

Psst!

Plan to stay in shape today



ALL ABOUT DIABETES



A Guide to Understanding Diabetes

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DIABETES 101



TODAY IT IS ESTIMATED THAT OVER 9 MILLION CANADIANS ARE LIVING WITH PRE-DIABETES OR DIABETES⁽¹⁾. IN FACT, ROUGHLY 20 PEOPLE ARE NEWLY DIAGNOSED WITH DIABETES EVERY HOUR OF EVERY DAY!⁽¹⁾



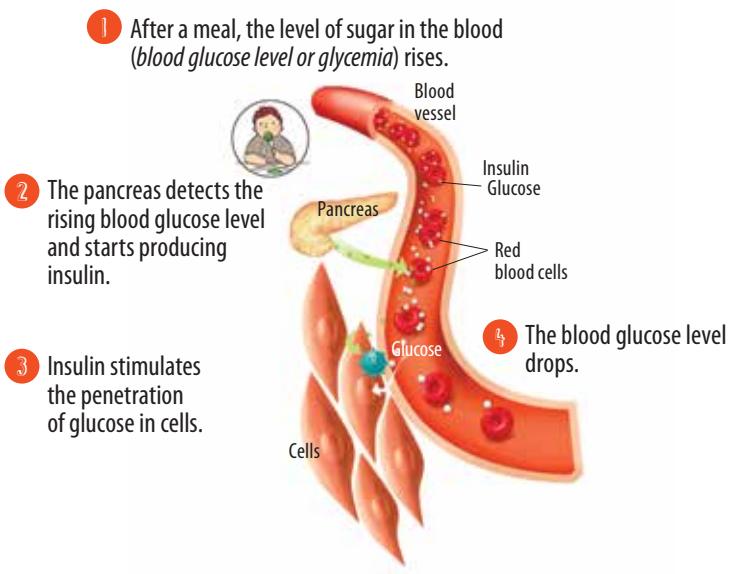
Before coming to terms with their diagnosis, people with diabetes generally go through a series of stages. If you or someone you know has just been diagnosed with diabetes, it's important that you get the information you need from the resources available in your community to complete the adjustment process and be able to actively take part in your treatment. This guide is a tool that complements the information you'll receive from the various healthcare professionals you'll meet (nutritionist, nurse, doctor, pharmacist, kinesiologist, etc.). Its goal is to help you better understand what diabetes is, what the different types of diabetes are, how to monitor your blood glucose at home, what the potential complications of diabetes are, and how to prevent them.

Diabetes is a chronic disease that involves making lifestyle changes and quite often starting drug treatment.



What is diabetes?

To function properly, the body needs energy. It uses **glucose** as its energy source, a form of **sugar** found in various foods (fruit, dairy products, starchy foods, honey, white sugar, etc.)⁽²⁾. The hormone that controls glucose by permitting it to be used by your cells is **insulin**. Insulin is produced by the pancreas and could be compared to a key that opens the door to your cells, allowing the glucose circulating in the blood to enter and supply energy. When diabetes





is present, the levels of insulin produced by the pancreas are reduced or the body's ability to effectively use the insulin released is reduced (insulin resistance), causing a buildup of glucose in the blood (hyperglycemia)⁽²⁾. A diabetic's body therefore has difficulty storing and effectively using glucose.

Signs and symptoms of diabetes

Signs and symptoms of diabetes are the result of a high level of sugar (glucose) in the blood. Below are typical symptoms of hyperglycemia (abnormally high blood glucose level)^{(3) (4) (5)}:

- **Increased thirst, dry mouth**
- **Excessive hunger**
- **Frequent urination**
- **Blurred vision**
- **Frequent or recurring infections**
- **Slower healing**
- **Extreme fatigue, drowsiness**
- **Involuntary weight loss (type 1 diabetes)**
- **Tingling in the hands or feet**

Symptoms and their severity vary among individuals and are generally less obvious in those with type 2 diabetes⁽³⁾⁽⁴⁾. If you, in fact have any of the abovementioned symptoms, it is recommended that you consult your healthcare professional immediately.



How is diabetes diagnosed⁽⁶⁾?

To diagnose diabetes, the doctor orders a blood test to measure your glucose level (amount of sugar present in your blood at the time of the test) and glycosylated hemoglobin (this measurement gives you an idea of your average blood glucose level in the past two to three months). Generally an individual will be diagnosed with diabetes when:

The fasting blood glucose level is equal to or greater than 7 mmol/L (“fasting” means that the person has not eaten or drunk anything, apart from water, for at least 8 hours).



The level of glycosylated hemoglobin (A1C) is equal to or greater than 6.5% (in adults)¹.



The blood glucose level is equal to or greater than 11.1 mmol/L after the person has ingested a solution containing 75 g of glucose (called an “oral glucose tolerance test”).

¹ The glycosylated hemoglobin (A1C) test is not recommended for diagnosing children, teens, and pregnant women or when type 1 diabetes is suspected⁽⁶⁾.

TYPES OF DIABETES



TYPE 1 DIABETES^{(2) (4)}

It is estimated that only 10% of all diabetics have type 1 diabetes. Type 1 generally occurs among children, teens, and young adults, which is why it was long known as juvenile diabetes. Type 1 diabetes may appear in adults over 30, but this is rare. Hyperglycemia in type 1 diabetes is caused by the complete or partial absence of insulin production by the pancreas. The basic treatment for type 1 diabetes therefore consists of daily injections of insulin to make up for the lack of this hormone.

The exact cause of type 1 diabetes is presently unknown. Most of the time, the origin of the disease is due to the destruction of pancreas cells by the immune system. Although it is not known what exactly sets off this reaction, some scientists believe that environmental factors among those genetically predisposed may promote the development of type 1 diabetes.

Screening for type 1 diabetes

Because there is currently no way to prevent or delay the onset of type 1 diabetes, screening tests are not recommended if there are no symptoms^{(7) (8)}.



TYPES OF DIABETES



TYPE 2 DIABETES^{(3) (4) (7) (8)}

About 90% of all diabetics have type 2 diabetes. Type 2 diabetes generally occurs among those who are over 40. Unfortunately, increasingly more cases of type 2 diabetes have been diagnosed among children and teens in the past 20 years. This is due primarily to the increase in obesity in these age groups.

Type 2 diabetes may result from insufficient production of insulin by the pancreas or a loss of insulin efficiency (insulin resistance), which leads to an increased concentration of glucose in the blood (hyperglycemia). The causes and risk factors of type 2 diabetes include^{(3) (4) (7) (8)}:

- **Gender: Men are more at risk than women**
- **Age: 40 or over**
- **Having a mother, father, or siblings who have type 2 diabetes**
- **Overweight (over 80% of type 2 diabetics are overweight)**
- **Bulging waistline**
- **High level of bad cholesterol**
- **Low physical activity level**
- **Certain dietary habits**
- **High blood pressure**
- **History of abnormally high blood glucose level (pre-diabetes)**

- **For women: Diabetes during pregnancy or delivery of a baby weighing over 9 pounds. (4.1 kg)**
- **Ethnic origin: Higher risk among those of aboriginal, Latin American, South Asian, Asian, or African descent**
- **The presence of certain genes may also be responsible for the onset of type 2 diabetes**

As you can see, your lifestyle can have a major impact on the development of type 2 diabetes. Adopting a healthy lifestyle (balanced diet and regular physical activity) can help delay the onset of type 2 diabetes and even prevent it. If you already have type 2 diabetes, losing weight, having a balanced diet, and exercising regularly will help you better control your blood glucose level and thus reduce the risk of developing complications of diabetes (heart, blood vessel, kidney, eye, and nerve diseases). When these measures are not enough to bring blood glucose levels back to normal, oral or injectable **antihyperglycemic** agents (medication that is taken by mouth or injected to control your blood glucose level) or insulin can be introduced.

DID YOU KNOW^{(9) (10)} ?

- When someone has a blood glucose level that is higher than normal but not high enough to diagnose diabetes, this condition is called pre-diabetes.
- Pre-diabetes generally occurs among people over 40 and those who are overweight.
- When left untreated, pre-diabetes turns into type 2 diabetes in 8 to 10 years among over 50% of those who have it ⁽⁹⁾.
- In addition to being at risk of developing type 2 diabetes, prediabetics are at risk of developing cardiovascular complications (e.g., angina pectoris, heart attack, or blood vessel disorders).

You can reduce your risk of developing type 2 diabetes or pre-diabetes!

The good news is that if you adopt a healthy lifestyle (eat healthy, lose weight or maintain a healthy weight, be physically active, stop smoking, and manage stress) while monitoring and controlling your blood glucose level, blood pressure, and bad cholesterol level, you can prevent or control diabetes and reduce your risk of complications.

Are you at risk of developing pre-diabetes or type 2 diabetes?

To determine if you're at risk of developing pre-diabetes or type 2 diabetes, complete the *CANRISK** questionnaire enclosed with this guide.

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TRUE OR FALSE^{(3) (9)} ?

"I'm not diabetic because I don't feel any symptoms of hyperglycemia."

FALSE.

Many people with type 2 diabetes feel few or no symptoms of diabetes. You can therefore live with type 2 diabetes for several years (seven on average) without even knowing it!

Screening for type 2 diabetes^{(7) (8)}

If you're 40 or over, it is generally recommended that you be screened (have your blood glucose and/or glycosylated hemoglobin measured) every three years. However, you may be screened earlier and more frequently if you are at high risk of developing type 2 diabetes (please refer to the *CANRISK* questionnaire enclosed with this guide).

GESTATIONAL (PREGNANCY) DIABETES ^{(11) (12) (13)}

Gestational or pregnancy diabetes occurs among 2% to 4% of pregnant women. This type of diabetes occurs for the first time during pregnancy, generally toward the end of the second or third trimester. Hormones produced by the placenta during pregnancy reduce the effect of insulin (insulin resistance) and cause hyperglycemia.

Certain factors increase a woman's risk of developing gestational diabetes. A few of these include ^{(11) (12) (13)}:

- **Age: Over 35**
- **Obesity**
- **History of pregnancy diabetes**
- **History of delivering a baby weighing over 9 pounds (4.1 kg)**
- **Family history of type 2 diabetes**
- **Member of a group at high risk of developing diabetes (women of aboriginal, Latin American, Asian, South Asian, or African descent)**

Even if you don't have any of these risk factors, you may still develop diabetes during pregnancy.

Symptoms of gestational diabetes

Most pregnant women who have gestational diabetes have no symptoms. However, some women may have some symptoms of hyperglycemia, such as unusual fatigue, exaggerated thirst, and a tendency to urinate more often and in larger amounts. These symptoms may be mistakenly attributed to pregnancy.

Screening for gestational diabetes

Screening for gestational diabetes usually takes place between the 24th and 28th week of pregnancy. The test consists of drinking a very sweet liquid containing a known quantity of glucose and having your blood glucose measured afterwards. This is called the oral glucose tolerance test. If you are at risk of developing pregnancy diabetes (see the abovementioned risk factors), your doctor may ask you to be tested sooner.

What are the risks of gestational diabetes^{(11) (12) (13)?}

It is important to treat gestational diabetes. There are risks for both the mother and the fetus if hyperglycemia is not corrected. **The good news is that most of these complications can be avoided or prevented if your blood glucose level is well-controlled.** To prevent possible complications of gestational diabetes, it's important to follow the treatment prescribed by your healthcare professional.

Managing gestational diabetes⁽¹¹⁾ (12)

After you have been diagnosed with gestational diabetes, a nutritionist will establish a personalized diet plan that will be explained to you during your first visit. Most of the time, following the diet plan and adopting a healthy lifestyle (physical activity², rest, sleep, and stress management) are enough to control pregnancy diabetes. However, if your blood glucose level remains too high, you may need to inject insulin or take oral antihyperglycemic agents (medication that is taken by mouth to control your blood glucose level). Blood glucose self-monitoring is key to determining whether diet, physical activity, and medication or insulin, if required, help control your blood glucose level. If the result is not within the recommended values (also called target values), adjustments need to be made. Blood glucose is measured using a device called a blood glucose monitor or meter. We'll take a look at how to measure your blood glucose using this device a little later on (see page 22).



² It is recommended that you discuss your medical condition with your healthcare professional before starting any physical activity program, so that any contraindications associated with your pregnancy are taken into consideration.

TRUE OR FALSE ^{(11) (13)} ?

“I had pregnancy diabetes, so I will be diabetic for the rest of my life.”

FALSE.

In 90% of cases, pregnancy diabetes **disappears** after the baby is delivered. However, your risk of developing type 2 diabetes in the future increases, especially if you keep extra weight on after pregnancy. If you maintain the healthy lifestyle you adopted during pregnancy (healthy diet and regular physical activity), you will significantly reduce your risk of developing type 2 diabetes. It is also recommended that you take another oral glucose tolerance test six weeks to six months after delivery to determine if your blood glucose level is normal. Afterwards, your blood glucose should be periodically monitored via a laboratory blood test periodically (every year or two years). If you plan to get pregnant again, you are advised to talk to your doctor.

Are you a woman with diabetes planning to get pregnant ⁽¹³⁾?

If you have type 1 or type 2 diabetes and wish to get pregnant, it's important that you talk to your doctor, who will help ensure that your blood glucose level is controlled and review your treatment, if necessary. Women with type 1 or type 2 diabetes are also generally advised to start taking a multivitamin containing 5 mg of folic acid at least three months before conception and continue taking it until 10 to 12 weeks after conception. After the 12th week post conception, women should take a multivitamin containing only 0.4 to 1 mg of folic acid for the remainder of the pregnancy, until six weeks after delivery or until they stop nursing. To obtain more information on taking folic acid during pregnancy, talk to your healthcare professional.





Monitoring your blood glucose at home is not that complicated!

If you've been diagnosed with diabetes, your doctor has probably advised you to regularly monitor your blood sugar (glucose) level or glycemia using a device called a **blood glucose monitor** or **meter**. When and how often you monitor your blood glucose level will be determined with your healthcare professional. It is important to follow these recommendations.

Blood glucose level targets must be personalized. The blood glucose level targets generally recommended for most type 1 and type 2 diabetics are shown below (these values are not valid for pregnant women and children).

BLOOD GLUCOSE LEVEL TARGETS^{(14)*}

Who?	Fasting and pre-meal (preprandial) blood glucose level (mmol/L)	Post-meal (postprandial) blood glucose level (mmol/L)
Most adults with type 1 or type 2 diabetes	4.0 to 7.0	5.0 to 10.0

* Please note that these blood glucose level targets are provided for information purposes only. Your healthcare professional may recommend different target values. Use the target values set by him/her.

HOW DO YOU CHOOSE A BLOOD GLUCOSE MONITOR?

To choose the blood glucose monitor that's right for your situation and needs, consult a healthcare professional. A variety of blood glucose monitors are currently available on the market that offer different features:

- **Volume of blood required for a precise reading**
- **Readout time**
- **Memory**
- **Device, screen, and character size**
- **Backlit display or test strip port light**
- **Lancing device features**
- **Special features such as ketone monitoring and advice on insulin dose adjustments**



HOW DO YOU MONITOR YOUR BLOOD GLUCOSE ⁽²⁾?

Before using a blood glucose monitor, it is strongly recommended that you get instructions from a healthcare professional on how to use one and how to interpret the results.

Once you get your monitor, follow the steps below to measure your blood glucose:

- 1** Wash your hands in warm water and dry them. This step is important because washing your hands in warm water will increase blood circulation, thus making it easier to get a drop of blood. Washing your hands will also remove any residue (e.g., sugar left over from an orange after you peel it) that may lead to inaccurate readings. Using alcohol to disinfect your hands is not recommended. Alcohol dries skin out and may interfere with the results.
- 2** Insert a **new** test strip into the lancing device. **Do not reuse old test strips.** Change your test strip each time you take a new reading. If you don't, you may feel more pain from the prick and increase the risk of infection.
- 3** Adjust the depth setting of your lancing device and cock it.

4

Once the lancing device is ready, insert a test strip in the glucose monitor. It is important to close the vial of test strips immediately and check the expiration date (be sure to keep your test strips in their original container and avoid exposing them to moisture, extreme temperatures, and open air). Once the test strip is inserted, the device will turn on automatically. A symbol resembling a drop of blood will appear on the screen, indicating that the device is ready to receive a drop of blood.

5

Gently massage your finger to activate blood circulation and make it easier for a drop of blood to form. It is important that you have a sufficient amount of blood. Some monitors offer the option of applying a second drop of blood or require a smaller amount of blood.

6

Press the tip of the lancing device firmly against the side of your fingertip. Pricking the side of your finger reduces the pain. Change the location for each reading.

7

Apply the sample to the test strip.

8

Wait for the result to be displayed.

9

Enter the result and the specific information concerning your blood glucose in your log book. It should include the following information:

- Your blood glucose result with the date and time.
- Hypoglycemia (blood glucose level below 4 mmol/L, with or without symptoms): date, time, and how you attempted to correct it.
- Blood glucose levels that are higher or lower than the target values: possible causes (different food, physical activity, illness, stress, forgotten medication, travel, etc.).
- Information about meals (e.g., restaurant, large meals, alcohol, etc.) and the amount of carbohydrates consumed.

10

Dispose of the test strip in a biohazard container designed for this purpose.

WHEN AND HOW OFTEN SHOULD YOU MONITOR YOUR BLOOD GLUCOSE?

As previously mentioned, when and how often you monitor your blood glucose will be determined with your healthcare professional. For illustration purposes, some diabetics may need to be monitored more frequently in the following situations:

- **Before driving a vehicle**
- **On sick days**
- **When exercising (before, during, and after)**

- **When experiencing symptoms of hypoglycemia (anxiety, sudden mood swing, nausea, palpitations, perspiration, trembling, weakness, etc.)**
- **When the blood glucose level is not well-controlled**
- **When attempting to adjust treatment**
- **When changing a lifestyle habit**

HOW DO YOU KNOW WHETHER YOUR RESULTS ARE ACCURATE?

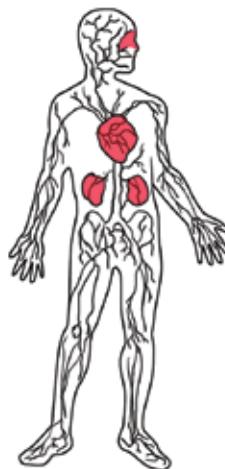
Using good equipment and the right technique is key to obtaining reliable results. However, to check the accuracy of your glucose monitor, the Canadian Diabetes Association recommends that the results obtained with your monitor be compared with the results of a fasting blood test taken at a medical laboratory at least once a year. To do this, take your glucose monitor with you when you go to the lab to get the blood test. Within five minutes of the test, take your blood glucose reading with your monitor so that both results can be compared. Your healthcare professional will tell you what the acceptable values are.



Complications of diabetes⁽²⁾

Unfortunately, nearly 30% of type 2 diabetics have already developed complications by the time they are diagnosed⁽²⁾. Early screening is therefore important. Hyperglycemia associated with diabetes may lead to damage of the organs (heart, kidneys, eyes, etc.), blood vessels, and nerves⁽¹⁾. When diabetes is left untreated or blood glucose levels are not properly controlled, this may lead to complications, such as⁽²⁾:

- **Eye problems (retinopathy):** Retinal damage that sometimes results in blindness.
- **Kidney problems (nephropathy):** Damage to the blood vessels in the kidneys that prevents the kidneys from filtering waste and toxins from the blood properly. This may lead to kidney failure.
- **Nerve damage (neuropathy):** This leads to a tingling sensation, loss of sensitivity, and occasionally foot pain. The disease may also affect other nerves, such as those in the digestive tract, sexual organs, bladder, etc.
- **Blood vessel blockage:** This may lead to heart problems (angina or heart attack) and vascular problems (stroke, slower healing, etc.).



- Retinopathy
- Cardiovascular disease
- Nephropathy
- Sensitivity to infections
- Neuropathy



How do you prevent complications of diabetes⁽²⁾?

Fortunately, you can prevent or at least slow down the development of complications by keeping your blood glucose level within the target values. Below are a few recommendations on how to do this:

- 1 Follow the treatment plan (blood glucose monitoring and medication schedule) established by your doctor.
- 2 Adopt healthy eating habits. A nutritionist can help you establish a personalized diet plan tailored to your situation.
- 3 Maintain a healthy weight or, if you're overweight, lose 5% to 10% of your weight.
- 4 Keep your blood pressure within the targets set by your doctor. High blood pressure can foster the development of damage to the eyes, kidneys, and cardiovascular system. The target blood pressure level for diabetics is generally < 130/80 mm hg.
- 5 Keep your bad cholesterol level within the target values set by your doctor. This will help reduce your risk of developing cardiovascular disease.

- 6 Stop smoking. Not only does smoking increase your risk of developing lung and throat cancer, it increases your risk of developing many other health problems.
- 7 Take part in moderate physical activity on a regular basis, ideally 30 minutes every day. However, before starting a physical activity program, it is recommended that you talk to your healthcare professional, who can assess your overall health and tell you if there are any contraindications.
- 8 Check and take care of your feet every day. Because loss of sensitivity may occur among diabetics and blood circulation may be reduced, it is recommended that you pay special attention to your feet. If you notice a wound or any other anomaly, consult your healthcare professional immediately.

This document was prepared to help you better understand diabetes and possible complications associated with diabetes, but most importantly how to delay and in some cases even prevent these complications. Receiving a diabetes diagnosis is definitely not easy. You may have to go through a number of stages before accepting your condition. However, you can control the disease by actively taking part in your treatment with the help of your diabetes care team consisting of healthcare professionals (doctor, nurse, nutritionist, pharmacist, kinesiologist). In other words, you can take charge of your diabetes!

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Practical resources

Diabetes Québec:

Website: www.diabete.qc.ca

“InfoDiabetes” information helpline: 514 259-3422, ext. 233 or 1 800 361-3504; email: infodiabete@diabete.qc.ca

Affiliated associations: Diabetic support groups throughout Quebec

Brochures available upon request (small fee)

- *Accepter son diabète: suivez le guide* (in French only)
- *Diabète et grossesse* (in French only)
- *Diabète et sexualité féminine* (in French only)
- *Guide de voyage pour la personne diabétique* (in French only)

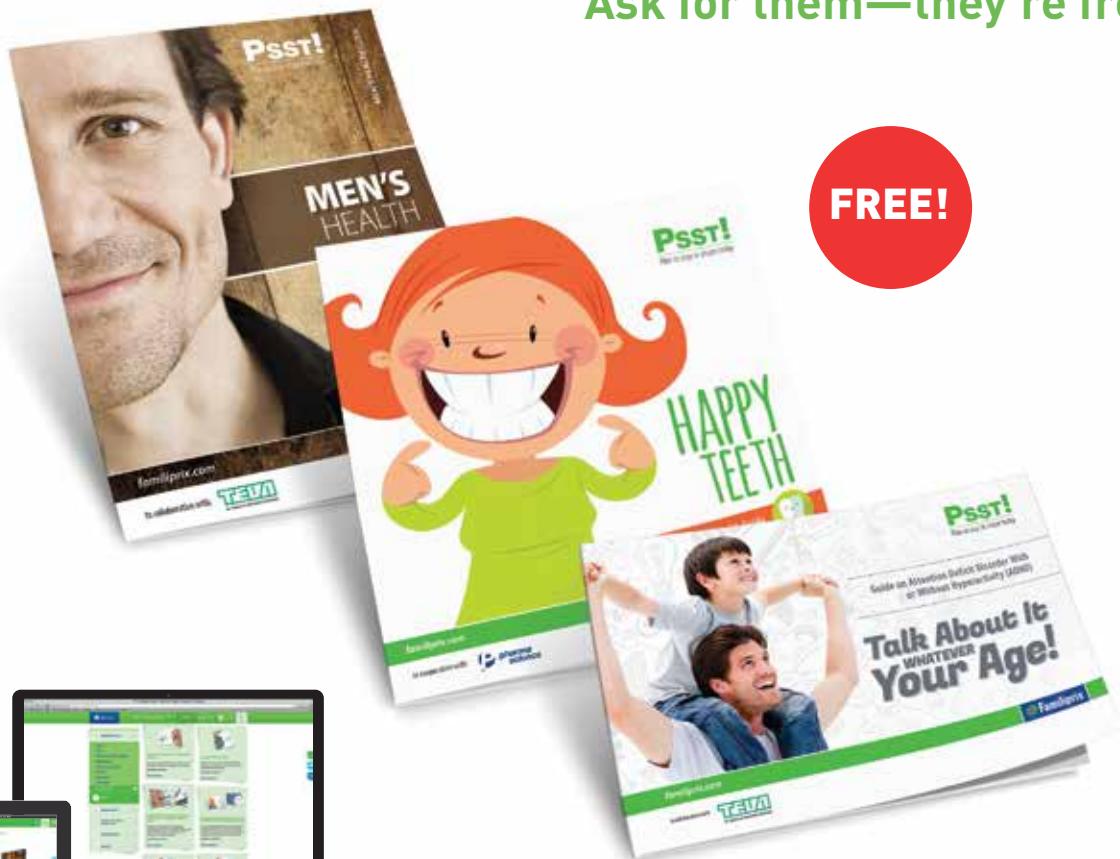
A Glance at Meal Planning for People with Diabetes

Diabetes care clinics:

Contact your local CLSC for information or visit the Diabetes Québec website.

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