
Diabetes Life Lines



A newsletter from your County Extension Office
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Fitness Matters More Than Thinness

Are you discouraged that you have not lost much weight even though you are exercising regularly? Don't think that all your efforts are a waste! Researchers at the University of South Carolina in Columbia reported in the *Journal of the American Medical Association* that fitness level was more important than smoking, body mass index, waist size and percent body fat in predicting whether adults over the age of 60 died over a 12 year period.

The lowest risk of death was found in older adults with the lowest body mass



index (a measure of a person's weight to his height), lowest waist size and the highest fitness level. The benefit of the highest fitness level was seen even in obese persons. The researchers found that an obese person who was fit had a lower risk of death than a thin person who was inactive. Normal weight people only lived longer if they were physically fit.

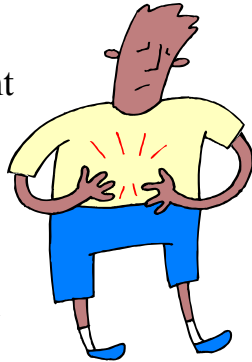
This shows that physical activity will protect you even if you don't lose much weight. Dr. Steve Blair, one of the South Carolina researchers urges older adults to focus more on doing something like brisk walking for at least 30 minutes five times a week, eating a healthy diet and trying not to gain more weight instead of worrying about losing to some "ideal" weight.

Managing Gastroparesis

Gastroparesis (gas-tro-pa-ressis), or slow emptying of the stomach, is a very challenging diabetic complication. Diabetes is not the only reason people get gastroparesis, but it is estimated up to 58% of people with Type 1 diabetes and about 30% of those with Type 2 have some degree of it. Symptoms can vary over time and may be so mild that some people may never know they have the problem.

Common symptoms are –

- decrease in appetite;
- poor appetite;
- unplanned weight loss;
- nausea and vomiting;
- bloating;
- fullness after an overnight fast;
- feeling full quickly when eating;
- bad breath;
- low blood glucose after a meal;
- blood glucose swings in those who normally have good control.



8. Eating slowly so meals last at least 30 minutes;
9. Sitting upright during and after meals for at least an hour;
10. Losing weight if overweight;
11. Elevating the head of the bed by 6-8 inches while sleeping;
12. Wearing clothing that is loose around the middle.

Eating a low fiber diet also helps. Foods high in fiber can cause *bezoars*. Bezoars are clumps of undigested food. They can block the outlet of the stomach and prevent food from moving into the small intestine. Foods that may cause bezoars are oranges, coconut, berries, green beans, dried fruits, apples, sauerkraut, brussels sprouts, potato peels, beans and peas and persimmons. Also don't use fiber supplements like Metamucil and Citrucel. Sometimes surgery is needed to remove a bezoar if medicine cannot dissolve it.

Treatment may require medicines to make the stomach empty faster and to control nausea and vomiting.

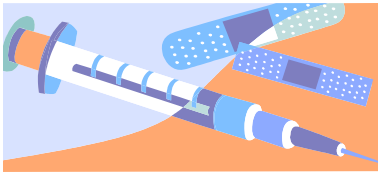
Seeing a dietitian to adjust the diet is often needed. Common changes are:

1. More frequent, small meals;
2. Not eating large, fatty meals;
3. Not eating late at night;
4. Avoiding caffeine, alcohol, tobacco, peppermint and chocolate to prevent food from backing up into the esophagus or feeding tube;
5. Not chewing gum to reduce the amount of air swallowed;
6. Chewing food well;
7. Controlling stress;

Some people with gastroparesis can handle solid food early in the day, but may need a liquid or pureed diet later in the day. Most people, unless the condition is very severe, can handle liquids so drinking special high calorie liquid supplements at regular times throughout the day is a

good way to get fluid and add calories and carbohydrate. This is also a good way to get fat calories since liquid fat is digested better than solid fat. In very severe cases, tube feedings may be necessary.

High blood glucose can slow stomach emptying so good diabetes control is important. Since absorption of food is unpredictable with gastroparesis, people often need several doses of insulin per day to cover the carbohydrate in the meals and snacks. The insulin may need to be taken after the meal, rather than before, so the dose can match the actual amount of carbohydrate the person manages to consume. Clearly frequent blood glucose monitoring is crucial to finding the right balance of food and medicine.



More Concern about Rosiglitazone (Avandia)

A study done in Ontario, Canada reviewed the medical records of diabetic patients who were at least 66 years of age and who took at least one pill for diabetes. The researchers looked at the number of cases of

congestive heart failure and heart attack and the number of deaths that occurred from any cause to see if one drug or combination of drugs was more harmful.

The median number of years of follow-up was almost 4 years and 159,026 medical records were reviewed. When compared to individuals who were on other diabetes pills,



people who took Avandia® (rosiglitazone) either alone or with other diabetes drugs, had a much higher risk of congestive heart failure. They were also more likely to die from any cause. Only taking Avandia® alone, and not with another diabetes drug, seemed to increase risk for heart attack.

The study could not prove Actos® (piaglitazone), a similar drug was as harmful as Avandia® because too few people were taking Actos.

This is just another study that underlines the need to discuss with your doctor the use of Avandia® if it has been prescribed for you to see if the benefits outweigh the risks.



Pumped Up for Pregnancy

Many women who have Type 1 diabetes use insulin pumps during their pregnancies even if they have never used a pump before. Also some women with Type 2 diabetes may want to use a pump if they need insulin. The pump offers more precise doses of insulin during these important months when insulin needs can vary a lot. Hormone changes, morning sickness and changes in eating and activity can all impact how much insulin a woman requires.

Pregnant women using an insulin pump usually take less insulin overall since they can fine tune their doses based on their blood glucose checks. Most women also report fewer serious low blood glucose reactions. They like being more flexible about meal times and food intake and can change their physical activity schedules as they wish. In other words, these ladies just feel more in control of their lives and their diabetes.

The ideal is to go on a pump at least 3-6 months before you plan to conceive so you have tight blood glucose control BEFORE you get pregnant to protect the baby. Also you won't have to adjust to the pump

while you are dealing with all the other changes pregnancy brings.

Of course a pump is not perfect. It costs more than other ways of taking insulin, but many pump companies will work with your insurance to get your pump and supplies covered. Plus if you and your baby stay healthier while you are pregnant, you will save money on emergency room visits and unexpected hospital stays.



Because the pump only uses rapid acting insulin, you can go into ketosis more quickly if the pump quits working for some reason. That is another reason to check your blood glucose and ketones more often so problems can be found quickly and fixed.

There is also some risk for infection at the site where the pump is attached. You can prevent this by keeping the site clean and changing its location and the tubing often.

Is a pump right for you? Ask yourself these questions:

1. Am I motivated and willing to take on a lot of my own diabetes care?
2. Am I willing to learn how to use the pump?

3. Am I willing to check my blood glucose eight or more times a day?
4. Am I willing to care for the insertion site that connects me to the pump?
5. Can I count carbohydrates?
6. Can I decide how much insulin I need based on my blood glucose results, carbohydrate intake and physical activity?
7. Can I adjust to wearing a pump all the time?

If you say “yes” to these questions, you might be a good candidate for a pump. Talk to your medical team. They can tell you more about the pump or will refer you to someone else who can.

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Diabetes Expo

If you are interested in the latest information on diabetes management, attend the Diabetes *EXPO* at the World Congress Center in Atlanta on March 8 organized by the American Diabetes Association.

This year’s *EXPO* will feature how-to product demonstrations, exciting workshops on diabetes management, free health screenings, cooking and exercise demonstrations, a youth zone with activities for kids, Medicare and Medicaid experts, and information on protecting your rights when you have diabetes.

**To learn more, go to
www.diabetes.org/AtlantaEXPO
or call
**1-888-DIABETES
(1-888-342-2383)****

Recipe Corner

Strawberry Crème Pie

(adapted from equal.com)

Filling:

1 quart fresh strawberries
1 tablespoon granulated artificial sweetener
12 ounces reduced fat cream cheese, softened
½ cup sugar free, non-fat vanilla yogurt
5 tablespoons granulated artificial sweetener
1 ½ tablespoons lemon juice
1 single baked pie crust

Glaze (optional)

2/3 cup unsweetened apple juice
1 tablespoon lemon juice
2 teaspoon cornstarch
2 tablespoons granulated artificial sweetener
¼ teaspoon almond extract (optional)
Few drops red food coloring

1. Stem and slice enough strawberries to equal one cup. Toss with 1 tablespoon artificial sweetener. Set aside.
2. Beat cream cheese, yogurt and 5 tablespoons of artificial sweetener and 1 ½ tablespoons of lemon juice with electric mixer in medium bowl until well-blended and smooth.
3. Spread half of cheese mixture over bottom of prepared crust. Top with sliced berries, then the remaining cheese mixture.
4. Remove stems from remaining strawberries except one. Slice the stemmed berries in half. Place, cut side down, around the edges of the pie, with pointed ends toward middle. Put several small slits in remaining berry from the tip to the stem and fan. Place in the middle as garnish.
5. For glaze if desired, combine apple juice and 1 tablespoon cornstarch in small pan. Cook and stir over medium heat until thickened and bubbly. Cook and stir 2 minutes more. Remove from heat.
6. Stir in remaining granulated artificial sweetener, almond extract and food coloring. Spoon over strawberries and top of pie. Refrigerate before serving.

8 servings

Calories: 255 Carbohydrate: 23 grams Fat: 16 grams Protein: 6 grams
Sodium: 427 milligrams Fiber: 2 grams Cholesterol: 27 milligrams
Exchanges: 1 starch, ½ fruit, 3 fats

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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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