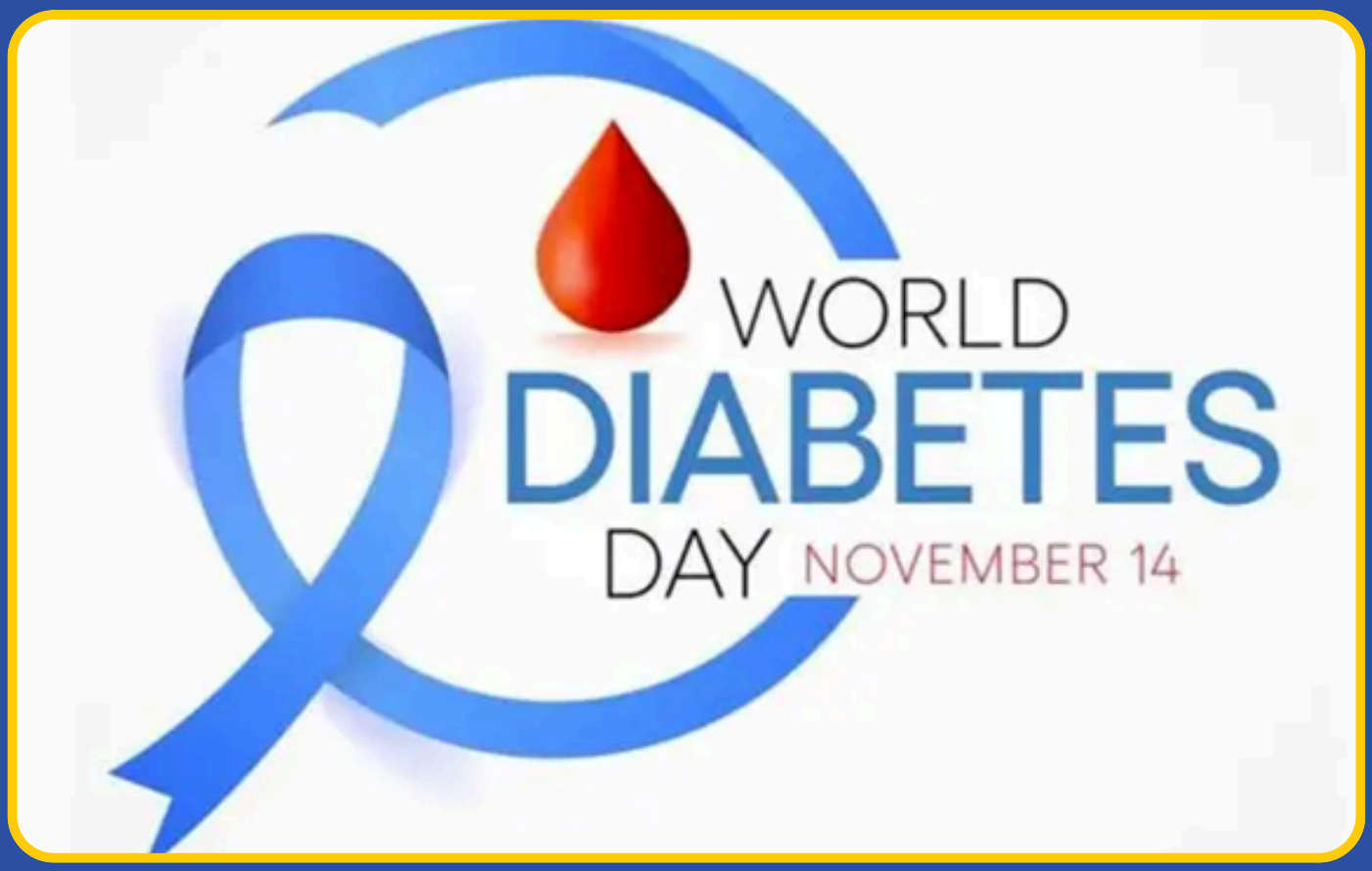
ESI Wellness Bulletin: World Diabetes Day Special

Living Well with Diabetes



Know more and do more for diabetes at work

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Diabetes is not a limitation – it is an invitation to live more consciously. Every meal, every step, every mindful pause is a chance to choose health. Living well with diabetes is not about perfection, but about transforming awareness into action. This World Diabetes Day, let's redefine wellness – not as freedom from disease, but as mastery over it.

In this World Diabetes Day special bulletin of the Endocrine Society of India, expert endocrinologists from across the country share their insights and practical tips on how to live well with diabetes.

Together, let us move from fear to freedom, from management to mindfulness, from control to confidence. Because the power to thrive lies in our daily choices – and in our unwavering hope.

Stronger every day: turning awareness into action and diabetes into discipline!

Editors:

Dr. Gagan Priya

Dr. Arundhati Dasgupta

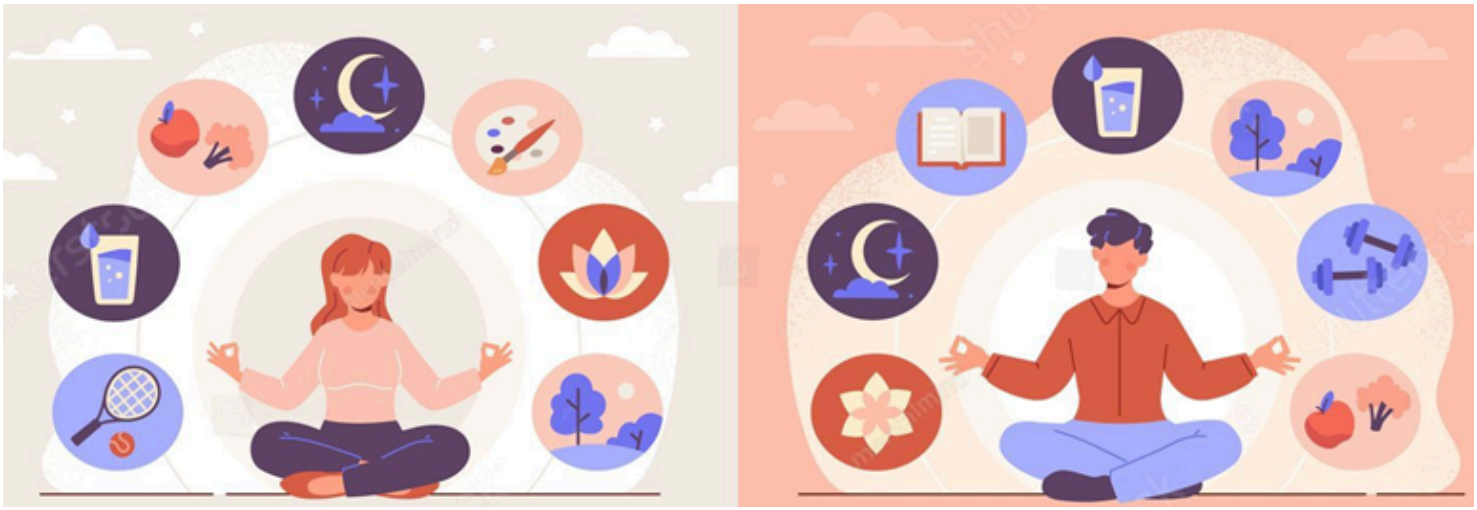
DIABETES & WELL-BEING

Living with diabetes may appear to be a burden due to the constant need to juggle diet, exercise, medications, tests and doctor appointments. But it does not have to be so. Physical, mental and social well-being is very much possible and necessary. Here's what the experts say:

What is euthymia and how is it relevant to diabetes care?

Dr Sanjay Kalra, Karnal
Treasurer, International Society of Endocrinology
Vice President, South Asian Obesity Forum

Euthymia means an optimal mood. Persons living with diabetes have a right to good psychological health. It is our responsibility to ensure both euglycemia (good glucose control) and euthymia. This can be achieved by person friendly communication, providing psychological support and choice of safe, well tolerated medication in a diabetes friendly health care system.



Dr Kaushik Pandit, Kolkata
President, Endocrine Society of India

Are aerobic exercises enough for a person with diabetes?

While walking, running, jogging or other aerobic exercises are advised daily, anerobic or resistance exercise is also needed. These include weightlifting, sprinting, or jumping. These exercises improve muscle mass, strength and power, reduce fat mass and improve insulin action.

What factors are considered in planning diet for people with diabetes?

Dr Vaishali Deshmukh, Pune
Senior Endocrinologist

A balanced meal is needed to improve glucose control, manage weight and control risk factors such as high blood

pressure and cholesterol. We must consider the type of diabetes, body weight, level of exercise and any special circumstances (pregnancy or complications) when providing nutrition counseling. Foods with low glycemic index are preferred. The plan has to be practical, feasible, sustainable, palatable and culturally suitable.

Dr Kalpana Dash, Raipur
Senior Endocrinologist

What is diabetes burnout and how can we avoid it?

People with diabetes may lose motivation and energy and may feel frustrated due to the constant demands of taking care of their diabetes. This is called diabetes burnout. It is important to recognize it and seek support from psychologists and diabetes counsellors. Set realistic goals, simplify the management regimen and practice relaxation techniques such as meditation, yoga, hobbies and regular physical activity.

What is chrononutrition?

Chrononutrition is the science of aligning the timing of our meals to the body's internal biological or circadian clock. The core idea is to eat in sync with our body's 24-hour natural cycle. Our metabolism is is most efficient in the morning and slows down at night as the body prepares to rest. Late night eating and snacking, skipping breakfast and shift work increase the risk for weight gain and diabetes. The old saying 'eat breakfast like a king and dinner like a pauper' improves metabolic health.

Dr Ganapathi Bantwal, Bengaluru
Past President, Endocrine Society of India

Dr Mohan T Shenoy, Trivandrum
EC Member, Endocrine Society of India

"Rise stronger" – Diabetes may test you, but discipline defines you.

Each choice is medicine: Mindset, Meal, Movement!

Wellness begins when willpower wakes.

Living with diabetes means living mindfully: every choice is a step toward better health.

Dr Anusha Handral, Bengaluru
Endocrinologist
Section Editor

HEALTHY LIFESTYLE AND DIABETES

A healthy lifestyle remains the backbone of diabetes care. Read what experts suggest:

Dr Sambit Das, Bhubaneswar
Vice President, Endocrine Society of India

What are the various exercises people with diabetes can perform?

Regular exercise is an essential component of diabetes management. A combination of aerobic exercise (e.g., brisk walking, cycling, swimming ≥150 minutes/week) and resistance training (2–3 sessions/week) helps controls diabetes and also improves heart health and well-being. Flexibility and balance exercises, especially in older adults, reduce fall risk. Structured programs work better. However, exercise regimen should be individualized.

Dr Ajitesh Roy, Kolkata
Endocrinologist

Are artificial sweeteners safe instead of sugar?

Artificial or non-nutritive sweeteners (NNS) reduce calorie and carbohydrate intake, supporting weight and glucose control. Natural NNS (stevia, monk fruit, .etc) are generally preferred for their minimal impact on glucose and low risk. Artificial synthetic sweeteners (sucralose, aspartame, saccharin) can also be used, but they can alter healthy gut bacteria. Emphasis should be placed on high-quality, balanced eating patterns rather than routine use of NNS.

Can any lifestyle adjustment help in overcoming emotional or psychological distress due to diabetes?

Dr Arpan Dev Bhattacharya, Bengaluru
Senior Endocrinologist

Several lifestyle measures may lower diabetes distress: regular physical activity, mindful breathing exercises, maintaining a consistent sleep schedule, and preparing healthy meals ahead of time. Practice positive self-talk and spend time outside or with supportive people. These habits can improve mood, resilience, and blood sugar management.

HEALTHY LIFESTYLE AND DIABETES

Dr Vijay Budhwar, Pathankot
Senior Endocrinologist

Can altered sleep patterns affect glucose control? How can lifestyle measures rectify it?

Short (<6 h) as well as long (>9 h) sleep duration can contribute to weight gain and diabetes. The sweet spot of adequate sleep is between 7-9 hours per night. Poor sleep quality such as frequent awakenings or difficulty falling asleep, are also harmful. Maintain a good sleep hygiene.

Sleep hygiene

Maintain consistent sleep schedule
Sleep in a dark/quiet room
Limit screen time before bed
Avoid late meals, caffeine, nicotine, alcohol
Seek help for sleep disturbances

What are the lifestyle measures that can reduce diabetes distress in the workplace?

Dr. Sweekruti Jena, Bhubaneshwar
Endocrinologist

A mantra for working patients with diabetes is WORK-DM.

WORK-DM

- W- Walk and move every 1-2 hours in between work
- O- Organize work schedule; plan day schedule in advance as much as possible, keep meal timing regular.
- R- Relax intermittently. Pause and take deep breaths when overwhelmed.
- K- Keep healthy snacks ready
- D- Digital detox whenever possible
- M- Monitor glucose regularly and be mindful of warning symptoms.

Diabetes doesn't need one to be perfect but to be consistent – one healthy step at a time!

Dr Shinjan Patra, Kalyani
Endocrinologist
Section Editor

DIABETES IN YOUTH

In modern times, there is a sharp increase in the number of diabetes cases in youth (< 25 years age). This is largely driven by rapidly changing lifestyle habits and concomitant rise in overweight and obesity.

Dr Varun Suryadevara, Bengaluru
Endocrinologist

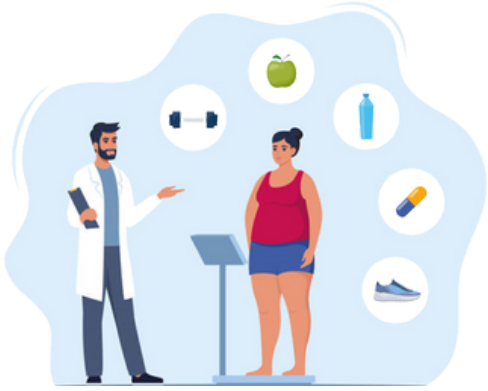
Does eating sugar in childhood cause young onset diabetes mellitus (DM)?

High sugar intake, especially in children from sugar-sweetened beverages, increases the risk of 2 diabetes. Therefore, limit free sugars to < 10% of total calories (< 25 g/day). A diet rich in wholesome, low glycemic index foods from early childhood can reduce diabetes risk, and parents should model these healthy habits for children.

Do all youth with diabetes have type 1 diabetes?

Dr Pankti Parikh, Manipal
Endocrinologist

Type 1 diabetes is the most common form in youth, but about one-third may have other types such as type 2 diabetes, MODY, pancreatic disease, or malnutrition-related diabetes. Diabetes in youth tends to be more severe, with faster insulin decline and higher complication risk. Correctly identifying the type is crucial. Therefore, detailed assessment by a specialist and early intensive treatment are important.



Is "reversal" of diabetes mellitus possible in youth with type 2 diabetes?

Dr Shehla Shaikh, Mumbai
Senior Endocrinologist

Yes, in children and adolescents who have been diagnosed with type 2 diabetes only recently and who achieve significant weight loss may be able to discontinue medications temporarily. This can be accomplished with strict lifestyle and behavior changes. However, remission should not be mistaken for 'reversal' or 'cure' – something that remains beyond current reach.

DIABETES IN YOUTH

Dr Subhasis Neogi, Kolkata
Endocrinologist

Can lean and thin children also have diabetes?

Yes, lean children can have diabetes – type 1 diabetes, caused by lack of insulin secretion, in more common in children before puberty. These children are usually but not always lean. On the other hand, 80-90% youth with type 2 diabetes have excess body weight. Children with other less common types of diabetes also tend to be lean such as MODY (genetic), neonatal, pancreatic diabetes, or malnutrition-related diabetes. Proper diagnosis is important to guide treatment.

Dr. Akhila Bhandarkar Panduranga, Mangalore
Endocrinologist

How can children with type 1 diabetes manage it in school?

Managing diabetes in school-going children can be challenging; they may skip injections due to fear, embarrassment or lack of support. The following measures are important:

- Older children should know how to check blood sugar and take the insulin themselves
- Schools should have facilities to store insulin and trained staff to manage minor emergencies
- Teachers should know how to recognize and respond promptly if a child has low blood sugar
- Regular awareness session to dispel myths and prevent bullying

"It is easier to build strong children than to repair broken adults". Let's focus on a healthy future for our youth by preventing childhood obesity.

Dr Avivar Awasthi, Lucknow
Endocrinologist
Section Editor

MYTHS ABOUT MODERN MEDICINES

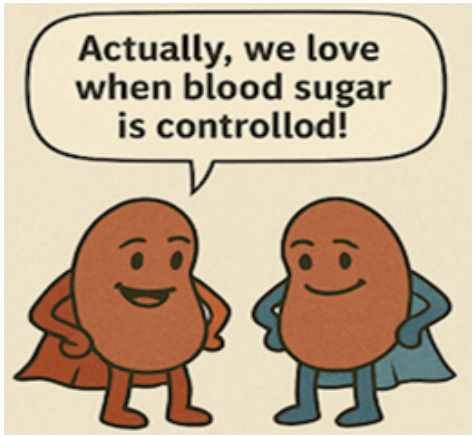
MYTH: Once blood glucose is controlled, I can completely stop all medications for diabetes.

Dr. Radhika Jindal, New Delhi
Endocrinologist

FACT: Do notstop medicines even if blood glucose is controlled because that is what is controlling it. If you stop them, sugars will rise again. It may be possible in some to reduce the dose of medicines with strict diet control, but this should be done only by a specialist.

MYTH: Taking medicines for diabetes will damage the kidneys and liver.

Dr. Abhishek Prakash, Jaipur
Endocrinologist



FACT: Complications of diabetes such as kidney, liver, heart or eye disease result from poor diabetes control and not due to diabetes medicines. In fact, good control of glucose, blood pressure and cholesterol can prevent these complications. In people who have kidney, heart or liver disease, specific diabetes medications are helpful and can prevent further damage.

MYTH: Once I start insulin, I can never stop it.

Dr. Kaushal Sheth, Rajkot
Endocrinologist

FACT: Some people such as those with type 1 diabetes, longstanding type 2 diabetes or pancreatic diabetes do need lifelong insulin because their own body has stopped producing it. However, many people, especially those with type 2 diabetes, may need it for only some time such as during illness, stress or when sugars are very high. Once glucose is controlled and the stress is over, it may be possible to reduce the dose or even stop it.

MYTHS ABOUT MODERN MEDICINES

Dr. Nitesh Kumar Bauddh, Kota
Endocrinologist

MYTH: If I miss a dose of diabetes medication by mistake, I can take the missed dose together with the next one.

FACT: No, you should not double your dose to make up for a missed dose. This can put you at risk of low blood sugar and other side effects. If you miss a dose, either take it immediately within a couple of hours, or skip it and take the next dose as scheduled. However, it is best not to skip doses too often as it will affect your control. It is always better to consult your endocrinologist for dose adjustment if you are experiencing any problems.

MYTH: I am sick, so I should stop my diabetes medicines and insulin.

Dr. Rashi Agrawal, Mumbai
Endocrinologist

FACT: Stopping your medicines and insulin is a mistake. During any acute illness, stress hormones can cause a rise in blood sugar, which increases the risk of infections, poor wound healing, and recovery. Yes, it can be tricky as oral intake may be less increasing the risk of low blood sugar. It is advisable to make small adjustments in insulin doses and stay hydrated during illness and consult your doctor for guidance.

Diabetes is surrounded by myths, but the truth is – knowledge, not fear, is the best medicine.

Take health advice only from your doctor, not lay people.

Dr. Ankita Aneja, Jaipur
Endocrinologist
Section Editor

DIABETES REVERSAL

Type 2 diabetes is now considered a potentially reversible metabolic state. However, diabetes reversal is commonly misunderstood as cure. Here are a few common questions exploring about diabetes reversal.

If I reverse my diabetes once, is it cured forever, and can I stop seeing my doctor?

Dr Jayshree Swain, Bhubaneshwar
Senior Endocrinologist

The appropriate term is 'remission' where blood glucose normalizes without need for medicines. Yes, it is possible with healthy lifestyle, weight loss and early intensive control and very helpful. But it is not a 'cure'. Diabetes may return if weight is regained or lifestyle becomes unhealthy. Even otherwise, over time, insulin secretion may decline causing diabetes to reappear.

Dr Payal Shah, Ahmedabad
Endocrinologist

Can anyone with diabetes go into remission? Which patients are more likely to achieve remission?

Diabetes remission is more likely to occur in patients with type 2 diabetes who are younger, were diagnosed only recently, need lower doses of medications and achieve significant weight loss. There should be adequate pancreatic function for remission to happen. People with longstanding disease, poor control, need for insulin and diabetes complications are unlikely to achieve remission.

Does being able to stop medications with weight loss mean diabetes is cured forever?

Dr Ritesh Agrawal, Bhubaneshwar
Endocrinologist

Remission does not mean the disease is permanently cured and diabetes may return if weight is regained or lifestyle changes are not implemented. There is need for continued lifestyle modification, regular monitoring and periodic follow-up with the doctor to detect a relapse promptly so that appropriate treatment can be initiated.

Is bariatric surgery the only reliable way to reverse type 2 diabetes?

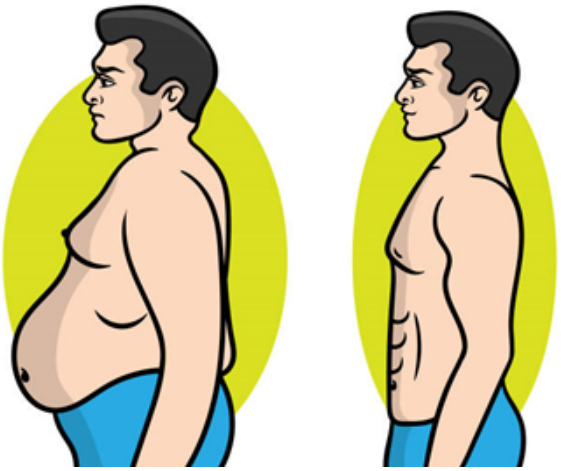
Bariatric (weight loss) or metabolic surgery remains the most effective and durable intervention for achieving remission, especially if there is severe obesity. However, certain newer weight loss

drugs such as semaglutide and tirzepatide are changing the landscape. These drugs can cause 15-25% weight loss, enabling some patients to achieve remission without surgery.

Dr Mona Shah, Vadodara
Senior Endocrinologist

Does remission depend on how long you've had diabetes and how much weight loss is needed?

Remission is most likely in individuals with diabetes of < 5-6 years. Sustained remission requires substantial weight loss, often > 10-15% of baseline weight.



Achieving and maintaining this weight loss early in the course of diabetes offers the best chances for remission.

Can diet and exercise alone really control blood sugar without medicines?

Dr Reshma M, Trivandrum
Endocrinologist

In few individuals, diet and exercise can reduce blood sugar, but remission usually happens when > 10-15% weight is lost. A low-calorie diet and regular exercise with a mix of aerobic and strength training are important.

Dr Khushboo Aggarwal, Vellore
Endocrinologist

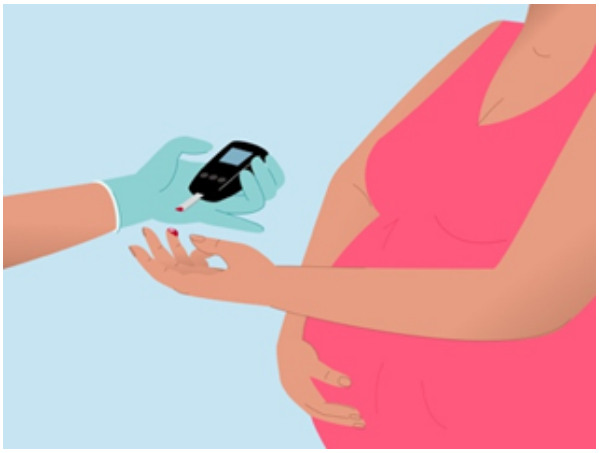
Does remission mean I can stop all medications, even those that protect my heart and kidneys?

Newer drugs such as SGLT2 inhibitors and GLP1 agonists protect the heart and kidneys independent of their effect on glucose. If these drugs are indicated for those reasons, it is best to continue them. Trust your endocrinologist to make the right decision for you.

Remission is Not Cure: Metabolic memory Still Keeps the Score. Continue follow-up with your doctor.

Dr Brij Teli, Rajkot
Endocrinologist
Section Editor

Diabetes during Pregnancy



Diabetes during pregnancy can affect the health of mother as well as the baby. Early detection and control of even mild forms of diabetes is important.

Which women are more likely to have gestational diabetes mellitus?

Gestational diabetes can occur in women who are older (>35 years), have overweight/obesity, polycystic ovary syndrome (PCOS), Indian ethnicity, family history of type 2 diabetes or prior bad obstetric history. It is important to screen these women and detect even mild degrees of hyperglycemia.

How do we screen women for diabetes during pregnancy?

All women should be screened for diabetes as soon as pregnancy is confirmed to detect undiagnosed cases. If results are normal, repeat screening is done at 24 weeks to identify gestational diabetes. Women with known diabetes should achieve good control, healthy weight, and manage risks like hypertension before conception.

What is the role of a healthy lifestyle in women who have diabetes during pregnancy?

Tight blood glucose control during pregnancy supports healthy fetal growth and reduces risks for mother and baby. Women with diabetes benefit from education and personalized nutrition. A balanced diet and regular exercise control glucose in most (70–85%) cases, while others may require insulin for optimal management.

Do women with diabetes need more frequent ultrasounds?

Yes, diabetes during pregnancy increases the risk of overgrowth or undergrowth of the fetus, polyhydramnios (excess amniotic fluid), hypertension, placental insufficiency and stillbirth. Ultrasound is a useful tool for monitoring for such complications, but the need for frequent ultrasounds is guided by clinical picture.

What are the challenges that can arise during delivery in women with diabetes?

Newborn born to mothers with diabetes may be large, increasing the risk of cesarean delivery, birth injuries, low blood sugar, breathing difficulties, or prolonged jaundice. It is important to maintain strict glucose control to reduce this risk. Close coordination between the obstetrician, endocrinologist, and the family can lead to good outcomes.

Do women with GDM and their babies need long-term follow-up?

Most women with GDM return to normal glucose levels after delivery, but some may continue to have high levels and should be screened 4–12 weeks postpartum. They have an increased risk of developing type 2 diabetes, so annual testing, maintaining healthy weight, and lifestyle are essential. Their children also face higher risk of obesity and diabetes which can be reduced by promoting healthy habits early in life.

What are the challenges that working women with diabetes during pregnancy face?

Diabetes during pregnancy can be particularly challenging for working women with time constraints due to difficulty in balancing diet and exercise, monitoring blood glucose and taking multiple insulin injections. The stress of diabetes and work-related challenges may further contribute to fluctuations in glucose. However, it is possible to maintain work-life balance and manage diabetes: all it takes is a little planning!

Dr Preeti Dabadghao, Lucknow
Senior Endocrinologist

Dr Richa Chaturvedi, New Delhi
Senior Endocrinologist

Dr Sri Harsha Gunna, Vishakhapatnam
Endocrinologist

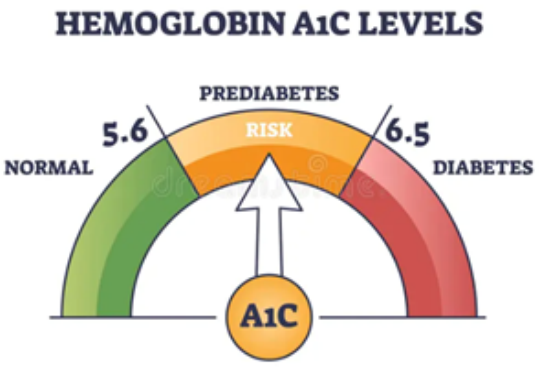
Dr Aditi Chopra, Bengaluru
Endocrinologist

Dr Purnima Agarwal, New Delhi
Endocrinologist

Dr Priyamvada Tyagi, New Delhi
Endocrinologist
Section Editor

Prediabetes
The Window of Opportunity

The Silent Epidemic: A Wake-Up Call

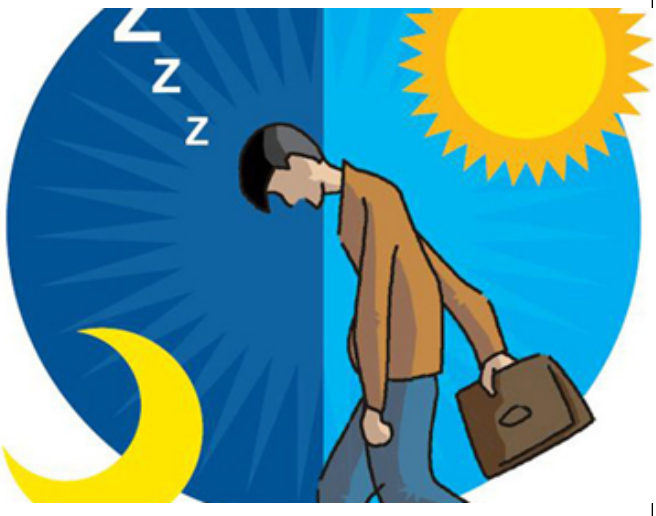


Prediabetes is an often-overlooked condition that significantly increases the risk of diabetes and heart disease. Dr. Velmurugan Mannar notes that over 95% of people with prediabetes are unaware of it. Since it causes no symptoms, many miss the chance for early intervention, when lifestyle changes could most effectively prevent disease progression.

Lifestyle Modification: The Foundation of Prevention

Lifestyle intervention is highly effective in preventing diabetes. Dr. Manasvini Bhatt highlights that global trials show 30–60% risk reduction through ≥5–7% weight loss, ≥150 minutes of weekly activity, and regular follow-up. However, Dr. Chandhana Merugu reminds us of the sobering reality - Indian studies show only 28.5% reduction, stressing the need for intensive, early, and targeted lifestyle strategies.

The Modern Workplace: An Underrecognized Risk Factor



Dr. Anand Vishal highlights that shift work, sleep deprivation, and late-night eating disrupt glucose regulation, while chronic stress impairs insulin action. Night-shift workers face a 30–40% higher diabetes risk. Solutions include lifestyle changes and workplace redesign

redesign – ergonomic desks, movement breaks, daylight-based shifts, and stress-

management programs, to reduce sedentary behavior and support metabolic health.

The Young Adult Challenge

Diabetes is rising in young adults (20–35 year), posing unique challenges. Dr. Manish Kumar Thakur notes the "too young for diabetes" mindset and life priorities hinder engagement. Effective strategies focus on immediate benefits - fitness, energy, appearance - while using technology like apps, wearables, and gamified interventions to boost motivation and adherence.

Medications: When and for Whom?

Medications like metformin can play a role in prediabetes. Dr Bhatt cites the ADA 2025 recommendations for starting metformin if BMI ≥35, age <60 with risk factors, history of gestational diabetes, or rising A1C despite lifestyle changes. Emerging drugs like GLP-1 agonists and SGLT2 inhibitors may particularly benefit those with cardiovascular risk. Dr. Mannar suggests earlier use of medications in select high-risk patients.

Moving Forward

As endocrinologists, we champion opportunistic screening, implementation of structured prevention programs, and recognize the metabolic toll of modern occupational stressors. The window for intervention is closing earlier: let's ensure we don't miss it.


Dr. Velmurugan Mannar, Dubai
Senior Endocrinologist


Dr Manasvini Bhatt, New Delhi
Endocrinologist


Dr Chandana Merugu, Hyderabad
Endocrinologist


Dr Anand Vishal, New Delhi
Endocrinologist


Dr Manish Kumar Thakur, Shimla
Endocrinologist


Dr Kiran Kumar Pasam, Hyderabad
Endocrinologist
Section Editor

DIABETES IN THE ELDERLY

Diabetes is a lifelong journey that grows more complex with age. Personalized, comprehensive care helps older adults stay active, happy, and independent. Let's explore how diabetes management differs in the elderly and ways to improve their quality of life.

What makes diabetes management different in older adults?

Dr M Venkata Vivek, Kakinada
Endocrinologist

Diabetes affects about one in three people over 65 and comes with unique challenges. Many have heart or kidney disease, poor vision, memory loss, muscle weakness, or risk of falls, making self-care harder. Support from family or caregivers is vital, focusing on balance, safety, and well-being.

"Less stringent goals, not less stringent care."

How important is diet and exercise in the elderly?

Lifestyle interventions are safe and effective in older adults but must be individualized. Diet tips include eating small, balanced meals with enough protein and fiber, staying hydrated, avoiding skipped meals, and limiting alcohol. Those with overweight benefit from 5–7% weight loss, while frail individuals should focus on adequate protein and calories.

Regular, safe physical activity is key—walking, cycling, or swimming (3–5 days/week), resistance training with light weights or bands (3–5 days/week), and balance exercises like yoga or tai chi (2–3 days/week). Combining protein intake with resistance exercise preserves muscle mass, improves glucose control, supports heart health, and prevents age-related muscle loss (sarcopenia).

Dr V B Kasyapa
Jannabhatla, Guntur
Endocrinologist

DIABETES IN THE ELDERLY

Which diabetes medications are safe for older adults?

"One size doesn't fit all", especially in the elderly because they often have multiple problems and need multiple medications. But most diabetes medications can be safely used in them. Most diabetes medicines including insulin are safe. However, they should be only used under the guidance of a specialist doctor and self-medication is strongly discouraged.

Dr Ravindranath Reddy K, Kurnool
Endocrinologist

Do elderly with diabetes need special monitoring, care and support?

Older adults with diabetes face risks like hypoglycemia, falls, and memory decline. Low blood sugar can cause confusion, falls, fractures, or arrhythmias, so prevention is vital—avoid high-risk drugs, ensure education and monitoring, and use CGM or insulin pumps when possible. Regular screening for frailty, cognition, and safety is essential.

Family and caregivers should assist with medications, monitoring, healthy eating, and gentle activity, while recognizing and managing early hypoglycemia. Diabetes care in elders works best as a team effort between patient, family, and doctor.

Diabetes in the elderly is more than a medical condition—it's a lifestyle challenge requiring patience, personalized care, and compassion. Let's aim for safe glucose levels, strong bodies, and sound minds, because everyone deserves the best possible quality of life.

Dr Ankit Manglunia, Jaipur
Endocrinologist

"Healthy aging with diabetes – because life after 60 should be sweet, even without sugar!"

Dr. Lavanya Kasukurti, Tirupati
Endocrinologist
Section Editor