In 1961 Fr. Thomas J. Carroll wrote and published Blindness: What It Is; What It Does and How to Live with It. That is how long I have been working as a rehabilitation nurse with individuals who have diabetes and visual impairment. Following are some of the main concerns that I have heard from people throughout the years concerning their diabetes along with suggestions on how to address them. Whether you are a patient, family member, vision professional or health care provider the following suggestions may help you address these concerns.

“My doctor tells me I have diabetes. Now I’m unsure if I am getting the best medical care. I have always liked my doctor and don’t like to make changes. Who should manage my medical care?”

Here’s a chance to take a fresh look at the individual’s health care and to improve lifestyle choices. Diabetes offers an opportunity to explore new options depending upon the availability of resources in the local area and terms of medical coverage.

It is essential to find out as much as possible about available health benefits:
- Are veterans’ benefits appropriate?
- Is the primary care provider updated in the latest information in diabetes care or is it time for a change?
- Should you get an expert opinion?
- What diabetes specialist can best serve (diabetologist or endocrinologist)?
- Should there be a referral to a diabetes educator (nurse, dietitian, pharmacologist and exercise therapist)?
- Is current eye care adequate or should a specialist be seen?
- Are the differences among eye care professionals understood (e.g., ophthalmologist, optometrist, oculist, low vision therapist and retinol specialist)?
- Should other specialists be consulted, such as a podiatrist, social worker, physical educator, occupational or physical therapist?

“I feel helpless not being able to draw my own insulin.”

Oftentimes when faced with the problem of accurately drawing up insulin, patients continue a technique they had in the past, resulting in waste, inaccuracy, undependability, reactions and illness.

There are many options to improve the delivery of the insulin dose:
- Community health nurses or visiting nurses may come to the home and fill syringes. Usually the duration of this service is limited;
- Family members and friends may be willing and/or available to measure a supply of insulin syringes, although this may limit dose changes;
- Diabetes educators may demonstrate adaptable equipment and the procedure for nonvisual measurement of insulin in their office;
- Vision rehabilitation therapists may verify the accuracy of the procedure in the home.
- Insulin pumps offers consistency for many, but generally rely upon sighted assistance.
- Using an insulin pen provides audible and tactile means of measuring insulin. The cost is generally more expensive than a vial and syringe method, but this provides less waste and accurate dosing.
“My family now has me under a microscope, always telling me how to manage my diabetes even though I believe I have done it successfully for years.”

Realize that the family has many reasons for becoming more vigilant, perhaps based on past experiences, fears for the future or just plain nurturing tendencies. No matter their reasons, communication with them becomes essential.

A plan needs to be put in place to assure successful, ongoing self-managing.

- Demonstrate the desire and ability to maintain independence by taking advantage of available resources.
- Find out about rehabilitation services in the local area, state or country? Learn about the qualifications for such services.
- Discover the vision rehabilitation professionals in the area (vision rehabilitation therapist, orientation and mobility specialist, as well as teachers of the visually impaired). What do they do and how are they contacted?
- Learn new techniques for performing ordinary tasks that involve safety, pleasure and consistency. Adopt the habit of “anchoring” (in rehabilitation this refers to the process of securing or connecting to somebody or something.) Anchoring provides stability and keeps the individual in place. Examples include walking with a long cane, trailing the fingers along the wall at home and keeping the arms on the table when performing blood glucose monitoring.
- Identify general disability services and diabetes organizations available in the community that maybe of assistance.
- Look up in the yellow pages to find out what local, county, state and country financial services provide assistance to individuals and families (e.g., welfare, social security, medicines, food and religious or service organizations).

“My having to surrender my driving license when no longer able to see has been the most difficult adjustment in my life. How can I be independent without driving?”

For many individuals obtaining a driver’s license is a celebrated rite of passage. Acknowledging how the individual feels about losing this is very important.

Not being able to drive actually provides positive aspects, once the initial impact has diminished.

- The cost of maintaining an automobile and the insurance can be prohibitive, and the cost saving associated with not driving, welcomed.
- Riding in a car often habitually replaces walking as an exercise.
- Exploring new mobility training and public transportation options can be stimulating and enjoyable ways to improve one’s lifestyle.
- If possible, when relying upon family and friends for rides, prioritizing essential requests helps to encourage ongoing support. It’s important not to wear out the welcome!

Each of the fifteen lessons in the Diabetes and Visual Impairment: A New View series provides an opportunity to ponder these and other areas of concern. The lessons include fifteen topic descriptions, definitions of terms, multiple resources, adaptive equipment, helpful hints, further readings, and quizzes to make sure that information is understood.

Topic 15 describes Father Carroll’s twenty losses, his suggestions for rehabilitation and my interpretation of the impact of diabetes on both. Please enroll in a course and discover A New View for Diabetes and Visual Impairment and How to Live with Them.

To enroll in one of the courses in this series or to get more information, go to www.carroll.org and click on Online Courses. Or visit The Carroll Store to browse a variety of aids designed for managing diabetes with a visual impairment.
About the Author
Margaret Cleary spent more than thirty years as director of admission and diabetes educator in the Carroll Center’s Rehabilitation Program and now provides program development and instruction for the online courses on diabetes and visual impairment for the Carroll Center. Margaret has devoted her professional career as a rehabilitation nurse to improving the lives of individuals who are visually impaired and their families. By actively participating as a member in her professional organizations, she provides encouragement to her vision rehabilitation and health provider colleagues to incorporate innovative ideas, principles and practices. She has been recognized and honored for her unique contributions by the American Association of Diabetes Educators, the Association for the Education and Rehabilitation of the Blind and Visually Impaired and the Carroll Center for the Blind.