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# Diabetes Life Lines



A newsletter from your County Extension Office  
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## New Weight Control Drug on the Horizon

Americans are getting heavier every year. Losing weight, especially if you have diabetes, is very hard. Obesity and overweight are now considered chronic diseases.

Weight loss drugs help some people. Currently only two drugs are approved by the Food and Drug Administration (FDA) for long-term use – Meridia<sup>®</sup> and Xenical<sup>®</sup>. Some people cannot use these drugs because of side effects. A new drug called Rimonabant (brand name Acomplia) is being tested by the company Sanofi-Aventis to be sure it is safe and effective. Once those studies are complete, the FDA will decide whether the drug can be sold in the U.S.

Rimonabant reduces appetite by blocking receptors on cells that make us hungry. It may also help people to not smoke or abuse alcohol. Along with losing weight and getting smaller waists, people on the drug have also seen their HDL-cholesterol (good cholesterol) go up and their triglycerides (blood fats) go down. Their bodies also seemed to use insulin better. (Less insulin resistance) This may mean that the drug helps lower risk for heart disease and stroke. Those with diabetes also have seen a drop in A1c of about half a percent, but did not have as much weight loss as those who did not have diabetes.

Two doses of Rimonabant have been tested. The higher dose of 20 milligrams was more effective than the lower dose of 5 milligrams in producing weight loss. However the higher dose did cause more side effects like nausea, vomiting, diarrhea, headache, dizziness and feelings of depression or anxiety. Of course along with the drug, people in the study also were told to eat 600 fewer calories per day.

But even Rimonabant didn't work for everyone. At the highest dose, only 67% of the people lost 5% of their original weight after one year and only 39% lost 10%. That would be only 10-20 pounds in a 200-pound person. It does appear that the weight



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loss is maintained for at least two years.

So in the future, Rimonabant may be another drug for weight loss. Whether it will ever come to market will depend on those final tests and the FDA.

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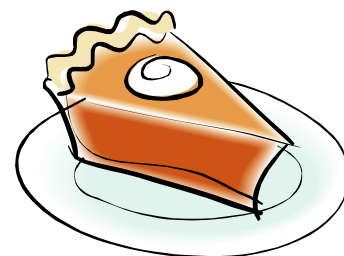
## Including Sweets in Your Meal Plan

In their book, *Complete Guide to Carb Counting*, Hope Warshaw, MMSC, RD, CDE and Karmeen Kulkarni, MS, RD, CDE give the following advice about including sweets in your meal plan:

- 1) Limit your intake of sugary foods until you get your blood glucose under control.
- 2) Once you do have good blood glucose control, don't eat sweets every day. Save them for special occasions, especially if you need to control your weight. These foods tend to be higher in fat and calories.
- 3) Substitute the carbohydrate in these sugary foods for the other carbohydrates in your meal plan. In other words, eat less of the starches, fruit and milk that you normally eat at that meal in order to have the sugary food.
- 4) If your total blood cholesterol, cholesterol and triglycerides are

out of target, keep your sweet intake to a minimum.

- 5) Exercise after you eat sweets to work off the calories.
- 6) Think about what triggers your desire for sweets. How much do you enjoy them and how often do you want them? Use this information to set a realistic nutrition goal to control your diabetes. Some people say that the more sweets they eat, the more they want. For them, rarely eating sweets is just easier.
- 7) You may also want to keep sweets out of the house. Often if the sweets are not there, you really don't think about them.
- 8) Enjoy small portions away from home. Share with a friend. Select a few sweets you really want to enjoy and leave the rest alone.
- 9) If you really are not a sweet eater and prefer your carbohydrates from more nutritious foods, that is certainly a good decision.



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## The Truth About Insulin Therapy

Insulin therapy! Does that frighten to you? No wonder! There are a lot of myths that give insulin a bad rap. Once, insulin was used as a last resort for those with type 2 diabetes, but now, more doctors prescribe it earlier in diabetes treatment. But what about those myths? Well, let's dispel some of your fears.

- **“Insulin therapy means I can't have a normal life anymore.”**  
Nobody denies that using insulin takes more planning than popping a pill. But with today's insulin options, you can still be pretty flexible. After you've gotten the hang of insulin, you'll realize it doesn't take much time at all. And think of the benefits you'll receive: better glucose control; sounder sleep; more energy; even improved mood. Isn't that a good trade off?
- **“Starting insulin therapy means I haven't managed my diabetes well.”** About one third of all people with type 2 diabetes go on insulin at some point. Sometimes diabetes doesn't care about how well you take care of yourself. Even with perfect self-care, you may still need insulin. Diabetes is a

progressive disease. If you have it long enough, the pancreas begins to make less insulin and you may need to take some.

- **“Using insulin is complicated. I don't think I can do it right.”**

In most cases, doctors introduce insulin slowly giving you time to get used to it. Your health care team will work with you until you feel confident.




- **“Insulin causes bad side effects such as blindness, kidney failure, and amputations.”**

This simply is not true. High blood glucose causes these “side-effects.” Insulin controls high blood glucose and helps prevent blindness, kidney failure, and amputations. You may have known someone who developed one of these complications after they began insulin. It was not insulin that caused the problem. It was having high blood glucose for too long that caused the complication.

- **“Insulin will cause frequent low blood sugars.”**

Insulin therapy does sometimes cause low blood glucose or hypoglycemia. However, most of the time, this can be easily treated. Severe hypoglycemia is rare with type 2 diabetes.

- **“Insulin injections hurt, and I am afraid of taking a shot.”**



Today’s needles are thin, short, and coated so they hurt very little. Most patients hardly feel the shot at all. In addition, insulin pens are available that are easier to use than a syringe.

- **“I will gain weight.”**

Weight gain can occur when you start insulin therapy. However, with the proper management, including a meal and exercise plan, you can keep weight gain at bay. Sometimes taking insulin more often during the day controls the dose better so you gain less weight.

- **“I can’t afford insulin”**

Insulin is cheaper than diabetes pills, especially if you are taking more than one kind. Also, insurance co-payments tend to be lower for insulin than for pills. Plus the reduced health care costs that come with better glucose control will save you money in the long run.

So does insulin sound better to you now? Are you a little more willing to give it a try? Keep in mind, insulin is safe and may be the best way to get your blood glucose levels in the target range you desire.

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## ***Did You Know High Blood Pressure is the Most Common Chronic Disease?***

**About 60% of people with diabetes have it. Control yours with weight control, physical activity and less sodium. Also eat fruits, vegetables, whole grains, non-fat dairy foods and nuts and beans more often.**

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## Recipe Corner

### Mediterranean Turkey Paella

*This recipe uses leftover turkey to make an elegant dish to serve at a holiday party. It is based on a recipe from the Butterball.com Web site. This version is lower in sodium and uses brown rice.*

1 tablespoon olive oil	1 cup water
1 medium onion, chopped (about ½ cup)	1 cup uncooked brown rice
½ cup chopped red pepper	½ teaspoon paprika
2 cloves garlic, minced	3 saffron threads, optional
1 cup frozen artichoke hearts, thawed	2 cups leftover turkey, chopped
¼ cup sliced pitted black olives	½ cup frozen green peas, thawed
1 can (14.5 oz.) low sodium chicken broth	

1. Heat oil in a large skillet over medium heat. Add onions, red pepper and garlic. Cook stirring for 2 minutes. Add artichokes and olives. Cook and stir 2 more minutes.
2. Stir in broth and water. Bring to a boil.
3. Add the rice and paprika and stir well. Stir in saffron if desired. Cover skillet and simmer about 30 minutes.
4. Add turkey and peas and mix well. Cover again and cook 5 minutes or until liquid is absorbed and rice is tender.
5. Remove from heat and let stand 5 minutes. Fluff with fork before serving.

Makes 6 servings.

Nutrition Information – Calories: 369      Carbohydrate: 49 grams  
Protein: 30 grams      Fat: 7 grams      Cholesterol: 27 milligrams  
Fiber: 4 grams      Sodium: 284 milligrams  
*Exchanges: 3 starches      1 vegetable      4 lean meats*

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### Suggested Menu

<u>Menu Item</u>	<u>Exchanges</u>	<u>Carbohydrate</u>
<i>Mediterranean Turkey Paella*</i>	3 starch, 1 vegetable 4 lean meats	49 grams
1 cup tossed salad	1 vegetable	5 grams
2 tablespoons Italian dressing	2 fats	0 grams
1 medium apple	1 fruit	15 grams
Iced tea	Free	0 grams
Artificial sweetener	Free	0 grams

This issue's featured recipe.

Notice: Portions may need to be adjusted for your meal plan.

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**The University of Georgia**

## **Cooperative Extension**

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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 Food and Nutrition Specialists at the University of Georgia, College of Family and Consumer Sciences. This newsletter brings you the latest information on diabetes, nutrition, the diabetic exchange system, recipes, and important events.

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

Yours truly,

County Extension Agent

Connie Crawley, Principal Writer

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Scott Angle, Dean and Director

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