

What I Did for Love

Category: Stories

written by Amy McVay Abbott | February 15, 2019

Amy McVay Abbott ~

My husband, who's had type 2 diabetes for twenty years, had been struggling for a long while to lower his hemoglobin A1C—a number that measures how well he's managing his blood sugar over time. When he and I finally investigated the issue, it turned out that someone close to him was thwarting his efforts.

This person is an addict. Her drug of choice is sugar—often candy no self-respecting adult should want, like Milk Duds or Necco Wafers. She'd order a lemon-drop martini and be just as happy if it came without the vodka.

Houston, we have a problem. That problem is me: a wife who couldn't fully accept her spouse's health problems.

My husband comes from a family of type 2 diabetics—his brothers and mother all developed the disease—so his diagnosis, in 1999, was no surprise. His family doctor gave him the news and put him on medication; my husband subsequently visited an internist, who added an endocrinologist to the treatment team.

It took an eternity for me to reach the epiphany that I'd contributed to his struggles; I just didn't see it as my issue. I'm overweight, but not diabetic. At my annual physicals, my A1C was 5 (normal is 5.6 or less). My blood sugar has never risen above 100, which is considered normal. My husband's health, I reasoned, was his problem, not mine.

As our chief dinner cook, I stuck to a small repertoire of meals—generally a meat dish, a side of potato, rice or pasta and the rare salad or green vegetable.

He can have a small portion of whatever high-carb concoction I've made, I thought. When he didn't choose a small portion, I'd usually serve him a side of sarcasm as I dished out my own substantial helping.

Then, about a year ago, my husband's A1C spiked to 11—way above normal.

This was a wake-up call. Eleven is a high number; it represents a blood-sugar level of 269. (Remember, anything over 100 is cause for concern.)

I was terrified. Having worked in healthcare administration for nearly forty years, I imagined the worst, up to and including imminent death. A little knowledge is a dangerous thing, as the old cliché says.

High blood sugar often causes serious long-term health problems. It damages the blood vessels, and as a result, patients can lose toes, feet or limbs, go

blind or end up on dialysis. Some surgeons won't operate on a patient with an A1C that high, because high blood sugar can inhibit healing.

Both of us were frightened.

My husband told his doctor that he could manage his diabetes with diet. (He'd lost weight before, but had always regained it.)

"Prove it," the doctor said, and scheduled him for another A1C test in three months.

This scary news, and my husband's adamant response, made me stop and think: *If he believes he can bring the number down through lifestyle changes, can't I support him?*

Paying attention to my husband's fighting spirit transformed my attitude. For the first time, we talked seriously about what we eat. We read everything we could find on diabetes and how to manage it; I participated in nutrition sessions with nurses and saw a diabetes educator. We learned that there was much we didn't know.

I learned, for instance, that the A1C test is just one tool among many: blood-sugar testing at home, food purchases and meal planning, exercise, medical appointments, foot checks, eye tests and education about the disease.

Helping my husband to change his diet meant putting thought into planning what I'd cook for dinner, rather than haphazardly preparing things that I could make quickly.

Our conversations about food choices led us directly to the culprit behind my husband's high A1C: an overabundance of readily available carbohydrates. Take the much-hyped cauliflower pizza crust. I bought one and made my own low-carb sauce, with lean meat and veggie toppings. It tasted too good to be true—and it was. I should have read the label more closely: The rice flour in the pizza crust brought its carb count to twenty-six grams per slice, when my husband is allowed only forty-five grams per meal.

Spaghetti was a favorite, but since nothing makes my husband's blood sugar spike more than pasta, I cut our noodle portions to about one-fourth their previous size. Also, until now I'd been clueless about the high amounts of sugar in commercial spaghetti sauces. I discovered that using a can of diced tomatoes and sugarless tomato sauce gives an almost identical, tasty result.

The internet is an excellent repository of creative recipes, and many sites offer recipes for two. Some people like making enough food for leftovers, but if I make a dish that serves four, the two of us are tempted to eat it all. With a recipe for two, I can prepare whatever I want in the appropriate amount.

We've also cut way back on eating out. I retired in 2017, and my husband, a university research librarian, is semiretired. When we worked full time, we ate out often. Now we eat at home, have better-tasting meals and spend the same or less on food, compared to what we spent formerly.

Here are some of our ideas for meals and meal planning:

1. **Bake a sweet potato** and top it with black beans, salsa, cheese and a dollop of low-fat sour cream. A Mexican dinner with high fiber and protein.
2. **Stir-fry veggies with tofu** in low-sodium soy sauce. I sometimes substitute chicken for tofu or add some nuts.
3. **Make stuffed peppers without rice** (easier, because you don't have to prepare the rice ahead). To the meat, onions and cheese filling, I add another diced pepper.
4. **Make lunch your largest meal of the day.** A [2014 study in Diabetology](#) suggests that type 2 diabetics can benefit from larger breakfasts and lunches, and smaller dinners.
5. **Have your butcher cut the visible fat** from your meat and weigh the pieces to your specifications.

The changes I've described have greatly improved my husband's health. He weighs forty pounds less than he did a year ago, his cholesterol is lower, and his A1C now hovers in the normal range. (An unexpected bonus: My numbers have improved, too.)

If you'd told me, a year ago, that we'd be eating healthy meals every day, I probably would have called you crazy. But it's true what they say: Keep repeating behaviors, and they turn into habits. Tiny, incremental changes can add up to bigger changes. Where once our freezer held caramel-praline ice cream, it now holds sugar-free fruit bars. I've even, after fifty years, stopped drinking real Coca-Colas.

As most couples know, the non-engaged, critical approach doesn't work well in any relationship, and ours was no exception. Dinner is now more relaxed, and we enjoy each other's company instead of worrying about overeating or eating the wrong thing.

I've accepted my role in my husband's health, and I make a point nowadays of encouraging him in his efforts. He thanks me at every meal, often noting something special he liked. What is healthier than tiny seeds of encouragement, planted daily?

About the author:

Amy McVay Abbott, a retired healthcare executive, lives in southwestern Indiana. She has bachelor's and master's degrees in journalism from Ball State University. After beginning her career as a health writer, she advanced into management and administration in areas ranging from marketing and sales to fundraising, case management and admissions. Missing her first love, writing, she began freelancing a decade ago and became a health writer for Senior Wire News Service. She is the author of five essay collections and has been featured in three anthologies. "I've been writing since age six, when my mother gave me her Royal portable typewriter. The elimination of many afternoon newspapers after I graduated from J-school led me to a career in health-based organizations. Every day in health care represented new stories to tell." She enjoys photography, reading, the arts, writing and now cooking.

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