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## Back to Basics: Treating Hypoglycemia

If you use insulin or certain diabetes pills, you are more likely to experience hypoglycemia or low blood glucose. If you are prone to having this condition, it is important for you to work with your medical team to find out how to prevent it. However, you must also be prepared to treat it when it happens.

Each person is different about what their signs of hypoglycemia are. It may be shakiness, sweating, feeling hungry, anxiety, changes in behavior, blurred vision, dizziness or rapid heartbeat. You must know what your signs are and tell family and friends so they can help you get treated if needed.

Discuss with your doctor at what level you need to treat for low blood glucose. Some people need to treat at a higher level because they drop very quickly and get in trouble very fast.

Ideally before you treat, check your blood glucose. However, this is not always possible, so always treat if you feel you are getting low, even if you don’t know the exact number. Consume 15 grams of fast-acting carbohydrate. The best choices are glucose tablets, gels or liquids. Then wait 15 minutes and check your blood glucose again. If it is still low, treat with 15 more grams and wait 15 minutes again. Repeat again if needed. Think of the “15/15 rule” to remember these guidelines.

Even though you feel bad, do not be tempted to keep eating until you feel better again. It takes time for the carbohydrate to work. If you over treat, you will be dealing with high blood glucose instead.

If you cannot to treat with glucose tablets, liquids or gels, here are some other options that also equal 15 grams of quick acting carbohydrate:

- 4 ounces of regular soft drink or juice
- 2 tablespoons of raisins
- 5-7 Lifesavers
- 6 average jelly beans
- 10 small gum drops
- 1 tablespoon honey, sugar or syrup
- 6-8 ounces of 1% or non-fat milk
- 1 piece of fruit
- Individual “snack” packets of chewy fruit candies (such as Skittles) - these are convenient and prevent over treating

Do not use high fat sources of carbohydrate like a candy bar since the fat will slow the absorption of the sugar.

These options are only good if you are able to swallow. If you cannot swallow, you will need to take glucagon. Glucagon is a hormone that will raise your blood glucose. However, it is a powder that has to be mixed in a syringe with a special liquid
right before it is given. You will need someone else to give it to you. A family member or close friend can be taught to do this. If no one can do it, someone must call 911 for help. Having a medical alert ID or wallet card can help you to receive emergency help quickly if needed.

Eating Disorders and Type 1 Diabetes

Up to 38% of females with Type 1 diabetes use unhealthy weight control methods and 36% admit that they have used less insulin than needed to control their weight. When an eating disorder is added to diabetes management, the treatment of the eating disorder becomes more complex.

Besides incorrect insulin use, eating disorders may include severe food restriction, binging, purging, and/or abuse of laxatives, diet pills and diuretics. This generally results in unpredictable blood glucose swings and can lead to serious diabetic complications.

Treatment is most effective if the eating disorder is found and treated early. It requires the support of an entire medical team that communicates well with each other. This team generally includes a medical doctor, a dietitian, a psychologist and a nurse educator. Each person has an important role in helping the person with the eating disorder to get the best care for the diabetes and the disorder.

Recovery takes time and relapses are common. A key element is stabilizing the blood glucose. Typically initial blood glucose goals are in the 200’s. Then the blood glucose is slowly lowered to normal levels. This avoids a rapid change in glucose levels that may have unpleasant side effects. The doctor and nurse educator often need to re-educate the person about blood glucose monitoring and taking insulin properly. A key message is that blood glucose readings are just numbers that give information and does not show whether the person is good or bad.

Also people with eating disorders often no longer know what normal meals and portion sizes look like. The dietitian can help the person to develop a reasonable meal plan with three regular meals and three snacks to minimize low and high blood glucose values. This often requires lots of practice with carb counting or other meal plans that provide structure as well as reasonable flexibility.

The psychologist is essential for handling emotions and providing coping skills related to diabetes and other issues in the person’s life. Often blood glucose monitoring at the time of the counseling session will uncover many of the negative feelings the person is having. These may include fear of shots, perfectionism, body image concerns and poor self-esteem.

Certainly the symptoms of low and high blood glucose will make the person less able to handle the treatment and education. As the blood glucose becomes more stable, progress will become more likely.

With consistent support, the person recovering from an eating disorder can get back to a normal life. It just takes time, effort and persistence on the part of the person with diabetes, the medical team and friends and family to achieve it.
Non-Alcohol Fatty Liver Disease

Non-alcohol fatty liver disease (NAFLD) occurs when the liver cannot process fat properly. This causes fat to build up in the liver cells which causes inflammation of the liver. If left untreated, it can lead to liver failure.

People who have metabolic syndrome are more likely to get NAFLD than other people. Metabolic syndrome occurs when a person has at least three of the following symptoms:

- High blood glucose
- High blood pressure
- A large waist – over 40 inches for men and over 35 inches for women
- High triglycerides (blood fats)
- Low HDL-cholesterol (the healthy kind)

NAFLD is diagnosed with blood tests that show liver function, CT or MRI scans and a test of the liver tissue itself (called a liver biopsy). Typically NAFLD is first suspected after routine blood tests. Usually there are no symptoms until it becomes more serious.

In the early stages, this problem can be reversed before it becomes worse. Here are some proven treatments:

- Gradual weight loss
- A healthy diet rich in vegetables, fruits and whole grains
- Physical activity for 30 or more minutes per day
- Blood glucose control – some studies have found the medicines Actos and Avandia help, but metformin does not
- Lowering triglyceride and blood cholesterol levels
- Drinking no alcohol
- Carefully taking medicines so no additional liver damage occurs

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Recipe Corner

Black Bean Salsa

Serves 4

This salsa goes perfectly with tortilla chips. Spoon on top of grilled chicken for an easy Latin spin or in tacos for a crunchy twist.

Ingredients

- 1-14oz black beans, drained and rinsed
- 1 cup frozen corn, thawed
- 6 sprigs green onions, chopped
- ¼ cup fresh cilantro, chopped
- 1 plum tomato, seeded and chopped
- 1 small red bell pepper, seeded and chopped
- Juice of 1 lime
- ¼ teaspoon salt
- ¼ teaspoon black pepper
- ½ teaspoon cayenne pepper
- 2 tablespoon vegetable oil

Preparation

1. In a medium bowl, mix together the beans, corn, onions, cilantro, tomato, and bell pepper.
2. Add lime, salt, pepper, cayenne, and vegetable oil. Stir to thoroughly combine.
3. Cover and refrigerate for at least half an hour before serving.

Nutritional Information (per serving)

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<th>Carbohydrate: 25 grams</th>
<th>Protein: 7 grams</th>
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<tr>
<td>Fat: 7 grams</td>
<td>Saturated Fat: 0.5 grams</td>
<td>Cholesterol: 0 milligrams</td>
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<tr>
<td>Sodium: 164 milligrams</td>
<td>Fiber: 6.5 grams</td>
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</tr>
</tbody>
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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

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