

# MYTH OR FACT

Pens for injectable insulin or other antihyperglycemic medications should not be shared with others, even if the needle is changed.

MYTH

FACT

# MYTH OR FACT

Pens for injectable insulin or other antihyperglycemic medications should not be shared with others, even if the needle is changed.

MYTH

FACT

# FACT

Pens for injectable insulin or other antihyperglycemic medications should not be shared with others, even if the needle is changed.

**Fact!** Never share your insulin pen with anyone, even if you change the needle. Sharing can lead to serious infections.



# MYTH OR FACT

Some antihyperglycemic medications should be paused when you're sick or have low food and water intake (like during vomiting or diarrhea).

MYTH

FACT

# MYTH OR FACT

Some antihyperglycemic medications should be paused when you're sick or have low food and water intake (like during vomiting or diarrhea).

MYTH

FACT

# FACT

Some antihyperglycemic medications should be paused when you're sick or have low food and water intake (like during vomiting or diarrhea).

**Fact!** Ask your healthcare provider which medications to stop if you're sick. This might include Metformin, sulfonylureas (i.e. Gliclazide), and SGLT2 inhibitors (i.e. Jardiance, Invokana, Forxiga). Sick day management should be part of a diabetes safety plan.



# MYTH OR FACT

Starting insulin causes diabetes complications.

MYTH

FACT



# MYTH OR FACT

Starting insulin causes diabetes complications.

MYTH

FACT

# MYTH

Starting insulin causes diabetes complications.

**Myth!** Complications are due to long periods of high blood sugar, not from insulin. Starting insulin early helps control blood sugar and may even protect your pancreas in the long run. The combination of oral agents and insulin has been shown to decrease A1C levels by 0.9-1.2%.



# MYTH OR FACT

Weight gain can happen when starting insulin.

MYTH

FACT



# MYTH OR FACT

Weight gain can happen when starting insulin.

MYTH

FACT



# FACT

Weight gain can happen when starting insulin.

**Fact!** Weight gain may occur with improved glycemic control because the body uses glucose for energy instead of breaking down muscle and fat for energy. Healthy eating, exercise, and adjusting your insulin with your healthcare team can help manage this.



# MYTH OR FACT

It's okay to reuse the same injection site and needle.

MYTH

FACT

# MYTH OR FACT

It's okay to reuse the same injection site and needle.

MYTH

FACT

# MYTH

It's okay to reuse the same injection site and needle.

**Myth!** Always change needles after each use to prevent infections. Rotating injection sites also helps insulin absorb properly.



# MYTH OR FACT

All insulins are the same.

MYTH

FACT



# MYTH OR FACT

All insulins are the same.

MYTH

FACT



# MYTH

All insulins are the same.

**Myth!** There are different types of insulin:

Basal insulin keeps blood sugar steady  
between meals

Bolus insulin helps control blood sugar  
after eating



# MYTH OR FACT

Ozempic works the same as insulin.

MYTH

FACT



# MYTH OR FACT

Ozempic works the same as insulin.

MYTH

FACT

# MYTH

Ozempic works the same as insulin.

**Myth!** Ozempic and insulin work differently.

Ozempic helps the pancreas release more insulin, slow the liver from releasing sugar, and slow digestion. In contrast, insulin is used when the pancreas isn't making enough insulin or none at all.



# MYTH OR FACT

Metformin does not cause kidney, liver, and heart damage.

MYTH

FACT



# MYTH OR FACT

Metformin does not cause kidney, liver, and heart damage.

MYTH

FACT



# FACT

Metformin does not cause kidney, liver, and heart damage.

**Fact!** Metformin itself doesn't damage the kidneys, liver, or heart. However, if someone already has kidney or liver problems, their doctor will need to monitor them closely. Metformin is mostly removed from the body by the kidneys, so people with kidney issues may need to adjust their dose or stop taking it. Controlling blood sugar with metformin can actually protect the heart and lower the risk of stroke.

