

Speaking the Language of Diabetes:

Language Guidance for Diabetes-Related Research, Education and Publications



Healthcare professionals, writers, researchers and the general public are invited to join a language movement by considering and adopting these recommendations:

Use language that...

- *Is neutral, non-judgmental and based on facts, actions or physiology/biology.*
- *Is free from stigma.*
- *Is strengths-based, respectful, inclusive and imparts hope.*
- *Fosters collaboration between patients and providers.*
- *Is person-centered.*

For additional resources, including the full list of word suggestions, visit DiabetesEducator.org/language

How we talk to and about people with diabetes plays an important role in engagement, conceptualization of diabetes and its management, treatment outcomes, and psychosocial well-being. For people with diabetes, language has an impact on motivation, behaviors and outcomes.

A task force, consisting of representatives from the Association of Diabetes Care & Education Specialists (ADCES) and the American Diabetes Association (ADA), convened to discuss language in diabetes care and education. They developed a joint paper which provides recommendations for enhancing communication about and with people who have diabetes.

Four principles guided this work and served as a core set of beliefs for the paper:

- Diabetes is a complex and challenging disease involving many factors and variables.
- Every member of the healthcare team can serve people with diabetes more effectively through a respectful, inclusive and person-centered approach.
- Stigma that has historically been attached to a diagnosis of diabetes can contribute to stress and feelings of shame and judgment.
- Person-first, strengths-based, empowering language can improve communication and enhance the motivation, health and well-being of people with diabetes.



Problematic	Preferred	Rationale
<p>Diabetic (as an adjective); diabetic foot; diabetic education; diabetic person.</p> <p><i>"How long have you been diabetic?"</i></p>	<p>Foot ulcer; infection on the foot; diabetes education; person with diabetes.</p> <p><i>"How long have you had diabetes?"</i></p>	<ul style="list-style-type: none"> • Focus on the physiology or pathophysiology. • "Diabetic education" is incorrect (education doesn't have diabetes). • Put the person first and avoid using a disease to describe a person.
<p>Diabetic (as a noun).</p> <p><i>"Are you a diabetic?"</i></p> <p>Non-diabetic; normal.</p>	<p>Person with/who has diabetes.</p> <p><i>"Do you have diabetes?"</i></p> <p>Person without/who doesn't have diabetes.</p>	<ul style="list-style-type: none"> • Avoid labeling someone as a disease. There is much more to a person than diabetes. • The opposite of "normal" is "abnormal"; people with diabetes are not abnormal.
<p>Compliant/compliance; non-compliant/non-compliance.</p> <p>Adherent/non-adherent; adherence/non-adherence.</p>	<p>Engagement; participation; involvement; medication taking</p> <p><i>"She takes insulin whenever she can afford it."</i></p>	<ul style="list-style-type: none"> • These terms imply doing what someone else wants, i.e., taking orders. In diabetes care, people make choices in their own self-management. • Focus on facts and strengths. What are they doing well and how can we build on it?
<p>Control (as a verb or an adjective); controlled/uncontrolled; well controlled/poorly controlled.</p> <p>Control (as a noun) glycemic control; glucose control; poor control/good control; bad control; tight control.</p>	<p>Manage</p> <p><i>"She is checking blood glucose levels a few times per week."</i></p> <p>A1C</p> <p>Blood glucose levels/targets; glycemic target/goal; glycemic stability/variability; time in range or within target range.</p>	<ul style="list-style-type: none"> • Control is virtually impossible to achieve in a disease where the body no longer does what it's supposed to do. • Use words/phrases that emphasize what the person is doing or doing well. • Focus on physiology/biology and use neutral words that don't judge, shame or blame. • Define what "good control" means in factual terms and use that instead.
<p>Obese (as an adjective) obese person or a person with an excessive BMI.</p> <p><i>"The obese man on the bus."</i></p>	<p>When speaking in general or when someone's preference is unknown, higher weight or larger person/people is preferred language.</p> <p><i>"The higher-weight man on the bus." or "A larger man is on the bus."</i></p>	<ul style="list-style-type: none"> • Medical terms including obesity pathologizes the body. Use factual, non-stigmatizing weight descriptors such as higher weight, larger body, plus size or if required BMI>X.
<p>Overweight or ideal weight (as an adjective).</p> <p>Descriptors like "preferred" or "desired" weight patients.</p> <p><i>"Your preferred weight is..." or "Your ideal weight is..."</i></p>	<p><i>"Your weight is..." or "Your BMI is X" or "Your BMI is >X..."</i></p>	<ul style="list-style-type: none"> • These terms are judgmental and convey a false belief that there is a single, universal weight that prevents illness. It does not account for the individual's personal or health goals. • In professional literature, this implies weight is under voluntary control and implicitly encourages magical thinking by clinicians and patients.