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EDUCATION
HEALTHIER CHOICES
BRIGHTER DAYS

Starting Over: A Journey to Managing Type 2 Diabetes

By Esther Onyeansi, RN

Practical guidance.
Healthier habits.
A brighter, healthier you.



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MORE



EAT
WELL



MONITOR
PROGRESS



LIVE
BRIGHTER

*A Healthier
You Is
Possible*

HEALTHIER
HABITS
GREATER
CONFIDENCE
A BRIGHTER
TOMORROW

HEALTHIER
PEOPLE
BRIGHTER
TOMORROWS

KNOWLEDGE
PREVENTION
EMPOWERMENT
LONGER, BRIGHTER LIVES

SMALL
STEPS
BIG
CHANGES

Today I Choose:

- ☒ Better Food
- ☒ More Movement
- ☒ Stable Blood Sugar
- ☒ A Healthier Me



Starting Over

A Journey to Managing Type 2 Diabetes

By Esther Onyeansi, RN

Revised and clinically updated edition • 2026

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This book is for general health education and wellness information only. It does not provide individual medical diagnosis or treatment, and it does not replace care from a qualified health professional. Do not start, stop, or change prescription medicines, insulin, glucose-monitoring plans, nutrition therapy, or exercise plans solely on the basis of this book. If you have symptoms of severe high or low blood glucose, chest pain, difficulty breathing, confusion, fainting, or another medical emergency, seek urgent medical care.

Health information evolves. Readers should discuss personal targets, medicines, screening, and complication-prevention plans with their own health care team.

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Introduction: A Fresh Start, Not a Perfect Start

Managing type 2 diabetes is not one single decision. It is a series of small, practical choices made over time. The original purpose of this book was to help readers understand the condition, make healthier lifestyle changes, and live well despite the challenges of diabetes. This revised edition keeps that practical, encouraging approach while updating key clinical information for 2026.

You will learn what type 2 diabetes is, how it is diagnosed, what raises risk, how food and movement affect glucose, why medicines may be needed, how to monitor progress, and how emotional health, sleep, stress, support, and realistic goals all fit into long-term care.

A note about language: Diabetes is a health condition, not a personal failure. This book focuses on skills, support, and evidence-based choices rather than blame or perfection.

CHAPTER 1

Understanding Type 2 Diabetes

Type 2 diabetes is a chronic metabolic condition in which blood glucose remains higher than healthy levels because the body does not use insulin effectively and, over time, may not produce enough insulin to meet its needs.

What insulin does

Insulin is a hormone made by the pancreas. It helps glucose move from the bloodstream into cells where it can be used for energy. In type 2 diabetes, cells become less responsive to insulin. The pancreas often compensates by producing more insulin, but this may not be enough over time.

Type 1 and type 2 are different

Type 1 diabetes is an autoimmune condition in which insulin-producing beta cells are destroyed. Type 2 diabetes is usually characterized by insulin resistance and progressive beta-cell dysfunction. Both conditions can cause high blood glucose, but their causes and treatment approaches differ.

Why glucose control matters

Persistently elevated glucose can damage blood vessels and nerves. Over years, poorly controlled diabetes can affect the heart, kidneys, eyes, feet, and other organs. The encouraging news is that earlier diagnosis, appropriate treatment, and sustained risk-factor management can substantially reduce complications.

Health Clinic With Esta Takeaway: Understanding the “why” behind diabetes makes daily choices feel less random. Treatment works best when glucose, blood pressure, cholesterol, weight, kidney health, and lifestyle are addressed together.

CHAPTER 2

Symptoms, Screening, and Diagnosis

Type 2 diabetes can develop quietly. Some people have symptoms, while others feel well and are diagnosed through routine screening.

Possible symptoms

Common symptoms can include increased thirst, frequent urination, fatigue, blurry vision, recurrent infections, slow wound healing, and unexplained weight change. Symptoms alone cannot confirm diabetes.

Who should be screened

Current ADA guidance recommends screening all adults beginning by age 35. Screening should begin earlier in adults with overweight or obesity who have one or more risk factors, such as family history, cardiovascular disease, hypertension, physical inactivity, polycystic ovary syndrome, prior gestational diabetes, or other conditions associated with insulin resistance.

Tests used to diagnose diabetes

Common diagnostic tests include:

- A1C: diabetes is diagnosed at 6.5% or higher when confirmed appropriately.
- Fasting plasma glucose: diabetes is diagnosed at 126 mg/dL (7.0 mmol/L) or higher.
- 2-hour plasma glucose during a 75-g oral glucose tolerance test: diabetes is diagnosed at 200 mg/dL (11.1 mmol/L) or higher.
- A random plasma glucose of 200 mg/dL or higher may establish the diagnosis when classic symptoms of hyperglycemia or a hyperglycemic crisis are present.

Confirmation matters

Unless hyperglycemia is unequivocal, diagnosis generally requires confirmatory testing. A clinician should interpret results in context, especially when conditions such as anemia, pregnancy, kidney disease, or hemoglobin variants may affect A1C.

Health Clinic With Esta Takeaway: Know your numbers, but do not diagnose yourself from one home reading. Screening and diagnosis should be confirmed with appropriate laboratory testing and clinical interpretation.

CHAPTER 3

Risk Factors and Prevention

Some risk factors cannot be changed, but many can be addressed. Prevention is most effective when it focuses on sustainable habits rather than short-term restriction.

Risk factors to know

Risk rises with family history, increasing age, overweight or obesity, physical inactivity, a history of gestational diabetes, cardiovascular disease, hypertension, certain lipid abnormalities, polycystic ovary syndrome, and other conditions associated with insulin resistance. Social and environmental factors also influence access to healthy food, safe activity, preventive care, and medications.

Prediabetes is a warning and an opportunity

Prediabetes means glucose is higher than normal but not yet in the diabetes range. Evidence-based diabetes prevention programs can significantly lower the chance of progression to type 2 diabetes.

What prevention programs aim for

For adults at high risk who have overweight or obesity, intensive lifestyle programs typically target:

- At least 5–7% weight loss when appropriate.
- At least 150 minutes per week of moderate-intensity physical activity.
- An eating pattern that is nutritious, culturally appropriate, realistic, and sustainable.
- Ongoing coaching, accountability, and problem-solving support.

Health Clinic With Esta Takeaway: Prevention is not about a “perfect” diet. It is about repeatable behaviors that improve insulin sensitivity, weight trajectory, fitness, sleep, and cardiometabolic health.

CHAPTER 4

Treatment Options and Medications

Type 2 diabetes treatment is person-centered. Modern care considers glucose and weight goals, heart and kidney health, hypoglycemia risk, side effects, cost, access, and personal preferences.

Lifestyle and education remain foundational

Healthy eating, physical activity, sleep, tobacco avoidance, weight management, and diabetes self-management education and support remain important at every stage. Medication does not replace lifestyle care, and lifestyle care does not mean medication has “failed.”

Medication choices are individualized

Metformin remains commonly used, effective, and affordable. People with cardiovascular disease or risk, heart failure, chronic kidney disease, or major weight-management needs may benefit from medicines selected specifically for those conditions.

Important medication groups

Your clinician may discuss:

- Metformin, which reduces liver glucose production and improves insulin sensitivity.
- SGLT2 inhibitors, which can provide heart-failure and kidney benefits in appropriate patients as well as glucose lowering.
- GLP-1 receptor agonists and dual GIP/GLP-1 medicines, which can provide strong glucose lowering and weight loss; some agents have cardiovascular and other outcome benefits.
- Other options include DPP-4 inhibitors, sulfonylureas, thiazolidinediones, and insulin, selected according to individual circumstances.

When insulin may be needed

Insulin may be appropriate when hyperglycemia is severe, symptoms are present, or other treatment is not enough. ADA 2026 guidance notes that insulin should be considered when A1C is above 10%, blood glucose is 300 mg/dL or higher, or symptoms of marked hyperglycemia are present. In people without severe hyperglycemia, GLP-1–based therapy is generally preferred to insulin as initial or add-on injectable therapy.

Medication safety

Never stop or change a diabetes medicine based on something you read online or in a book. Doses may need adjustment as health status or glucose patterns change.

Health Clinic With Esta Takeaway: The “best” diabetes medicine is the one that fits the whole person—not just the A1C.

CHAPTER 5

Food and Nutrition

Food is one of the most visible parts of diabetes care, but there is no single “diabetes diet” that fits everyone. The best eating pattern is nutritionally sound, culturally meaningful, affordable, enjoyable, and sustainable.

Build meals around food quality

Current guidance emphasizes nonstarchy vegetables, whole fruits, legumes, lean proteins, whole grains, nuts and seeds, and appropriate low-fat dairy or nondairy alternatives, while minimizing sugar-sweetened beverages, sweets, refined grains, and heavily processed foods.

Carbohydrates need context

Carbohydrate-containing foods have the most direct effect on post-meal glucose, but quality and portion matter. High-fiber carbohydrate choices—such as beans, lentils, intact whole grains, vegetables, and whole fruits—often produce a steadier glucose response than refined carbohydrates.

Use the plate as a practical tool

A simple starting point is:

- About half the plate: nonstarchy vegetables.
- About one quarter: lean protein.
- About one quarter: high-fiber carbohydrate or starchy food, adjusted to individual glucose response and goals.
- Add healthy fats in modest amounts, such as nuts, seeds, avocado, or olive oil.
- Choose water or an unsweetened beverage most often.

Individualization matters

People taking insulin or medicines that can cause hypoglycemia may need specific carbohydrate timing or meal-planning instructions. A registered dietitian nutritionist experienced in diabetes can provide individualized medical nutrition therapy.

Health Clinic With Esta Takeaway: Choose patterns you can repeat. A healthier meal does not need to look like someone else’s meal to be effective.

CHAPTER 6

Physical Activity and Exercise

Physical activity improves insulin sensitivity, cardiovascular fitness, blood pressure, mood, function, and overall health. It is one of the most powerful tools available for diabetes management.

Aerobic activity

Most adults with type 2 diabetes should work toward at least 150 minutes per week of moderate- to vigorous-intensity aerobic activity, spread over at least three days, with no more than two consecutive days without activity.

Strength training

Adults with type 2 diabetes are generally encouraged to include resistance exercise 2–3 times per week on nonconsecutive days. Strength training helps preserve muscle mass and supports glucose uptake.

Break up sitting

Long periods of sitting should be interrupted at least every 30 minutes when practical. Short movement breaks can be meaningful, especially for people who spend much of the day seated.

Start safely

People with cardiovascular symptoms, advanced neuropathy, proliferative retinopathy, severe kidney disease, foot ulcers, or other complications may need individualized precautions. If you are inactive, start below your target and build gradually.

Health Clinic With Esta Takeaway: Consistency beats intensity. A 10-minute walk that becomes a habit is more useful than an exhausting plan you cannot sustain.

CHAPTER 7

Monitoring Blood Sugar and A1C

Monitoring should answer useful questions: Is the treatment working? Are there patterns after meals, exercise, stress, or medication? Is there risk of hypoglycemia? The right monitoring plan depends on the person and the treatment.

Home glucose monitoring

People using insulin usually need structured glucose monitoring and may benefit from continuous glucose monitoring (CGM). People not using insulin may also benefit from targeted self-monitoring in some situations, but testing frequency should be individualized rather than automatic.

A1C

A1C estimates average glucose over roughly the previous 2–3 months. Many adults have an A1C goal near 7%, but goals should be individualized based on age, comorbidities, hypoglycemia risk, life expectancy, pregnancy status, and personal priorities.

Use patterns, not isolated numbers

One high or low reading is information, not a verdict. Record context: food, medication timing, activity, illness, stress, and symptoms. Discuss repeated patterns with your care team.

Know urgent warning signs

Severe hyperglycemia, vomiting, dehydration, confusion, difficulty breathing, severe hypoglycemia, seizure, or loss of consciousness requires urgent medical attention.

Health Clinic With Esta Takeaway: Monitoring is most useful when it leads to a safe action plan. Numbers are tools for learning, not grades.

CHAPTER 8

Emotional Well-being and Diabetes Distress

Diabetes is managed every day, and that workload can be emotionally exhausting. Diabetes distress is the frustration, worry, burnout, or discouragement that can come from living with the condition.

Common emotional experiences

People may feel shock, fear, anger, guilt, sadness, or frustration after diagnosis or when glucose goals are difficult to reach. These reactions are human and should be discussed openly rather than hidden.

Support matters

Helpful supports may include family, trusted friends, peer groups, diabetes educators, nurses, counselors, psychologists, social workers, faith communities, or online communities with reliable moderation.

When to ask for professional help

Persistent sadness, hopelessness, panic, loss of interest, major sleep changes, difficulty functioning, or thoughts of self-harm deserve prompt professional evaluation. Mental health care is part of diabetes care.

Health Clinic With Esta Takeaway: You do not have to “earn” support by struggling longer. Asking for help is a practical diabetes-management skill.

CHAPTER 9

Stress, Sleep, and Mental Health

Stress hormones can affect glucose levels, appetite, sleep, and motivation. Sleep loss can also make glucose management, blood pressure, mood, and food choices more difficult.

Stress management

Useful strategies include slow breathing, mindfulness, prayer or meditation, time outdoors, enjoyable movement, journaling, hobbies, counseling, and setting realistic boundaries. The best strategy is one you are willing to practice regularly.

Sleep is part of metabolic health

Aim for a regular sleep-wake schedule and enough sleep to feel rested. Persistent snoring, witnessed pauses in breathing, morning headaches, or excessive daytime sleepiness should be discussed with a clinician because sleep apnea is common in people with type 2 diabetes and obesity.

Mental health and glucose affect each other

Depression and anxiety can make self-care harder, while fluctuating glucose can affect mood, energy, and concentration. Treating both physical and emotional health improves the chance of sustainable self-management.

Health Clinic With Esta Takeaway: Your sleep and stress plan belongs next to your food, movement, and medication plan—not underneath it.

CHAPTER 10

Complications and Long-term Health

Type 2 diabetes affects blood vessels and nerves, so long-term care focuses on preventing complications as well as lowering glucose.

Heart and blood vessels

Cardiovascular disease is a major concern in diabetes. Blood pressure control, lipid management, tobacco avoidance, physical activity, healthy eating, weight management, and use of medications with proven cardiovascular benefit when indicated are central to prevention.

Kidneys

Kidney protection includes regular monitoring of estimated glomerular filtration rate (eGFR) and urine albumin, blood pressure control, and use of kidney-protective therapy when indicated. In type 2 diabetes with chronic kidney disease, SGLT2 inhibitors and certain GLP-1–based therapies can reduce kidney and cardiovascular risk in appropriate patients.

Eyes, nerves, and feet

Regular dilated eye examinations, foot checks, attention to sensation changes, and prompt care for wounds are important. Neuropathy can reduce the ability to feel injuries, so daily foot awareness matters.

Dental and preventive care

Diabetes can affect oral health and infection risk. Routine dental care, vaccinations, age-appropriate cancer screening, and preventive visits remain part of whole-person care.

Health Clinic With Esta Takeaway: The goal is not only a better A1C. It is protecting your heart, kidneys, eyes, nerves, feet, function, and quality of life.

CHAPTER 11

Lifestyle Change and Weight Management

Lifestyle change works best when it is structured, supported, and realistic. For people with overweight or obesity, weight management can be a major treatment goal because even modest sustained weight loss can improve glucose, blood pressure, lipids, mobility, and medication needs.

A useful starting target

For many people with type 2 diabetes and overweight or obesity, 5–7% weight loss can produce meaningful metabolic benefits. Some people may benefit from larger weight loss goals, including with medication or metabolic surgery when appropriate.

Avoid all-or-nothing thinking

A single meal, missed workout, or difficult week does not erase progress. Track trends over months, not perfection over days.

Weight is not the only outcome

Also track waist circumference when appropriate, fitness, strength, sleep, blood pressure, glucose patterns, medication burden, energy, and quality of life.

Remission can occur in some people

Substantial and sustained weight loss can lead to type 2 diabetes remission in some people, especially earlier in the disease course. Remission is not the same as a permanent cure, and ongoing monitoring remains important.

Health Clinic With Esta Takeaway: Choose a plan that improves health even before the scale changes.

CHAPTER 12

Building a Support System

Living with diabetes is easier when you do not carry every task alone. A support system can provide emotional encouragement, practical help, information, accountability, and professional guidance.

Five kinds of support

Think about building support in several areas:

- Emotional: someone who listens without judgment.
- Practical: help with meals, transportation, medication routines, or appointments.
- Informational: reliable education from qualified professionals and trustworthy sources.
- Peer: connection with others living with diabetes.
- Professional: primary care, diabetes specialists, nurses, pharmacists, dietitians, educators, behavioral health professionals, and other clinicians as needed.

Ask clearly for what you need

Instead of “I need help,” try a specific request: “Can you walk with me after dinner three days this week?” or “Can you come to my appointment and help me take notes?”

Health Clinic With Esta Takeaway: Support is not dependence. It is a strategy for making healthy behaviors easier to sustain.

CHAPTER 13

Overcoming Challenges and Setbacks

Diabetes management is a long-term process. Illness, finances, work schedules, family responsibilities, medication side effects, food access, stress, and burnout can all disrupt even a strong plan.

Name the barrier before changing the goal

Ask: What exactly is getting in the way? The solution for lack of knowledge is different from the solution for cost, fatigue, depression, pain, or an unsafe neighborhood.

Use a reset plan

When things slip:

- Return to one basic behavior first.
- Review glucose patterns without self-criticism.
- Restart medication routines safely and contact your clinician if doses were missed or stopped.
- Choose one realistic meal or movement routine to repeat.
- Ask for help sooner rather than later.

Expect adjustment

Treatment plans may need to change as the body, medications, weight, kidney function, finances, or life circumstances change. Adjustment is part of good care, not evidence of failure.

Health Clinic With Esta Takeaway: A setback is information. Use it to redesign the plan, not abandon the goal.

CHAPTER 14

Setting Realistic Goals

Goals work when they are specific enough to guide action and flexible enough to fit real life.

Use SMART goals

SMART goals are Specific, Measurable, Achievable, Relevant, and Time-bound. For example: “I will walk for 20 minutes after dinner on Monday, Wednesday, and Friday for the next four weeks.”

Choose behavior goals and health goals

A1C, blood pressure, weight, or cholesterol are health outcomes. Walking, taking medication, preparing lunch, sleeping on time, and checking glucose are behaviors. Behavior goals are often easier to control directly.

Review and adjust

At the end of each week, ask:

- What worked?
- What got in the way?
- What should I keep?
- What needs to be made easier?
- What is the next small step?

Health Clinic With Esta Takeaway: Make the next step small enough to start and meaningful enough to matter.

CHAPTER 15

Celebrating Success and Staying Motivated

Diabetes management contains many victories that never appear on a laboratory report: asking a question at an appointment, choosing water, taking a walk, refilling medication on time, checking a foot blister early, or trying again after a difficult week.

Notice progress

Keep a simple record of wins. Progress may show up as more energy, better sleep, lower glucose variability, improved fitness, fewer missed doses, better blood pressure, or simply greater confidence.

Use non-food rewards

Celebrate milestones with something meaningful: a new book, time for a hobby, a relaxing activity, new walking shoes, music, a family outing, or another reward that supports well-being.

Motivation follows action

Do not wait to “feel motivated” before starting. Small actions often create the sense of progress that strengthens motivation.

Keep your reason visible

Write down why your health matters—to stay independent, be present for family, feel stronger, prevent complications, or simply live with more energy. Return to that reason when the plan feels difficult.

Health Clinic With Esta Takeaway: You are not starting over from zero. Every lesson learned becomes part of the next attempt.

Closing: Your Next Step

Type 2 diabetes management is built from ordinary days. You do not need to change everything at once. Choose one action you can repeat, track what happens, and use the result to guide the next decision.

1. Know your current A1C, blood pressure, lipid profile, kidney status, and medication list.
2. Choose one food habit and one movement habit to practice this week.
3. Ask your health care team what glucose and blood pressure targets are right for you.
4. Create a monitoring plan that matches your treatment.
5. Identify one person who can support your next goal.

Support Every Step: Health improvement is not a single finish line. It is a process of learning, adjusting, and continuing.

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About the Author

Esther Onyeansi, RN, is a registered nurse, health educator, and founder of Health Clinic With Esta. Her work focuses on helping people understand chronic disease, build practical self-management skills, and use sustainable lifestyle changes to support better health.

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