technol Ther*. 2017;19(S3):S25–S37. doi:10.1089/dia.2017.0035

Alcohol, Appetisers, and Aftermath



Dr. Jayant Vishe

**MBBS (MUHS), PG Dip Diab (IIPH),
F. Diabetology (Delhi), CPCDM (RRSDI),
F. Diabetic Foot Management
(KIER Bangalore), F. Diabetic Foot Surgery
(K. L. Raheja Mumbai), MSc Endocrinology (UK)**
Consultant Diabetologist, Ananya Diabetes and
Foot Care Center, Kalyan

Alcohol is more than just empty calories, as it directly affects glucose regulation. When consumed, ethanol suppresses hepatic gluconeogenesis, meaning the liver produces less glucose. This suppression becomes critical when alcohol is paired with appetisers made of refined carbohydrates such as chips, fried snacks, or

sugary desserts. These foods cause a rapid blood glucose spike, which is followed by an exaggerated insulin response and a subsequent dip known as reactive hypoglycemia. This explains why many individuals feel tremors, hungry, or fatigued after parties.



The risk multiplies especially in people with diabetes or impaired glucose tolerance, but even healthy individuals may experience unstable energy levels after consuming alcohol combined with high-sugar snacks. Adding to the concern, alcohol blunts the body's ability to recognize hypoglycemia by masking adrenergic warning signs such as tremors, sweating, or palpitations. This makes post-drinking glucose crashes harder to detect and potentially more dangerous. Fat and protein-based appetisers (nuts, paneer, hummus, lean meats) are healthier alternatives and provide more stable energy release. Salty, fried snacks add excess sodium and fats, impair satiety, and increase the risk of overeating.

Safe socializing strategies

- Moderate alcohol intake: ≤ 1 drink/day for women, ≤ 2 for men (as per WHO guidelines).
- Avoid drinking on an empty stomach as it increases the risk of hypoglycemia.
- Eat before drinking: Choose meals with protein, fiber, and complex carbohydrates to stabilize blood glucose levels. Examples: Whole wheat or millet crackers with hummus, chicken or paneer wrap, sprouts chaat, chana chaat, pulse-based tikkis, sweet potato cutlets or baked fries, etc.
- Pair alcohol with high-fiber snacks: Vegetable sticks, roasted chana, baked carrot or kale chips, or mixed nuts or seeds are better than fried appetisers.
- Stay hydrated: Alternate alcoholic drinks with water to reduce dehydration and slow absorption.
- For people with diabetes: Monitor blood glucose levels closely, especially if on insulin or oral anti-diabetic agents like sulphonylureas.

Resources:

1. Mathew P, Thoppil D. Hypoglycemia. Updated December 26, 2022. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; January 2025. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK534841/>
2. Oba-Yamamoto C, Takeuchi J, Nakamura A, *et al.* Combination of alcohol and glucose consumption as a risk to induce reactive hypoglycemia. *J Diabetes Investig.* 2021;12(4):651–657. doi:10.1111/jdi.13375

Healthy Festive Gifting Ideas for People with Diabetes



Sheryl S. Salis

Registered Dietitian, Certified Diabetes Educator, Certified Insulin Pump Trainer, Certified Sports Nutritionist-USA, FODMAP Dietitian-Australia, Certified Onco-Nutritionist

Founder of Nurture Health Solutions, Mumbai

Festivals in India and around the world are synonymous with celebrations, togetherness, and, inevitably, food. For people with diabetes, however, the season can bring unique challenges—especially when the traditional gifting culture revolves around sweets and calorie-dense foods. Diabetes educators are often asked about healthier

alternatives to festive gifting. Thoughtful choices not only support better glucose management but also convey a positive message that health and festivity can go hand in hand.

Why healthy gifting matters: The common practice of gifting boxes of sweets, fried snacks, and sugar-laden beverages may inadvertently expose individuals with diabetes to high glycemic loads. Such gifts can undermine their dietary efforts, lead to glucose excursions, and even evoke feelings of exclusion or guilt when they need to refuse. Healthier gifting promotes inclusivity, encourages mindful eating, and aligns with the larger goal of lifestyle modification in diabetes management.

Principles of diabetes-friendly gifting: When recommending healthy gifting options, educators can guide families and communities to:

- **Prioritize nutrition:** Choose gifts that offer fiber, protein, or healthy fats rather than refined sugar and starch.
- **Encourage portion mindfulness:** Small, attractively packaged servings avoid overindulgence.
- **Promote activity and wellness:** Not all gifts need to be edible; lifestyle-oriented presents such as yoga mats, fitness bands, step counters, water bottles, or relaxation kits (aromatherapy, stress-relief balls) can inspire healthy behaviors.
- **Retain cultural connect:** Gifts should still feel festive, traditional, and celebratory.

Healthy gifting ideas

1. **Nut and seed hampers:** Almonds, walnuts, pistachios, pumpkin seeds, and flaxseeds—either raw or lightly roasted without added sugar or salt—make excellent festive gifts. They provide satiety, heart-healthy fats, and low glycemic impact. Small, elegant jars with portion labels can add both practicality and festivity.
2. **Sugar-free or low-glycemic index (GI) sweets:** With growing consumer demand, artisanal and branded options of sugar-free sweets are available.



Caution: Sugar-free ≠ risk-free: “Sugar-free” products may not contain table sugar, but they can still have calories, carbohydrates, and fats that affect blood glucose and weight. Some use alternative sweeteners or dates/figs/raisins/honey/jaggery/maple syrup that can raise glucose levels if eaten in excess. Educators should remind individuals that:

- Sugar-free does not mean calorie- or carb-free.
- Portion control is still essential.
- Check ingredient labels for hidden carbs or unhealthy fats.

Moderation and ingredient awareness remain key.

3. **Herbal teas:** Gift boxes with matcha, chamomile, or hibiscus can be both soothing and festive. Pairing them with a decorative teapot or cup adds a celebratory touch.



4. **Fruit baskets (smartly curated):** Instead of high-sugar fruits like mangoes or grapes, baskets with guava, berries, apples, or citrus fruits can be both colorful and diabetes-friendly. Adding a small note on portion guidance makes the gift educational too.

5. **Wellness hampers:** These can include items like infused water bottles, portion-control plates, fitness bands, or cookbooks on healthy recipes. Such gifts empower self-care beyond the festive season.

6. **Dark chocolate:** A small box of high-cocoa ($\geq 70\%$) dark chocolate, preferably portioned into squares, offers an indulgent yet relatively lower sugar option.

7. **Homemade gifts:** Encouraging families to prepare and gift homemade roasted makhana, millet crackers, or baked savoury bites conveys care and avoids hidden sugars, trans fats, or preservatives.

Conclusion: Festivals should not be a source of stress for people with diabetes. By promoting healthy gifting, educators can play a pivotal role in ensuring that festive joy is inclusive, mindful, and sustainable. Such gestures remind us that gifts are not just about what is inside the box but also about the thought and care they represent.

Conclusion

Festivals should not be a source of stress for people with diabetes. By promoting healthy gifting, educators can play a pivotal role in ensuring that festive joy is inclusive, mindful, and sustainable. Such gestures remind us that gifts are not just about what is inside the box but also about the thought and care they represent.

Diabetes Educator's Toolkit: Skill of the Month: Confrontation



Dr. Aditya Deshpande

MBBS, MD (Medicine), DM (Endocrinology)
Consultant Endocrinologist, Shantabai
Deshpande Superspeciality Hospital, Baramati

Confrontation in diabetes education refers to pointing out discrepancies in an individual's behaviour with empathy and compassion without criticizing or arguing. When diabetes educators adopt several actions, such as listening intently, avoiding arguments, and reacting in a non-confrontational way, it is more likely to shift the focus to talking about positive transformation.

The most successful diabetes self-management education and support (DSMES) is person-centered, empowering, and presented in a subtle language. As it focuses on the individual's objectives, recognizes lived experience, and affirms strengths, empathic confrontation falls neatly under these criteria. Effective care is built on person-first, inclusive communication and collaborative decision-making, according to recent American Diabetes Association (ADA) guidance.

Without placing blame or engaging in conflict, empathic confrontation is pointing out a particular discrepancy between someone's objectives and present behavior. It is not done to "call someone out," but rather to safeguard the working alliance, encourage introspection, and promote autonomy.

Identifying "discord" is a sign that compassionate confrontation is needed. Discord refers to tension in the interaction between the diabetes educator and the patient (e.g., arguing, interrupting, and disengagement). The diabetes educator must change their behaviour when discord arises: Slow down, think, affirm, and refrain from attempting to "win" the argument. This position is linked to a return to fruitful, change-oriented discussion.



Some tips that keep confrontation empathic:

- Ideally, the educator can make use of phrases like (“person living with diabetes,” “you’ve been consistent in . . .”)
- Contemplating before reacting. (brief reflecting statements indicate that the point of view and emotions have been understood, thus enabling the individual to receive advice with cooperation.)
- Ask for permission and present options. (decreases reactive behavior and promotes autonomy.)
- Emotions should be described without condemning them. (ADA mental health resources suggest an open and compassionate approach to assist people in talking about the emotional and mental health aspects of diabetes.)

Confrontation with empathy is not “soft” but accurate, skillful communication that upholds dignity, lessens judgment, and assists individuals in coordinating their daily activities with their priorities—a strategy that is supported by evidence in diabetes care and endorsed by modern DSMES standards.

Resources:

1. Schumacher, J. A., & Madson, M. B. (2015). *Fundamentals of motivational interviewing: Tips and strategies for addressing common clinical challenges*. Oxford University Press.
2. American Diabetes Association Professional Practice Committee. Erratum. 5. Facilitating positive health behaviors and well-being to improve health outcomes: Standards of care in diabetes—2025. *Diabetes Care*. 2025;48(4):665. doi:10.2337/dc25-er04a.
3. Substance Abuse and Mental Health Services Administration (US). *Enhancing motivation for change in substance use disorder treatment: updated 2019*. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2019. Treatment Improvement Protocol (TIP) Series, No. 35. Chapter 3, Motivational interviewing as a counseling style.
4. American Diabetes Association. *Diabetes and Emotional Health Workbook*. Chapter 1: Communication and Engagement. American Diabetes Association; n.d. Accessed August 19, 2025. https://professional.diabetes.org/sites/default/files/media/ada_mental_health_workbook_chapter_1.pdf

Frequently Asked Questions on Diabetes and Foot Care



Dr. Sushil Patel

MD, FAIDR PGCD (Boston)

Consulting Diabetologist, Akshar Diabetes Centre, Vadodara

1. I'm a 33-year-old woman and was recently diagnosed with type 2 diabetes. I used to regularly attend long temple events and community meals, but now I'm unsure if I can still participate in these gatherings safely?

Ans. Yes, you can definitely continue attending temple events and community meals safely with the

right planning and a little awareness. Diabetes should not stop you from enjoying social and cultural gatherings, as they are important for social and emotional well-being. Here are some simple tips to help you:

1. **Plan with your doctor:** Before attending such events, discuss with your doctor about adjusting your medication or insulin timing depending on the meal pattern.
2. **Keep track of blood glucose:** If meals are delayed or heavy, check your blood glucose levels before or during the event to avoid surprises.
3. **Be prepared for low blood glucose (hypoglycemia):** Always carry glucose tablets, fruit juice, or sugar to quickly correct a low blood glucose level episode. Follow it up with a small healthy snack like fruit with nuts or roasted chana.
4. **Practice portion control:** Balance your plate, fill half with vegetables and salad (fiber), one-fourth with dal or legumes (protein), and the remaining one-fourth with rice or roti (carbohydrates). Avoid deep-fried puris, papad, or bhajiyas.
5. **Enjoy treats in moderation:** You don't need to completely avoid prasad or traditional sweets. Take a small portion, savor it, and consider sharing with family or friends to prevent overeating.
6. **Stay hydrated:** Carry your own water bottle and sip regularly.

With mindful choices and a little preparation, you can fully enjoy temple events and community gatherings while keeping your blood glucose under good control.



2. I am 45 years old and have type 2 diabetes. With festival days coming up, the meal timings and food variety often change. Should I adjust my diabetes medications during these days?

Ans. Yes, festivals often bring family gatherings, late meals, and foods that are richer, fried, or sweet compared to your usual diet. These changes can easily raise blood glucose levels, and if your medication dose or timing is not adjusted, blood glucose may go higher than expected.

That's why it is important not to adjust medicines on your own. Instead, consult your doctor before the festival; they can guide you on whether your dose or type of medicine needs to be changed. Along with this, keep checking your blood glucose regularly during the celebrations to avoid sudden highs or lows. With the right medical advice, balanced portions, and frequent monitoring, you can celebrate festivals joyfully while keeping your diabetes well-managed.

3. I am 28 years old and have diabetes. After Diwali, I usually notice some weight gain. How can I manage this without affecting my blood glucose levels?

Ans. It's quite common to gain a little weight after Diwali because of sweets, fried foods, less physical activity, and irregular meal timings. With diabetes, this weight gain can also affect your blood glucose levels. The good news is that you can get back on track with some simple steps:



- **Return to routine meals:** Go back to your regular balanced diet with plenty of vegetables, dal/legumes, whole grains, and avoid sugary, processed, or fried foods.
- **Watch portions:** Keep your plate balanced, add more fiber in the form of vegetables, soup, salads, dal/legumes for protein, and reduce or control carbohydrate intake of rice or roti. Follow food order (start with fiber, followed by protein, and then regular meal), this will help to control appetite and prevent post-meal blood glucose spike.

- **Stay active:** Add at least 30–45 minutes of brisk walking or any enjoyable physical activity daily.
- **Hydrate well:** Drink enough water to support digestion and reduce cravings.
- **Check your blood glucose levels:** Monitor blood glucose regularly, especially if you feel changes in your weight or energy.

With consistent habits, post-festival weight can be managed, and your blood glucose levels will also stay in control.



True or False: People with Diabetes Can Enjoy Sugar-free Foods Freely

False: Sugar-free foods cannot be enjoyed freely by people with diabetes — and here's why

Festivals are incomplete without sweets. Whether it's Diwali, Eid, or Christmas, sweet delicacies hold cultural and emotional significance as symbols of celebration, togetherness, and tradition. Traditional sweets are loaded not only with the love and warmth of our family and friends, but also with ghee, fat, jaggery, or sugar.

In recent years, there has been a conscious move towards making these sweets “healthier” by replacing refined sugar with natural sweeteners like dates (*khajoor*) and dried figs (*anjeer*), and hence calling them sugar-free sweets. This swap is especially popular among people with diabetes who wish to enjoy festive treats without added sugar.

Dates and figs are nutrient-dense foods, providing potassium, calcium, magnesium, iron, B vitamins, and fiber, and they can also aid digestion. However, they contain a considerable amount of carbohydrates, which can affect blood glucose levels and overall calorie intake when consumed in excess.

For people with diabetes or those monitoring their carbohydrate intake, this means that natural sugar still counts as sugar in terms of its impact on blood glucose. The difference is that these natural sources come packaged with fiber and micronutrients, but the total sugar load can still be high if portions aren't controlled.

Hence, sugar-free foods are not calorie- or carbohydrate-free. Portion control remains essential to ensure optimal glucose control.



Resources:

1. Barakat H, Alfheaid HA. Date palm fruit (*Phoenix dactylifera*) and its promising potential in developing functional energy bars: Review of chemical, nutritional, functional, and sensory attributes. *Nutrients*. 2023;15 (9):2134. doi:10.3390/nu15092134.
2. Sandhu AK, Islam M, Edirisinghe I, Burton-Freeman B. Phytochemical composition and health benefits of Figs (fresh and dried): A review of literature from 2000 to 2022. *Nutrients*. 2023;15 (11):2623. doi:10.3390/nu15112623.

Role Play

Mr. Ramesh, a 52-year-old man living with type 2 diabetes, is traveling to his native place for Diwali. He has visited a diabetes educator (DE) for pre-festival dietary counseling and glucose monitoring. His blood glucose levels have been fluctuating. (Fasting: 145–160 mg/dL, postprandial: 200–250 mg/dL). He needs guidance on how to have better control over his blood sugar readings so that he can enjoy the festival of Diwali.

Mr. Ramesh: Hello! Doctor! I am planning to visit my hometown this Diwali. My blood sugar off lately has not been in the normal range. I am concerned, how will I manage?

DE: It is natural to feel overwhelmed. During festivals, it gets challenging as you want to be a part of various traditional practices and at the same time savour the delicacies. We can focus on strategies to help you get your sugars in control before the beginning of the festival. Do you check your blood sugar regularly?

Mr. Ramesh: Yes, I do keep a track of my sugars, but sometimes I observe there are fluctuations. There is an increase in the fasting blood sugar and post-meal blood sugar levels. This happens even when I am eating a smaller portion of food.

DE: I'll explain the reason. A spike in blood sugar levels post-meals is usually due to the higher intake of simple and refined carbohydrates. If your meal doesn't primarily consist of protein and fiber, this kind of spike can be observed. High fasting sugar could be due to hormone-triggered glucose release (dawn phenomenon) and late or heavy dinner.

Mr. Ramesh: “So, what aspects do I need to consider for better sugar control?”

DE: You need to give emphasis to the following aspects: Dietary modifications, consistent meal timings, and timely blood sugar monitoring. Follow the food order: Begin with a salad or a soup, followed by a low-fat dairy (curd, buttermilk, paneer), vegetables and pulses or non-vegetarian sources (egg/chicken/ fish), and a reduced quantity of cereals (rice/chapatti). This practice can ensure you receive the required nutrients in a balanced way, help with portion control, and delay glucose absorption from the meal. If a meal is delayed, make sure you eat a small healthy snack in between to prevent hypoglycemia.

Mr. Ramesh: During travel, do I need to pay heed to anything specific to keep sugars in control?

DE: While travelling, make sure you have meals on time to prevent any complications. Do not keep long gaps- eat a healthy snack in between to keep sugars in control. Some easy-to-carry snacks during a journey are roasted chana, steamed sprouts, makhana, unsalted nuts, and fruits. Stay hydrated and consume an adequate amount of water. If you get an opportunity, walk. Keep a check on your sugar levels regularly.

Mr. Ramesh: Can you suggest some healthier Diwali sweets?

DE: Opt for healthier alternatives made with nuts or dates, seeds, or sugar-free sweets. You can try date-sweetened laddus made with nuts, methi, til, amaranth, and jowar; sugar-free daliya kheer or halwa using stevia; and baked wheat karanji with chana dal filling. Consume 1 small piece/day only.

Mr. Ramesh: Thank you for the advice. I feel confident I can enjoy Diwali by implementing them.

DE: That's great! Remember, planned and informed choices can help you celebrate any occasion without worry.

In T2DM Across Continuum,

Choose
STRONG

Glycomet®-GP

Glycomet®-GP 0.5
Metformin Hydrochloride 500 mg SR + Glimepiride 0.5 mg

Glycomet®-GP 1
Metformin Hydrochloride 500 mg SR + Glimepiride 1 mg

Glycomet®-GP 2
Metformin Hydrochloride 500 mg SR + Glimepiride 2 mg



START STRONG with **LEADER**

Glycomet®-GP 0.5 FORTE
Metformin Hydrochloride 1000 mg SR + Glimepiride 0.5 mg

Glycomet®-GP 1 FORTE
Metformin Hydrochloride 1000 mg SR + Glimepiride 1 mg

Glycomet®-GP 2 FORTE
Metformin Hydrochloride 1000 mg SR + Glimepiride 2 mg

Glycomet®-GP 2/850
Metformin Hydrochloride 850 mg SR + Glimepiride 2 mg

Glycomet®-GP 3/850
Metformin Hydrochloride 850 mg SR + Glimepiride 3 mg

Glycomet®-GP 3 FORTE
Metformin Hydrochloride 1000 mg SR + Glimepiride 3 mg

Glycomet®-GP 4 FORTE
Metformin Hydrochloride 1000 mg SR + Glimepiride 4 mg

Abridged Prescribing Information

Active Ingredients: Metformin hydrochloride (as sustained release) and glimepiride tablets **Indication:** For the management of patients with type 2 diabetes mellitus when diet, exercise and single agent (glimepiride or metformin alone) do not result in adequate glycaemic control. **Dosage and Administration:** The recommended dose is one tablet daily during breakfast or the first main meal. Each tablet contains a fixed dose of glimepiride and Metformin Hydrochloride. The highest recommended dose per day should be 8 mg of glimepiride and 2000mg of metformin. Due to prolonged release formulation, the tablet must be swallowed whole and not crushed or chewed. **Adverse Reactions:** For Glimepiride: hypoglycaemia may occur, which may sometimes be prolonged. Occasionally, gastrointestinal (GI) symptoms such as nausea, vomiting, sensations of pressure or fullness in the epigastrium, abdominal pain and diarrhea may occur. Hepatitis, elevation of liver enzymes, cholestasis and jaundice may occur; allergic reactions or pseudo allergic reactions may occur occasionally. For Metformin: GI symptoms such as nausea, vomiting, diarrhea, abdominal pain, and loss of appetite are common during initiation of therapy and may resolve spontaneously in most cases. Metallic taste, mild erythema, decrease in Vit B12 absorption, very rarely lactic acidosis, Hemolytic anemia, Reduction of thyrotropin level in patients with hypothyroidism, Hypomagnesemia in the context of diarrhea, Encephalopathy, Photosensitivity, hepatobiliary disorders. **Warnings and Precautions:** For Glimepiride: Patient should be advised to report promptly exceptional stress situations (e.g., trauma, surgery, febrile infections), blood glucose regulation may deteriorate, and a temporary change to insulin may be necessary to maintain good metabolic control. Metformin Hydrochloride may lead to Lactic acidosis; in such cases metformin should be temporarily discontinued and contact with a healthcare professional is recommended. Sulfonylureas have an increased risk of hypoglycaemia. Long-term treatment with metformin may lead to peripheral neuropathy because of decrease in vitamin B12 serum levels. Monitoring of the vitamin B12 level is recommended. Overweight patients should continue their energy-restricted diet, usual laboratory tests for diabetes monitoring should be performed regularly. **Contraindications:** Hypersensitivity to the active substance of glimepiride & Metformin or to any of the excipients listed. Any type of acute metabolic acidosis (such as lactic acidosis, diabetic ketoacidosis, diabetic pre-coma). Severe renal failure (GFR<30ml/min). In pregnant women. In lactating women. Acute conditions with the potential to alter renal function (dehydration, severe infection, shock, intravascular administration of iodinated contrast agents); acute or chronic disease which may cause tissue hypoxia (cardiac or respiratory failure, recent myocardial infarction, shock); hepatic insufficiency; acute alcohol intoxication; alcoholism. **Use in a special population:** Pregnant Women: Due to a lack of human data, drugs should not be used during pregnancy. Lactating Women: It should not be used during breastfeeding. Pediatric Patients: The safety and efficacy of drugs has not yet been established. Renal impairment: A GFR should be assessed before initiation of treatment with metformin containing products and at least annually thereafter. In patients at increased risk of further progression of renal impairment and in the elderly, renal function should be assessed more frequently, e.g. every 3-6 months.

Additional information is available on request.

Last updated: March 13, 2023

*In case of any adverse events, kindly contact: pv@usv.in

For the use of registered medical practitioner, hospital or laboratory.*



USV Private Limited

Arvind Vithal Gandhi Chowk, B. S. D. Marg, Govandi, Mumbai - 400 088. | Tel.: 91-22-2556 4048 | Fax: 91-22-2558 4025 | www.usvindia.com

Corvette Team

Scan the QR code to access full library of IDEJ -
<https://usvmed.com/>



This content and the information in this booklet is only for reference exclusively meant for the registered medical practitioners. Physicians and other qualified medical practitioners shall use their discretion and professional judgment in prescribing the right drug to the patients. USV Private Limited does not provide any medical advice, endorse, encourage or promote use of drugs without having the right advice from the registered medical practitioner. The views expressed by the authors are their own and USV disclaims all liabilities arising from use of the information. Copying, distribution and circulation of this booklet without the prior written consent of USV and RSSDI is strictly prohibited.