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 American Association of Diabetes Educators (AADE) and the American Diabetes Association (ADA), convened to discuss language in diabetes care and education and 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
- Stigma that has historically been attached to a diagnosis of diabetes can contribute to stress and feelings of shame and judgment
- Every member of the health care team can serve people with diabetes more effectively through a respectful, inclusive, and person-centered approach
- Person-first, strengths-based, empowering language can improve communication and enhance motivation, health and well-being of people with diabetes

Health care professionals, writers, researchers, and the general public are invited to join a language movement by considering and adopting the following five 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, click here or visit diabeteseducator.org/language
<table>
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<tr>
<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.  
 • Avoid using a disease to describe a person. |
| Diabetic *(as a noun)*  
 *“Are you a diabetic?”* | Person living with diabetes  
 Person with diabetes  
 Person who has diabetes  
 *“Do you have diabetes?”* |  
 • Person-first language puts the person first.  
 • Avoid labeling someone as a disease. There is much more to a person than diabetes. |
| Non-diabetic; normal  
 Person who doesn’t have diabetes  
 Person without diabetes |  |  
 • See above.  
 • The opposite of “normal” is “abnormal”; people with diabetes are not abnormal. |
| 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.”* |  
 • Compliance and adherence imply doing what someone else wants, i.e., taking orders about personal care as if a child. In diabetes care and education, people make choices and perform self-care/self-management.  
 • Focus on people’s strengths – what are they doing or doing well and how can we build on that?  
 • Focus on facts rather than judgments. |
| Control *(as a verb or an adjective)*  
 controlled/uncontrolled,  
 well controlled/poorly controlled | Manage  
 *“She is checking blood glucose levels a few times per week.”*  
 *“He is taking sulfonylureas, and they are not bringing his blood glucose levels down enough.”* |  
 • 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 focus on what the person is doing or doing well.  
 • Focus on physiology/biology and use neutral words that don’t judge, shame, or blame. |
| Control *(as a noun)*  
 glycemic control; glucose control; poor control; good control; tight control | A1C  
 Blood glucose levels/targets  
 Glycemic target/goal  
 Glycemic stability/variability |  
 • Focus on neutral words and physiology/biology.  
 • Define what “good control” means in factual terms and use that instead. |