

9 Ways To Cut Diabetes Costs

How to treat your condition without going broke

Diabetes Costs Big Bucks

Tough times call for cuts, but good blood sugar control doesn't need to be one of them.

Mortgages, grocery bills, car payments... It's no secret that we're scrutinizing household budgets and cutting costs wherever possible. Now wallet tightening is trickling down to our health. According to one recent poll, nearly 80% of people with health insurance say they're worried about paying for health care, let alone those who can't afford insurance anymore or who have lost coverage.

With little fat left to trim, those with chronic health conditions, especially diabetes, are cutting critical things like doctor's appointments and essential medications. These hard decisions, often made without input from a doctor, can have serious—even life-threatening—consequences, especially for conditions like diabetes that require close monitoring.

The most common form of diabetes—type 2, which accounts for up to 95% of adult cases—often requires multiple medications, daily blood sugar checks, and frequent doctor visits. This can easily add up to hundreds of dollars a month for those with no health insurance or minimum coverage, says Steven Edelman, MD, a professor of medicine at the University of California, San Diego, and founder of the nonprofit advocacy group Taking Control of Your Diabetes. And with diabetes on the rise—more than 1.6 million people ages 20 and older were diagnosed in 2007 alone—affording proper care will be a growing problem.

But diabetes can be managed for less, especially in early stages, if you're smart about taking care of yourself. Here, top experts reveal their nine best money-saving secrets that won't sacrifice your health.

1. See the big picture: Don't make short-term scrimps at the expense of long-term health.

If you start skipping doctor's appointments, medications, or blood sugar monitoring without telling your doc or pharmacist, the consequences can be downright scary. Unchecked sky-high blood sugar levels in patients with type 1 diabetes can cause diabetic ketoacidosis, a dangerous condition that occurs when your body doesn't have

enough insulin and starts breaking down fat for energy. It ultimately makes your blood so acidic it can cause major problems.

Your bottom line boost: A night in the emergency room or a week in the hospital can rack up thousands of dollars in health care costs. Plus, you may set back your treatment so much that you need to start additional, more expensive medications just to get healthy again.

What to do: If you need to make a change in your diabetes treatment plan because of financial strains, talk to your doctor or pharmacist first—they'll likely find a way to help.

2. Follow healthy habits first: Eating well and exercising more can often reverse diabetes, or at least reduce your need for medication.

Even small health tweaks can pay huge dividends. In one study, people at high risk of diabetes who lost 7% of their body weight through dietary changes and exercise reduced their diabetes risk by 58%.

"It's important to have a baseline understanding of how serious your condition is," says Irl B. Hirsch, MD, a professor of medicine at the University of Washington and past member and chair of the American Diabetes Association's Professional Practice Committee. The course of treatment for an initial A1C reading (a standard test that provides blood sugar history over the last 3 months) of 6.5% (normal is less than 6%) is much less aggressive (read: less costly) than a reading of 11%, he explained.

Your bottom line boost: Under your doctor's advice, you may be able to delay the need for pricey prescriptions and daily home blood sugar testing with smart lifestyle changes. Losing weight, eating more foods packed with certain nutrients—including fiber and omega-3s—and exercising at least a few times a week can steady blood sugar levels to a point where you may not need medication or can start on a lower dosage.

What to do: Work with your doctor to set healthy weight and blood sugar goals—and meet them. Consider working with a nutritionist or following an eating and exercise plan tailored to blood sugar control.

3. Question your meds: The most commonly prescribed diabetes drugs are almost all available as generics.

Don't assume you've been prescribed a generic drug—ask to make sure, says Sharlene Emerson, a diabetes educator and advanced practice nurse at the University of Pittsburgh Diabetes Institute. Only 4% of people ask their doctors how much their meds will cost when they're in the office, according to a new poll from Consumer Reports. And as many as 66% don't learn how much their prescriptions cost until they step up to the pharmacy register!

Your bottom line boost: Common diabetes generics, like metformin, glyburide, and glipizide, may cost just \$4 under prescription plans at some retailers. Certain brand name

drugs can cost more than 20 times that amount a month.

What to do: If your doctor prescribes you a drug for which there is no generic—such as newer meds such as Januvia or Avandia—don't be afraid to question why. Emerson recommends asking the following questions:

- Is there any less expensive formulation that will still help me?
- Can we adjust the dosage of another drug that's available generically?
- Can we split pills? (With certain meds, it may be cheaper, for example, to take half of a 10 mg pill instead of a 5 mg pill). This is a common practice.

4. Be a savvy sugar tester: Don't skip blood sugar monitoring—but know why you're doing it.

At-home blood sugar monitoring can be as expensive as drugs—some test strips cost as much as \$1 each. First, consider a store-name brand, which may be considerably cheaper than private labels. All glucose monitoring systems in the United States must be approved by the FDA for accuracy and ease of use, although the range of accuracy can still vary widely. The main differences between them are things like speed, size, and ability to store results. There are also testing systems that allow you to apply a sensor that reads your blood sugar for up to 14 days, although they are not necessarily going to save you money.

What's more, says Emerson, it's important to know why you're testing. "At-home monitors gauge immediate blood glucose levels in response to certain habits," she says. "You can use it to see how well a week of eating better or walking more lowers blood sugar levels, for example." If you've made improvements and see that your levels are steady over time, you may only need to test a few times a week, she says. But don't make any changes without first checking with your doctor. "Blood sugar can spiral out of control pretty quickly," Emerson cautions. "If you're not testing regularly, there's no way of knowing."

Your bottom line boost: Choosing a cheaper monitoring system and testing less frequently if your doctor agrees can save you more than \$100 a month.

What to do: Ask your health care provider or pharmacist about which versions might be best for your needs. Then check out sites like amazon.com or drugstore.com for marked-down products or shop discount stores like Costco.

5. Become BFFs with your pharmacist: He or she can help you find cost-saving programs and get more out of your meds.

Most of us breeze in and out of the pharmacy without taking the time to say hi to the pharmacist, let alone stop and ask questions. That's a huge mistake, says Emerson. "The pharmacist may be one of the most reliable sources of information about managing diabetes you have," she says. She can tell you, say, whether a drug you're prescribed is available as a generic or can be safely split for a cheaper dose. She may also be able to

counsel you about timing your meds for better efficacy—some work better when taken a few minutes before a meal; others are more effective when you take them right when you start eating.

Your bottom line boost: These seemingly small tweaks can impact how well your meds work over time—and eliminate the need for you to manage the condition with costlier options. You can also save a bundle by asking your pharmacist about drug assistance programs and community resources. In many cases, she may be more in the loop about these issues than your doc.

What to do: Many pharmacies ask if you'd like to speak to pharmacist when you're dropping off a new prescription. But even if you've been going to the same place for years, it's a good idea to introduce yourself, says Emerson, and see if the pharmacist has a few minutes to address your questions or concerns. Make a habit of saying hello and letting her know how you're doing every time you visit.

6. Ask for free samples: Many doctors have access to them—especially newer, more pricey drugs.

If you're struggling with your health bills, don't be shy about letting your doctor know. These days, you're far from alone, and many offices are increasingly willing to help their many patients on a budget.

Your bottom line boost: "If your doctor can give you a month or two of samples, it can save up to a couple of hundred dollars," says Dr. Edelman. If you're carefully monitoring at home, your doc may also approve less frequent in-office blood tests (every 6 months, say, instead of 3), says Emerson. That reduces the cost of insurance co-pays or deductibles.

What to do: Remember that your doctor is your ally in this—he or she wants you to get well. If you are thinking of making a change in your treatment regimen, give your doctor a call to brainstorm solutions.

7. Go local: Tap community diabetes organizations for free programs and other assistance.

Your city is likely an underused resource for extra help. Between local chapters of the American Diabetes Association, hospital support groups, and low-cost or free clinics, seeking out advice and info from other people in the same boat as you will only benefit your health.

Your bottom line boost: Meeting with health care providers and other patients can teach you new information—whether about healthy recipes, workout tips, or other treatment advice—that can help you stay healthy, all at no or low cost. Some communities even have free clinics at hospitals or universities where you can see doctors and get meds for free or for significantly less money.

What to do: Visit the American Diabetes Association Web site, diabetes.org, and enter your zip code to find a local chapter. Look up a local diabetes educator at diabeteseducator.org and ask whether they run any support groups in the area. Or call your nearby hospital and ask to speak to a registered dietitian who works with diabetes patients.

8. Be wary of web advice: Some sites may advise unsafe or unproven strategies.

Diabetes blogs or message boards can be a good source of insider info, but always double-check new treatment ideas with your doctor or pharmacist. Some supplements may be marketed as "natural diabetes remedies" without any evidence they help, says Edelman.

Or some advice may be just plain inaccurate. Using urine test strips to check for glucose—a suggestion we uncovered through a quick Google search—is not a good idea, says Emerson. "These were commonly used 30 years ago, but we now have much more accurate methods." If there's enough glucose in your urine to register on one of these strips, she explains, it means your blood sugar levels are too high.

Your bottom-line boost: You'll shell out less on iffy ideas that lack science-backed benefits and put your health care dollars where they're most helpful.

What to do: Stick to info from well-known research institutions like the [American Diabetes Association](http://AmericanDiabetesAssociation.org), [American Association of Diabetes Educators](http://AmericanAssociationofDiabetesEducators.org), the [CDC](http://CDC.gov), and the [Joslin Diabetes Center](http://JoslinDiabetesCenter.org). When in doubt, make sure the sites end with ".gov" ".org" or ".edu."

9. Double-check your diagnosis. If you're not overweight and you don't have a family history, it might be type 1 diabetes.

Though much less common than type 2, type 1 diabetes—an autoimmune disease in which the body can't make insulin, the hormone that regulates blood sugar—is on the rise in adults. Almost 20% of the patients who visit Hirsch's clinic are adults who were misdiagnosed with type 2, when they actually had type 1.

Your bottom line boost: The only way to treat type 1 diabetes is with insulin medication, says Hirsch. But most people who are newly diagnosed with type 2 diabetes start on oral medications that help lower blood sugar in other ways before moving on to insulin therapy. If you really have type 1, these other meds won't help you—and you'll waste money and time taking them as your condition worsens.

What to do: If you're not very overweight, don't have a family history, and your current meds aren't controlling your blood sugar, ask your doctor if you should be checked for type 1. You'll likely need additional blood or urine tests to know for sure.

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