Inside this issue:

• How Can Your Pharmacist Help You?
• When You Get a New Medicine
• Back to Basics: Looking for Patterns
• Intensive Weight Loss Support Works
• Spring Minestrone

How Can Your Pharmacist Help You?
Pharmacists can play a bigger role in your healthcare than making sure the right pill goes into the right bottle. They have the knowledge and training to help you to be as healthy as possible.

Pharmacists can tell you whether your medicines:

• Work better if taken with or without food.
• Need to be taken at special times.
• May interact with food or other drugs that could make them not work well or even be harmful.
• Have side effects.

They can also describe signs to look for to tell you whether a medicine is working or not working as expected.

Using one pharmacy can help you to manage your medicines better.
Get all your medicines at one pharmacy. The pharmacist will be able to check for drugs that should not be mixed together. Using more than one pharmacy makes mistakes more likely. By going to one place, your pharmacist will know you better and meet your needs more quickly.

When you get a new medicine, ask your pharmacist these questions:

• What is this medicine for?
• How does it work?
• How should I take it?
• What side effects should I expect?
• Will it affect my blood glucose? If so, should I monitor differently?
• Are there any foods, supplements, or over-the-counter medicines I should not use?
• How long does it take for this medicine to start working?
• Is it okay to drink alcohol while on this medicine?
• What should I do if I miss a dose?
• Should I discuss any of my other medicines with my doctor now that I am on this drug?

If you think you have a problem with your medicine, talk to your doctor or pharmacist first before stopping. This can save you time and money later. Stopping some medicines suddenly and without another treatment can be harmful.
Back to Basics: Looking for Patterns

Nothing is more frustrating than thinking your blood glucose control is good and then having an A1C higher than you expected. One way to figure out the reason for this unexpected result is to look for patterns in your blood glucose readings that you do each day. This means that you may have to monitor more for a while or do you blood glucose checking more strategically.

Let’s use a man named Bob as an example. Bob has type 2 diabetes. He uses rapid-acting insulin before each meal and takes long-acting insulin in the evening. His A1C at his last doctor’s visit was 8.5 up from 7.5 the last time it was checked. His doctor was puzzled and sent him to see Teresa, the diabetes educator.

Teresa asked how often Bob checked his blood glucose. Bob said twice a day since his insurance only allowed that many strips. Teresa asked whether he was willing to check differently for a while. Teresa wanted Bob to check before and after breakfast for three days, before and after lunch for the next three days and before and after supper for the final three days. He was to write the results down on a log sheet. He would also keep track of what he ate during that time and how much insulin he took. Teresa also wanted to know his blood glucose readings before and after exercising or working in the garden.

Even though this was a lot of work, Bob was willing to do it to find out what was going on. Pretty soon, he began to see some patterns in his blood glucose readings. His blood glucose at breakfast and lunch were pretty good, but his blood glucose really spiked after supper. He usually only checked his blood glucose before breakfast and supper so he missed that jump in the evening. He was also surprised that exercise really lowered his blood glucose.

Teresa also saw that pattern. She asked Bob what he thought needed to change. Bob thought that he might walk after supper more often or take more insulin before supper. Teresa thought those were good options. She wondered whether he might also eat less carbohydrate at that meal if he could not walk or did not want to take that much insulin. Bob thought that was possible, too.

For the next two weeks, Bob checked before and after supper to see whether the changes made a difference. He sent his blood glucose records to Teresa and they discussed his results. Bob found that he had better glucose readings if he ate slightly less carbohydrate for supper and walked each evening. He liked this better than taking more insulin. He was eager to see if doing this consistently would lower his A1C the next time his doctor checked it.

More on the Affordable Care Act

In the last issue, we discussed what the Affordable Care Act changed in health insurance coverage before 2014. Now let’s review what changes occurred January 1, 2014 that may affect diabetes care.

If you have diabetes, no job-based or individual health insurance plan can now deny you coverage, charge you more or refuse to cover your treatments.
“due to a pre-existing condition” such as diabetes.

A minimum set of “essential health benefits” like covering hospital costs, prescription medicines, preventive health services and chronic disease management must be offered in all new health plans. However these benefits can vary by state and by plan. Check whether your particular diabetes supplies, services and prescriptions are covered by the plans you are looking at and how much they will cost. These health plans can no longer set an upper limit on how much can be spent on these essential health benefits in a year.

Health Insurance Marketplaces are now in every state where you can buy health insurance for yourself, your family or your small business. The open enrollment for 2013-2014 ended March 31, 2014, but there will be another open enrollment time this fall when you can sign up again.

If you have a certain income level, and do not qualify for job-based coverage or other types of health insurance, you may be able to get financial help to buy health insurance through the Health Insurance Marketplace.

Most people must have the minimum health insurance unless they qualify for an exemption. If you do not get health insurance, you will owe a tax penalty the next year. You may be exempt if you can prove that you cannot afford any available health insurance plan.

To learn more, go to www.healthcare.gov

Based on information from the American Diabetes Association

---

### Intensive Weight Loss Support Works

The Look AHEAD Study looked at whether intense weight loss counseling could achieve long-term weight control and reduce cardiovascular disease in people with Type 2 diabetes. Unfortunately risk for heart attack and stroke did not go down, but some people did lose weight successfully.

The study had two groups. One group had weekly weight loss counseling for 6 months and then less often over the next 7 1/2 years. The other group had diabetes classes a few times, but no weight control program. However, if people in this group wanted to lose weight, they were sent to their own health care providers for help.

People in the weight control group ate 1200-1800 calories per day based on their starting weight. Thirty percent of their calories came from fat and 15% from protein. They were given low calorie shakes and snack bars to replace two meals and one snack a day. (Later this changed to one meal a day and one snack.) They also slowly increased their activity up to 200 minutes per week - equal to 40 minutes a day of brisk walking five days a week, or 30 minutes a day seven days a week.

After one year, the weight control group lost about 8.5% of their weight while the other group only lost 0.6%. Losing 8.5% is enough to lower glucose, blood pressure, cholesterol and triglyceride levels.

The first group kept the weight off better over the next seven years. People who did the best followed a reduced fat, lower calorie meal plan more often and burned almost twice as many calories through physical activity as those who regained. They also weighed themselves weekly or even daily so they could catch any weight gain early and do something about it right away.
Spring Minestrone

This Italian style soup is a perfect way to use springtime greens.

Serves 4

2 tablespoons olive oil   14 oz. can navy beans, drained and rinsed
5 green onions, chopped   6 cups vegetable stock
1 large carrot, peeled and chopped 1 cup shell pasta, uncooked
2 stalks of celery, diced   3 cups raw baby spinach
1 large zucchini, diced   ½ cup frozen peas

1. Heat a large pot over medium heat. When hot, pour in the oil.
2. Add onions, carrots, and celery. Cook for 5 minutes, stirring occasionally.
3. Add vegetable stock and beans. Bring to a boil.
4. Add zucchini and return to a boil. Simmer on low for 10 minutes.
5. Add pasta and cook for 8 minutes, or until tender. Add spinach and peas and return to a boil. Then turn down and simmer 4 minutes more. Serve hot.

Nutrition Information (per serving)

Calories: 235          Carbohydrate: 40 grams       Protein: 9 grams
Fat: 8 grams           Saturated Fat: 1 gram       Cholesterol: 0 milligrams
Sodium: 426 milligrams Fiber: 5 grams

Contributors:
Connie Crawley, MS, RD, LD, Extension Nutrition and Health Specialist, Writer and Editor
Leah Quach, UGA Dietetic Practicum Student, Dept. of Foods and Nutrition

Editorial Board:
Melanie Cassity, RN, MSN, CDE, Athens Regional Medical Center
Ian C. Herskowitz, MD, CDE, FACS, Medical College of Georgia, Georgia Regents University
Dear Friend,

*Diabetes Life Lines* is a bi-monthly publication sent to you by your local county Extension agent.

It is written by an Extension Nutrition and Health Specialist and other health professionals from the University of Georgia. This newsletter brings you the latest information on diabetes self-management, healthy recipes and news about important diabetes-related events.

If you would like more information, please contact your local county Extension Office.

Yours truly,

County Extension Agent

The University of Georgia and Ft. Valley State University, the U.S. Department of Agriculture and counties of the state cooperating. Cooperative Extension, the University of Georgia Colleges of Agricultural and Environmental Sciences and Family and Consumer Sciences, offers educational programs, assistance and materials to all people without regard to race, color, national origin, age, gender or disability.

An Equal Opportunity Employer/Affirmative Action Organization
Committed to a Diverse Work Force

**Diabetes Life Lines**: Your current issue is enclosed

U.G.A. ♦ Cooperative Extension ♦ College of Family and Consumer Sciences