

November is....

- Diabetes Month
- Bladder Health Month
- COPD Awareness Month
- Diabetic Eye Disease Month
- Family Health History Day, November 23

December is....

- Crohn's and Colitis Awareness Month
- Hand-washing Awareness Week, December 3-9
- Influenza Vaccination Week, December 3-9



In His Service,

H-3 Ministry



Jeremiah 17:14

'O Lord, if you heal me, I will be truly healed; if you save me, I will be truly saved. My praises are for you alone!' NLT



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Diabetes risks and diagnosis

Can diabetes lead to other health problems? Yes. Type 2 diabetes might not make you feel sick. But if it is not managed, it can lead to serious problems over time, such as:

- Heart attacks
- Strokes
- Kidney disease
- Vision problems (or even blindness)
- Pain or loss of feeling in the hands and feet
- Needing to have fingers, toes, or other body parts removed (amputated)

How do I know if I have type 2 diabetes? To find out if you have type 2 diabetes, your doctor or nurse can do a blood test. There are 2 tests that can be used for this. Both involve measuring the amount of sugar in your blood, called your "blood sugar" or "blood glucose":

- One of the tests measures your blood sugar at the time the blood sample is taken. This test is done in the morning. You can't eat or drink anything except water for at least 8 hours before the test.
- The other test shows what your **average** blood sugar has been for the past 2 to 3 months. This blood test is called "hemoglobin A1C" or just "A1C." It can be checked at any time of the day, even if you have recently eaten.

SYMPTOMS OF DIABETES



Always hungry



Always tired



Dizziness



Frequent urination



Sexual problems



Blurry vision



Tingling hands or feet



Always thirsty



Unexplained weight gain



Wounds that won't heal



**NOVEMBER IS
DIABETES
AWARENESS
MONTH**

Children and Diabetes

Who will take care of my child's diabetes?

Your doctor may very well screen your child for diabetes if your child is above the average percentile of body weight, especially if over 90% for weight.

Different people will help take care of your child's diabetes. Your child's diabetes team will probably include a doctor, diabetes nurse, dietitian (food expert), and, sometimes, a mental health counselor and a pharmacist. Your child will see these people regularly.

The diabetes team will teach you how to take care of your child's diabetes at home. As your child grows older, they should learn more about how to take care of their diabetes.

At school, the school nurse and other staff will help take care of your child's diabetes.

Does my child need medicine?

Yes. Children with type 1 diabetes need to take a medicine called insulin every day. Insulin works to lower a person's blood sugar level.

Many children get insulin from an "insulin pump." An insulin pump is a device that slowly delivers insulin to the body. The insulin goes from the pump, through a thin tube, and into the body through a tiny needle put under the skin. Other children get insulin by getting shots several times each day.

There are different types of insulin. Your child's diabetes team will:

- Teach you about the different types of insulin and when to use them
- Show you how to use an insulin pump or give your child an insulin shot
- Teach you how to choose your child's insulin dose - An insulin dose depends on different factors, such as what your child eats and how active they are.

Does my child need tests?

Yes. You need to check your child's blood sugar level several times each day. Different types of devices can help you do this. Your child's doctor or nurse will help you choose a device and show you how to use it.

Your child's doctor or nurse will also do a blood test called an "A1C" regularly. This test shows what your child's average blood sugar level has been over the past 2 to 3 months.

Your child's doctor or nurse will look at the daily blood sugar levels and the A1C result to know:

- How well controlled your child's diabetes is
- If your child's treatment plan needs to be changed

Do I have to change my child's diet?

You might need to plan what and how much your child eats, and when your child eats. It's important to know what, how much, and when your child eats to make sure that they get the right amount of insulin.

The diabetes team will work with you to:

- Help plan healthy meals and snacks for your child
- Help you make a schedule for meals and snacks
- Teach you how to choose the correct insulin dose based on what your child's blood sugar is, what they plan to eat, and how much exercise they get

Always check with local hospitals for free diabetes education, check with your local pharmacies for education resources and with your insurance for nutrition references.

What else can I do to help my child?

You can:

- Learn about diabetes - The more you know about it, the better you can take care of it.
- Learn to check your child's blood sugar - You need to check your child's blood sugar level several times every day, even when they feel well. Check more often when they are sick. The diabetes team can show you how to do this.

- Keep your child's blood sugar levels under control - Levels that are very low or very high can cause serious problems. They need to be treated right away. Also, having high blood sugar levels over many years can damage the kidneys, eyes, nerves, and blood vessels.
- Learn the symptoms of high and low blood sugar - These symptoms can be different, depending on a child's age. Sometimes, a child's blood sugar can get too high or too low without causing any symptoms. Always check your child's blood sugar if you are not sure.
- Learn what to do when your child's blood sugar level is too low or too high - Know when to treat it at home and when to go to the hospital or call for an ambulance.
- Have your child wear a medical bracelet or necklace so that others will know about their diabetes in case of an emergency.

What will my child's life be like?

Most children with diabetes lead healthy and active lives. Over time, they learn how to take care of their diabetes on their own.

But having diabetes can make children feel sad or worried. If your child is sad or worried, **have them talk to the doctor, nurse, or mental health counselor.**



Bladder pain syndrome

What is bladder pain syndrome?

Bladder pain syndrome ("BPS") is a condition that causes people to have bladder pain and urinate often. It is also sometimes called "painful bladder syndrome" or "interstitial cystitis."

BPS is more common in females. Doctors do not know what causes BPS, but some doctors suspect that it might be caused by abnormal changes in the lining of the bladder. Or, improper wiping. Proper wiping should always be from front to back - use of unscented wipes may help.

Sometimes, BPS happens on its own. Other times, it starts after a person has:

- An infection of the urinary tract, vagina, or prostate
- Surgery on the bladder, pelvis, or back
- An injury to the pelvic area or buttocks

What are the symptoms of BPS?

All people with BPS have bladder pain that gets better after urinating. Other common symptoms include:

- Feeling like you need to urinate often during the day and night (even if you don't actually urinate)
- Urinating often during the day and night
- Having pain in the lower belly or around the area where urine leaves the body Symptoms of BPS are different from person to person and can be mild or severe. People might not have symptoms every day. But they can have "flares," which are times when their symptoms get worse. Some people find that their symptoms get worse at certain times, such as:
 - After they have certain foods or drinks
 - During certain times of their monthly cycle (in females)
 - After having sex
 - After sitting for a long time
 - During times of stress

Is there a test for BPS?

There is no specific test to check for BPS. But if you have BPS symptoms, your doctor or nurse will talk with you, might do an exam, and will probably do a urine test. Depending on the results, your doctor might do other tests, too.

For example, some people have a test called "cystoscopy." During cystoscopy, a doctor puts a thin tube with a tiny camera on the end into the opening in the body where urine comes out (called the urethra). Then, they advance the tube until it reaches the bladder. That way, the doctor can look at the inside of the bladder to see if it is abnormal.

THERE ARE CURRENTLY 2 RECOGNIZED SUBTYPES OF IC

NON-ULCERATIVE IC

Non-ulcerative interstitial cystitis accounts for about 90% of all IC cases.

People with this type of IC develop inflammation and hemorrhages in the wall of their bladder, which contributes to pain.

ULCERATIVE IC

Ulcerative interstitial cystitis is much less common, accounting for about 5–10% of all IC cases.

People with this type of IC develop ulcers or patches on their bladder wall.

Another rare but severe type of IC is called end stage interstitial cystitis. This type accounts for approximately 5% of all IC cases. It is diagnosed when a patient has chronic and severe IC symptoms that last more 2 years. End stage IC causes the bladder to harden, develop ulcers and become very painful.

SOME OF THE MOST COMMON INTERSTITIAL CYSTITIS SYMPTOMS INCLUDE



Bladder and pelvic pain and/or discomfort.

Increased feelings of pressure near the bladder, causing a frequent urge to urinate.

People with IC may feel like they constantly need to pee, leading them to urinate as many as 40–60 times per day.

Burning or stinging sensations in the bladder and urethra, including when urinating.

Difficulty with everyday activities due to frequent urination and discomfort.

Sources

<https://mayoclinic.org/2fNGg5>
<https://bit.ly/2tg06s1>

<https://bit.ly/2lkvXnQ>
<https://bit.ly/2K1beQs>

Dr. Axe

How is BPS treated?

There are different treatments for BPS. Most people need more than 1 treatment. Different treatments can include:

- Bladder training - You can train your bladder to urinate less often by holding your urine for longer periods of time. For example, if you feel the need to urinate every 30 minutes, try to wait and urinate every 45 minutes.
- Physical therapy - Many people with BPS have tight and painful muscles in the lower belly, groin, and buttocks. A physical therapist can teach you exercises to help relax these muscles.
- Medicines - Doctors can use different medicines to treat BPS. Some medicines help heal the bladder lining, and others can reduce pain.
- Surgery - A person might have surgery if they still have symptoms after trying all other treatments. During surgery, a doctor puts a small device in the lower back that connects to the nerve that goes to the bladder. The device sends electrical signals to the nerve that can stop it from feeling pain.

How can I help prevent BPS flares?

To help prevent flares, you should:

- Avoid the foods and drinks that make your symptoms worse. Excess sodas, coffee for example.
- Avoid activities that make your symptoms worse.
- Get treated quickly for bladder infections, which can make BPS symptoms worse.



Life After Loss Becoming Ministry

For people grieving the loss of a loved one, the holiday season can feel hurtful and sad. *Surviving the Holidays* is a two-hour seminar that provides encouragement, support, and valuable tools to navigate the season.

GriefShare-SURVIVING THE HOLIDAYS
Sunday, November 19, 2023 @ 3:00-5:00 p.m.
in the TMBC Fellowship Hall



Register via the sign-up sheet in the foyer or by calling the church at 256-766-9958. For questions or additional information, contact: Melesa Mayes: 256-990-0237 or Dihanne Westfield: 256-710-9963.

6.5
YEARS



On average, women wait **6.5 years** from the first time they experience symptoms until they obtain a diagnosis for their bladder control problems.

Urinary Incontinence (UI) affects **25 million** people in the US.



BLADDER HEALTH AWARENESS MONTH



Nearly 40% of women between the ages of 20 and 45 have Overactive Bladder (OAB)



20% of women will undergo surgery for Pelvic Organ Prolapse (POP) in their lifetime.

Nearly two-thirds of women with Urinary Incontinence have not discussed their symptoms with a health care provider.



50% of men report leakage due to Stress Urinary Incontinence following prostate surgery



Overactive Bladder (OAB) affects an estimated

33 million adults in the US.



It is estimated that the incidence of women with at least one pelvic floor disorder will nearly double by the year 2050 from 28.1 million to 43.8 million.

Resources:

<https://www.ADA.com>; www.uptodate.com

<https://draxe.com/health/interstitial-cystitis/>

Please take heed of the medical information that can help prevent conditions that affect the body in a detrimental way. If you already have diabetes and bladder issues, learn more so that you can feel empowered, and God can heal you in his timing and in his ways.