DEPARTMENT OF THE AIR FORCE
59TH MEDICAL WING (AETC)
JOINT BASE SAN ANTONIO - LACKLAND TEXAS

25 APR 2017

MEMORANDUM FOR SGME
ATTN: JANA WARDIAN

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled **Diabetes Cannot be Controlled, But it Can Be Managed** presented at/published to **Journal of Clinical Diabetes** in accordance with MDWI 41-108, has been approved and assigned local file #**17212.**

2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.

3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are a 59 MDW staff member, we can forward your request for funds to the designated Wing POC at the Chief Scientist's Office, Ms. Alice Houy, office phone: 210-292-8029; email address: alice.houy.civ@mail.mil.

4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

Linda Steel-Goodwin

LINDA STEEL-GOODWIN, Col, USAF, BSC
Director, Clinical Investigations & Research Support

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS

USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

1. The author must complete page two of this form:
   a. In Section 2, add the funding source for your study [e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP) ; Grants; etc.]

   b. In Section 2, there may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, if you need publication funding support.

2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.

3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.

4. Attach a copy of your abstract, paper, poster and other supporting documentation.

5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.

6. On page 2, have either your unit commander, program director or immediate supervisor:
   a. Print their name, rank/grade, title; sign and date the form in the approving authority's signature block or use an electronic signature.

7. Submit your completed form and all supporting documentation to the CRD for processing (59crdpubspres@us.af.mil). **This should be accomplished no later than 30 days before final clearance is required to publish/present your materials.** If you have any questions or concerns, please contact the 59 CRD/Publications and Presentations Section at 292-7141 for assistance.

8. The 59 CRD/Publications and Presentations Section will route the request form to clinical investigations, 502 ISG/JAC (Ethics Review) and Public Affairs (59 MDW/PA) for review and then forward you a final letter of approval or disapproval.

9. Once your manuscript, poster or presentation has been approved for a one-time public release, you may proceed with your publication or presentation submission activities, as stated on this form. **Note:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.

10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDW/CC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DITC). See 59 MDWI 41-108, *Presentation and Publication of Medical and Technical Papers,* for additional information.

11. The Joint Ethics Regulation (JER) DoD 5500.07-R, *Standards of Conduct*, provides standards of ethical conduct for all DoD personnel and their interactions with other non-DoD entities, organizations, societies, conferences, etc. Part of the Form 3039 review and approval process includes a legal ethics review to address any potential conflicts related to DoD personnel participating in non-DoD sponsored conferences, professional meetings, publication/presentation disclosures to domestic and foreign audiences, DoD personnel accepting non-DoD contributions, awards, honoraria, gifts, etc. The specific circumstances for your presentation will determine whether a legal review is necessary. **If you (as the author) or your supervisor check "NO" in block 17 of the Form 3039, your research or technical documents will not be forwarded to the 502 ISG/JAC legal office for an ethics review.** To assist you in making this decision about whether to request a legal review, the following examples are provided as a guideline:

    For presentations before professional societies and like organizations, the 59 MDW Public Affairs Office (PAO) will provide the needed review to ensure proper disclaimers are included and the subject matter of the presentation does not create any cause for DoD concern.

    If the sponsor of a conference or meeting is a DoD entity, an ethics review of your presentation is not required, since the DoD entity is responsible to obtain all approvals for the event.

    If the sponsor of a conference or meeting is a non-DoD commercial entity or an entity seeking to do business with the government, then your presentation should have an ethics review.

    If your travel is being paid for (in whole or in part) by a non-Federal entity (someone other than the government), a legal ethics review is needed. These requests for legal review should come through the 59 MDW Gifts and Grants Office to 502 ISG/JAC.

    If you are receiving an honorarium or payment for speaking, a legal ethics review is required.

    If you (as the author) or your supervisor check "YES" in block 17 of the Form 3039, your research or technical documents will be forwarded simultaneously to the 502 ISG/JAC legal office and PAO for review to help reduce turn-around time. If you have any questions regarding legal reviews, please contact the legal office at (210) 671-5795/3365, DSN 473.

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:
"The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:
"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402."

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"The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1. TO: CLINICAL RESEARCH	2. FROM: (Author's Name, Rank, Grade, Office Symbol)	3. GME/GHSE STUDENT:	4. PROTOCOL NUMBER:
	Jana Wardian, CTR, 59MDW MDSP	☐ YES ☒ NO	N/A

5. PROTOCOL TITLE: (**NOTE:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)

N/A

6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:

Diabetes cannot be Controlled, but it can be Managed

7. FUNDING RECEIVED FOR THIS STUDY? ☐ YES ☒ NO FUNDING SOURCE:

8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES: ☐ YES ☒ NO

9. IS THIS MATERIAL CLASSIFIED? ☐ YES ☒ NO

10. IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.?
☐ YES ☒ NO **NOTE:** If the answer is YES then attach a copy of the Agreement to the Publications/Presentations Request Form.

11. MATERIAL IS FOR: ☒ DOMESTIC RELEASE ☐ FOREIGN RELEASE
CHECK APPROPRIATE BOX OR BOXES FOR APPROVAL WITH THIS REQUEST. ATTACH COPY OF MATERIAL TO BE PUBLISHED/PRESENTED.

☒ 11a. PUBLICATION/JOURNAL (List intended publication/journal.)
Clinical Diabetes

☐ 11b. PUBLISHED ABSTRACT (List intended journal.)

☐ 11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.)

☐ 11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meting.)

☐ 11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)

12. HAVE YOUR ATTACHED RESEARCH/TECHNICAL MATERIALS BEEN PREVIOUSLY APPROVED TO BE PUBLISHED/PRESENTED?
☐ YES ☒ NO ASSIGNED FILE # _____ DATE _____

13. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC
NOTE: All publications/presentations are required to be placed in the Defense Technical Information Center (DTIC).

DATE
December 2017

14. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)	15. DUTY PHONE/PAGER NUMBER
Wardian, Jana, L. jana.l.wardian.ctr@mail.mil	210-292-5037

16. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

LAST NAME, FIRST NAME AND M.I.	GRADE/RANK	SQUADRON/GROUP/OFFICE SYMBOL	INSTITUTION (If not 59 MDW)
a. Primary/Corresponding Author Wardian, Jana, L.	CTR	59MDW MDSP	
b.			
c.			
d.			
e.			

17. IS A 502 ISG/JAC ETHICS REVIEW REQUIRED (JER DOD 5500.07-R)? ☐ YES ☒ NO

I CERTIFY ANY HUMAN OR ANIMAL RESEARCH RELATED STUDIES WERE APPROVED AND PERFORMED IN STRICT ACCORDANCE WITH 32 CFR 219, AFMAN 40-401_IP, AND 59 MDWI 41-108. I HAVE READ THE FINAL VERSION OF THE ATTACHED MATERIAL AND CERTIFY THAT IT IS AN ACCURATE MANUSCRIPT FOR PUBLICATION AND/OR PRESENTATION.

18. AUTHOR'S PRINTED NAME, RANK, GRADE	19. AUTHOR'S SIGNATURE	20. DATE
Jana Wardian, CTR	WARDIAN.JANA.L.1515244472	12/22/2016
21. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE	**22. APPROVING AUTHORITY'S SIGNATURE**	**23. DATE**
Tom J Sauerwein, GP15, Director, Diabetes Center of Excellence	SAUERWEIN.TOM.J.1174239947	12/28/2016

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1st ENDORSEMENT (59 MDW/SGVU Use Only)

TO: Clinical Research Division 59 MDW/CRD Contact 292-7141 for email instructions.	24. DATE RECEIVED April 11, 2017	25. ASSIGNED PROCESSING REQUEST FILE NUMBER 17212

26. DATE REVIEWED April 24, 2017	27. DATE FORWARDED TO 502 ISG/JAC

28. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES: ☒ NO ☐ YES If yes, give date. _____ ☐ N/A

29. COMMENTS ☒ APPROVED ☐ DISAPPROVED

Editorial article with appropriate disclaimers. Approved

30. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	31. REVIEWER SIGNATURE	32. DATE
Kevin Kupferer/GS13/Human Research Subject Protection Expert	KUPFERER.KEVIN.R.1086667270 Digitally signed by KUPFERER.KEVIN.R.1086667270 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USAF, cn=KUPFERER.KEVIN.R.1086667270 Date: 2017.04.24 13:02:12 -05'00'	April 24, 2017

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33. DATE RECEIVED	34. DATE FORWARDED TO 59 MDW/PA

35. COMMENTS ☐ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

36. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	37. REVIEWER SIGNATURE	38. DATE

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39. DATE RECEIVED	40. DATE FORWARDED TO 59 MDW/SGVU
April 24, 2017	April 25, 2017

41. COMMENTS ☒ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

42. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	43. REVIEWER SIGNATURE	44. DATE
Kevin Iinuma, SSgt/E-5, 59 MDW Public Affairs	Digitally signed by IINUMA.KEVIN.MITSUGU.1296227613 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USAF, cn=IINUMA.KEVIN.MITSUGU.1296227613 Date: 2017.04.25 08:09:17 -05'00'	April 25, 2017

4th ENDORSEMENT (59 MDW/SGVU Use Only)

45. DATE RECEIVED	46. SENIOR AUTHOR NOTIFIED BY PHONE OF APPROVAL OR DISAPPROVAL ☐ YES ☐ NO ☐ COULD NOT BE REACHED ☐ LEFT MESSAGE

47. COMMENTS ☐ APPROVED ☐ DISAPPROVED

48. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	49. REVIEWER SIGNATURE	50. DATE

Diabetes cannot be Controlled, but it can be Managed

Jana L. Wardian

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As a diabetes social science researcher and person with Type 1 diabetes for more than 24 years, I cringe when my healthcare provider suggests I need to "control" my diabetes. I know exactly what he or she is saying; however, I have come to accept that control is beyond my capability. Merriam Webster Dictionary defines control as, "to direct the behavior of something to do what you want; to have power over." If only I had this super power! On the other hand, the definition of management is, "to handle or direct with a degree of skill" and "to take care of and make decisions about." This is something I can do!

Let me illustrate the difference. If you have children, you may believe you are controlling your child when the child does what you are asking her to do. However, you only have the illusion of control. The child maintains control over her actions; she just decided to cooperate and do what you wanted her to do. Diabetes is very much like this child. You may believe you have control because your glucose was in a healthy range at a given time. Diabetes may have cooperated, but it was not controlled.

My earliest recollection of balking at the notion of control is about 24 years ago when I was ordered to avoid sugar at all costs with the associated promise that my glucose would be fine. Please keep in mind that this was before we understood insulin to carbohydrate ratios. I refused to eat anything that contained sugar. I obediently maintained the regimen of two injections of NPH insulin and mealtime Regular insulin of 5 units three times a day. To my dismay, my blood sugar would inexplicably soar after some meals and plummet after others. How could this be? I was doing what I was told. My doctor gave me the look that told me he was certain I was "cheating". I knew better. This was when I knew I could not control diabetes.

Today we know that diabetes is a multifaceted disease with numerous factors interfering with consistent blood glucose management (ADA, 2017). These factors include diet, physical activity, medication, stress, illness, hormonal changes, dehydration, and pain (ADA, 2017). Polonsky et al. (2005) resonates with me as he characterizes diabetes management as a "complex, demanding, and often confusing set of self-care directives" (p. 626). Furthermore, current notions of diabetes management place a heavy burden on people to maintain healthy blood sugar. This expectation of controlling blood sugar has contributed to an atmosphere laden with stigmatization of people with diabetes (Broom & Whittaker, 2004). On occasion, loved ones or complete strangers have winced when I check my blood sugar and questioned my dietary choices with a prying, "Can you eat that?"

People with diabetes have two primary self-management strategies: proactive and reactive. The proactive approach requires the person with diabetes attempt to prevent extreme blood sugars. For example, lowering your pump basal rate while exercising could prevent hypoglycemia or carbohydrate counting instead of fixed dosing for meals may allow blood sugar to be maintained in a healthy range. The reactive approach requires retrospective problem-solving. If the blood sugar is currently high, taking correctional insulin will assist in lowering the blood sugar. Conversely, if blood sugar is falling, drinking juice can be used to treat a hypoglycemic event.

My husband describes diabetes as the math problem that never ends. I count my carbs, calculate insulin using my insulin to carbohydrate ratio, and add in any correction insulin needed and take the dose. In reality, after many years of calculations, this is still just my best estimate. Even dietitians cannot always calculate carbohydrates accurately, so what hope do I have? It is unreasonable to expect control over something if we do not know all of the factors influencing a given phenomenon. Thus, the notion of controlling diabetes places an impossible burden on both the patient and the healthcare provider.

It is important that patients have an accurate expectation of diabetes self-management in order to achieve optimal outcomes. Furthermore, illness representations predict self-management behaviors, lending support for constructing an accurate representation of diabetes and the ability to manage it (Abubakari et al., 2015). In addition, Richardson et al. (2007) found that diabetes-related perceptions were related to HbA1c. Toward this end, the power of words cannot be denied. In the patient-physician relationship, words must be thoughtfully chosen to convey intended meaning. Rowe et al. (2014) suggest patients and providers likely have differing expectations in the clinical encounter shaped by personal beliefs, fears, and attitudes.

Patients carry the healthcare provider's words and perceived expectations from the exam room to their home where the treatment plan is implemented. Indeed, even when patients with diabetes have applied self-management strategies, diabetes has a mind of its own and will not be controlled; there is the very real possibility that blood sugar will unexpectedly rise or fall. There are factors beyond the patient's control and awareness, such as counter-regulatory hormones and insulin sensitivity, which may vary throughout the day.

I submit that terminology used in healthcare settings has evolved over time, reflecting current beliefs and attitudes of providers regarding patient care. For example, Tilson (2004) suggested replacing the term "compliance" with "adherence" to better reflect the desire to promote shared decision-making between the healthcare provider and patient. Thus, I propose a similar shift from discussions of "controlling" to "managing" diabetes as being a more appropriate term to realistically reflect the current understanding of diabetes treatment.

Disclaimer:

The views expressed are those of the author(s)/presenter(s) and do not reflect the official views or policy of the Department of Defense or its Components.

Acknowledgements

Dr. Jana Wardian is the sole author of this work and takes full responsibility for the content. The views expressed are those of the author and do not represent those of the Department of Defense or its components.

References

Abubakari, A. R., Cousins, R., Thomas, C., Sharma, D., & Naderali, E. K. (2015). Sociodemographic and clinical predictors of self-management among people with poorly controlled type 1 and type 2 diabetes: The role of illness perceptions and self-efficacy. *Journal of Diabetes Research, 2016*.

American Diabetes Association (ADA). (2017). Standards of Medical Care in Diabetes—2017 Abridged for Primary Care Providers. *Clinical Diabetes*, *35*(1), 5-26.

Broom, D., & Whittaker, A. (2004). Controlling diabetes, controlling diabetics: Moral language in the management of diabetes type 2. *Social Science & Medicine*, *58*(11), 2371-2382.

Polonsky, W. H., Fisher, L., Earles, J., Dudl, R. J., Lees, J., Mullan, J., & Jackson, R. A. (2005). Assessing psychosocial distress in diabetes development of the diabetes distress scale. *Diabetes Care*, *28*(3), 626-631.

Richardson, A., Adner, N., & Nordström, G. (2001). Persons with insulin-dependent diabetes mellitus: Acceptance and coping ability. *Journal of Advanced Nursing*, *33*(6), 758-763.

Rowe, R. J., Kellam, C., & Stott, E. (2013). Understanding Provider/Patient Expectations of Care in Clinical Encounters. *Home Health Care Management & Practice*, 1084822313502789.

Tilson, H. H. (2004). Adherence or compliance? Changes in terminology. *Annals of Pharmacotherapy*, *38*(1), 161-162.