



# Diabetes Life Lines

## Actos and Heart Disease

You may have heard on the news about the controversy over whether two diabetic medicines known as thiazolidinediones (or TZDs for short) increase risk for heart attack. These two drugs are named pioglitazone (Actos<sup>®</sup>) and rosiglitazone (Avandia<sup>®</sup>). Recently the Food and Drug Administration (FDA) started to restrict how rosiglitazone can be prescribed because some data suggests a higher risk of heart attacks in patients treated with rosiglitazone. Because pioglitazone is from the same class of drugs as rosiglitazone, some patients are also concerned about its safety.

TZDs can reduce the A1C or the average blood glucose by approximately 1.5% in patients with type 2 diabetes. However, as with all medicines, there can be side effects. Both pioglitazone and rosiglitazone can lead to fluid retention causing weight gain and edema. Due to the extra fluid, patients could develop heart failure. In fact, both drugs are not recommended for use in patients who already have advanced heart failure and they should be used cautiously in patients with less severe heart failure.

The recent controversy stems from a study that indicated rosiglitazone increased the risk of heart attack. However, a later clinical trial of the same drug did not show this risk. At this time, there is NO study showing an increased risk of heart attack with pioglitazone. Actually, a randomized controlled trial from 2005 showed pioglitazone reduced risk of death from all causes, including heart attack and stroke, by sixteen percent. When comparing pioglitazone directly to rosiglitazone, some observational studies indicated that rosiglitazone significantly increased heart attack risk over pioglitazone, while other studies showed the increased risk was not significant.

Presently there are no randomized controlled trials that directly compare rosiglitazone to pioglitazone. A randomized controlled trial is the type of research that provides the best level of scientific evidence. Overall, the strongest available scientific evidence indicates both pioglitazone and rosiglitazone to be neutral on risk for cardiovascular disease except for heart failure, with possibly a lowering of cardiovascular disease risk with pioglitazone.

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Besides lowering blood glucose, pioglitazone can decrease triglycerides by 10 to 20%. It also increases HDL- cholesterol or “good cholesterol” without significantly increasing LDL-cholesterol or “bad cholesterol.” These are important factors in good heart health.

But still taking pioglitazone remains very confusing. So what should you do? First, do not suddenly stop using pioglitazone (Actos<sup>®</sup>) if you are on it now. If you are concerned about the risk of heart attack with pioglitazone, discuss it with your doctor. Together you can decide whether pioglitazone is still a good choice and evaluate whether other medicines might be better. For example, if you already use insulin, your doctor might suggest stopping pioglitazone and adjusting your insulin so you only use it to control your blood glucose.

Cardiovascular disease is the primary cause of death in people with diabetes regardless of the diabetic medication used. The American Diabetes Association has these recommendations to manage your cardiovascular risk:

- 1- Keep your blood pressure under 130/80.
- 2- Aim for your LDL- cholesterol (the bad kind) to be under 100mg/dl.
- 3- Have your HDL-cholesterol (the good kind) over 50mg/dl.
- 4- Keep your fasting triglycerides less than 150mg/dl.
- 5- Talk to your doctor about taking low dose aspirin if you are not already on it.
- 5- Do not smoke.

To meet these goals, talk to your medical team at your next appointment. They will help you to make any changes needed to keep your risk for heart attack and stroke as low as possible.

## Can Sleep Affect Your Ability to Cope with Diabetes?

A study in the May/June 2011 issue of *The Diabetes Educator* found poor sleep was common in adults with type 2 diabetes. Of the 300 people studied by the University of Pittsburg, 55% reported sleeping poorly. Poor sleepers were more often female, had more health problems and higher levels of depression than good sleepers. They had a poorer quality of life related to their health overall and their diabetes in particular. It affected their emotional and physical well-being.

Poor sleep may also be related to waking up frequently to go to the bathroom and pain due to diabetic complications. Sixty-one percent of the poor sleepers reported getting up three or more nights a week to use the bathroom and 28% reported pain. Other studies have also shown that people with type 2 diabetes suffer more from sleep apnea which disturbs sleep, although this was not assessed in this study.

If you sleep poorly, try these ideas:

- **Go to bed and get up at about the same time**, even on weekends. This establishes a regular sleep cycle.
- **If you don't fall asleep in 20 minutes, get up and do something boring.** Fold clothes or read the owner's manual of an appliance. Don't turn on the TV or read a spy novel that you can't put down. Do this in dim light so you don't associate it with daylight and getting up.
- **Don't take naps.** If you must nap, sleep less than one hour and do it before 3 pm. If you feel tired after lunch, exercise or do something stimulating like talking to a friend or working on a hobby.



- **Don't exercise for at least four hours before bed.** Regular exercise can help you sleep, but do it in the morning or early afternoon if possible.
- **Take a hot bath about 60-90 minutes before bed.** It relaxes your muscles, and as your body cools, you will become sleepier.
- **No caffeine, nicotine or alcohol for 4-6 hours before bed.** Stimulants like caffeine and nicotine can ruin sleep. Caffeine is not just in coffee. It is also in some soft drinks, energy drinks and chocolate. Alcohol may relax you at first, but research shows that it causes disturbed sleep later that is not restful.
- **Check with your pharmacist to be sure your medicines are not affecting your sleep.** Some medicines can cause insomnia. You may be able to take them at a different time, decrease the dose or change medicines with your doctor's permission.
- **Eat a light snack like milk or fruit before bed, but no heavy meals within 2-4 hours of bedtime.** An empty stomach can wake you up and some foods have substances in them that induce sleep. Heavy, high fat meals though are a bad idea. They can cause heart burn, acid reflux and gas.
- **Make your bed and bedroom a sanctuary.** No TV! Get the most comfortable mattress and bedding you can afford. Keep the room cool, but not cold, and as quiet as possible. Make sure the room is well ventilated. This may mean



- installing an overhead fan. Block out light by using good curtains, drapes or shades.
- **To reduce worry, do gentle yoga, meditation, prayer or journaling.** Anything to relax and get your mind calmed down.
- **Have a bedtime ritual.** Put on your favorite pajamas after your bath, read a few minutes or listen to soothing music. Even sleeping on the same side of the bed or using the same pillow or sleeping position may make a difference.
- **Talk to your health care team about your blood glucose control.** If it is higher than desired, you may be able to make some changes to lower it. This may help you to wake up less to go to the bathroom and improve pain related to neuropathy.
- **Be checked for sleep apnea.** People with type 2 are more likely to have sleep apnea. Suspect this if you have been told you snore or seem to quit breathing temporarily while you sleep.
- **If you have depression or other emotional issues, consider professional counseling.** Sometimes talking to someone and learning some new coping skills can make a big difference in how well you sleep.



## New Website for Gluten Free Living

Many people with diabetes also have gluten intolerance or celiac disease. Having either of these conditions is challenging since so many products contain gluten. If you or someone you know must avoid gluten, visit the Web site “Gluten Freely” at [www.GlutenFreely.com](http://www.GlutenFreely.com).

This Web site is a partnership of the General Mills Bell Institute of Health and Nutrition, The University of Chicago’s Celiac Disease Center and The University of Maryland’s Center for Celiac Research. It has hundreds of nutritious and delicious gluten-free recipes, gluten-free products, cookbooks and guides that can be purchased from General Mills through the on-line store. It also has fact sheets on a variety of topics including parenting the child with celiac disease, shopping for gluten-free products and eating out. A blog about gluten intolerance, a question and answer area and links to other organizations devoted to this topic allows you to learn more from others dealing with this issue. There is even a nutrition education video series developed with the assistance of the medical staff at the University of Maryland Center for Celiac Research.

It seems like this Web site has thought of every tool needed by someone wanting to live gluten free. You will want to visit it often to take advantage of the site’s many features.

## Keys to a Long Life

Researchers at the CDC recently publish data from the National Health and Nutrition Examination Survey on behaviors that seem to promote a longer life. These behaviors are:

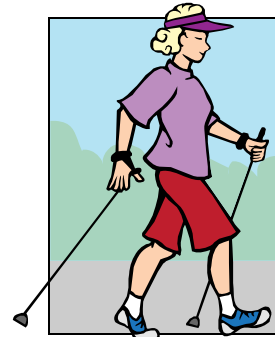
- 1) Never smoking
- 2) Eating a nutritious diet
- 3) Getting adequate physical activity
- 4) Drinking alcohol moderately

If you need to quit smoking, call the smoking cessation hot line at 1-800-QUIT-NOW and counselors can work with you to stop.

To improve your diet, go to [www.MyPlate.gov](http://www.MyPlate.gov) to learn to eat a more balanced diet.

With your doctor’s OK, increase your physical activity to at least 30 minutes per day 5 or more days a week.

Drink less than 2 drinks of alcohol a day if you are a man and less than 1 drink a day if you are a woman.



## Recipe Corner

### Holiday Sweet Potato Casserole

4 medium sweet potatoes	2 tablespoons reduced fat margarine, melted
1 egg	1/3 cup chopped pecans
1/2 teaspoon cinnamon	1/3 cup all purpose flour
Pinch of nutmeg	3 tablespoons brown sugar
2 packets of artificial sweetener	Extra cinnamon as garnish
1/2 teaspoon vanilla	Non-stick spray

1. In medium sauce pan, cook sweet potatoes covered in water for 30 minutes or until tender.
2. Cool. Peel sweet potatoes and put in large bowl. With an electric mixer, whip in the egg, cinnamon, nutmeg, artificial sweetener and vanilla until fluffy.
3. Spray 8-inch square baking dish with non-stick spray. Spoon in sweet potato mixture.
4. To make topping, combine margarine, pecans, flour and brown sugar in a small bowl.
5. Distribute topping evenly over sweet potato mixture. It will not cover the entire surface. Sprinkle a little extra cinnamon on top.
6. Bake in preheated 375 degree oven for 35 minutes.

#### 8 servings

Calories: 140

Fat: 5 grams

Sodium: 80 milligrams

Carbohydrate: 21 grams

Saturated fat: 1 gram

Dietary fiber: 2.5 grams

Protein: 3 grams

Cholesterol: 23 milligrams

Exchanges: 1 1/2 starch

1 fat

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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 systems, 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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