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.

Language Guidance for Diabetes-Related Research, Education and Publications

Speaking the Language of Diabetes:

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
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<th>Problematic</th>
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| Diabetic (as an adjective); diabetic foot; diabetic education; diabetic person.  "How long have you been diabetic?" | Foot ulcer; infection on the foot; diabetes education; person with diabetes.  "How long have you had diabetes?" | • 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. |
| Diabetic (as a noun).  "Are you a diabetic?" | Person with/who has diabetes.  "Do you have diabetes?" | • 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. |
| Non-diabetic; normal. | Person without/who doesn't have diabetes. |  |
| Compliant/compliance; non-compliant/non-compliance.  
Adherent/non-adherent; adherence/non-adherence. | Engagement; participation; involvement; medication taking  "She takes insulin whenever she can afford it." | • 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? |
| Control (as a verb or an adjective); controlled/uncontrolled; well controlled/poorly controlled.  
Control (as a noun) glycemic control; glucose control; poor control/good control; bad control; tight control. | Manage  "She is checking blood glucose levels a few times per week."  
A1C  
Blood glucose levels/targets; glycemic target/goal; glycemic stability/variability; time in range or within target range. | • 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. |
| Obese (as an adjective) obese person or a person with an excessive BMI.  "The obese man on the bus."  
Obese (as a noun)  | When speaking in general or when someone's preference is unknown, higher weight or larger person/people is preferred language.  
"The higher-weight man on the bus." or "A larger man is on the bus." | • 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. |
| Overweight or ideal weight (as an adjective).  
Descriptors like "preferred" or "desired" weight patients.  "Your preferred weight is..." or "Your ideal weight is..." | "Your weight is..." or "Your BMI is X" or "Your BMI is >X..." | • 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. |