



# Diabetes Life Lines

## Keep Your Drugs Out of the Reach of Children

According to the *Journal of Pediatrics*, the most common drugs that children under the age of five take by accident are diabetes pills. These drugs cause most of the hospital admissions for poisoning, often requiring not only a trip to the emergency room, but stay in the intensive care unit.

Probably this is because so many people have been diagnosed with diabetes. Diabetes pills are now in more bathrooms, kitchens, bedrooms, pockets and purses where little hands can find them. Even older brothers and sisters of these children may be on these medicines because they are developing type 2 diabetes at younger ages.

People taking a drug every day may be less careful about storing it in a locked cabinet. Sometimes these drugs are not in child-proof containers, and even if they are, some children can manage to open them.

What can you do to prevent this problem?

- First, teach your children to never put anything in their mouths unless they know what it is.
- Keep all medicines in their original containers with a proper label. Never put them in old food containers.
- Store all drugs in a locked medicine cabinet or a locked box in the refrigerator.

if they must be kept cold.

- Always use child resistant packaging, but realize that small children can sometimes open it.
- Never say that a medicine is candy.
- Don't take your medicine in front of children.
- Don't allow a child to ever play with a medicine container even if it is empty.
- Ask your pharmacist about getting rid of your old medicines. Do not flush them down the toilet or put them in the trash. Some drug stores have days when you can bring in unused drugs for disposal or they have a place where you can send them by mail.
- If you suspect a poisoning, call the poison control center. Do not use the antidote instructions on the medicine label without first contacting the center to be sure it is correct.
- The number for the poison control center that serves all of Georgia is 1-800-222-1212. There is also a special number serving metro Atlanta (404-616-9000.) For those who cannot hear and use TTY, the number is 404-616-9287.

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## Use of Orlistat in Patients with Type 2 Diabetes

Weight control is important for managing Type 2 Diabetes (DM2). Unfortunately, weight loss can be difficult and some diabetes medicines, such as insulin and the sulfonylureas, may actually cause weight gain. Weight loss of as little as 5 to 10% of total body weight can improve blood sugar control and may decrease, or possibly eliminate, the need for diabetic medication. Risk for cardiovascular disease may also improve. Use of a medication like orlistat may be appropriate, along with lifestyle changes, to promote weight loss. Xenical<sup>®</sup> is the prescription strength version of orlistat and Alli<sup>®</sup> is the over-the-counter product.

Orlistat was approved in 1999 for weight loss and weight maintenance when used with a reduced-calorie and low-fat diet. Orlistat works in the intestines to reduce the absorption of dietary fat. Several studies have reviewed the use of orlistat in patients with DM2.

A trial of orlistat in patients on sulfonylureas showed that a dose of 120 milligrams of Xenical<sup>®</sup> three times a day, plus a low calorie diet, produced greater weight loss than a low calorie diet alone. Additionally, patients treated with orlistat had improved blood sugar control and lower total cholesterol, LDL (bad) cholesterol, and triglycerides.



A study of patients on metformin showed that Xenical<sup>®</sup> combined with a reduced calorie diet enhanced weight loss over a reduced calorie diet alone. Again, the patients on orlistat had greater improvements in blood sugar, total cholesterol and LDL cholesterol than people not on the drug, and their blood pressure decreased.

When orlistat plus diet management was evaluated in patients with DM2 who used insulin, Xenical<sup>®</sup> produced clinically significant weight loss. The patients on orlistat also had greater reductions in A1C and improvements in both total cholesterol and LDL cholesterol when compared with the patients on diet alone.

What about side effects? The most common ones are abdominal discomfort, diarrhea, soft stools, fatty or oily stools, increased number of stools, feeling an urgent need to have a bowel movement, oily brown stains on underwear, gas, gas with oily brown spotting, or having a bowel movement unexpectedly. In most cases these complaints were mild to moderate and decreased with continued use. Eating high-fat meals with orlistat can make these side effects worse. That's why it's important to adhere to a low fat diet. In fact, you may naturally start eating fewer high fat foods in order to avoid these side effects.

Orlistat may interact with other drugs. These include certain vitamins, cyclosporine, levothyroxine, amiodarone, and warfarin. You may be told to take a vitamin supplement or to take some medications at a separate time from orlistat to avoid drug interactions.



How much weight loss can someone expect?

After one year, the average weight loss with the higher strength Xenical<sup>®</sup> is about 5 to 7 pounds greater than with diet and exercise alone. The lower strength over-the-counter product (Alli<sup>®</sup>) might result in about 3 to 5 pounds of additional weight loss over diet and exercise alone.

Usually, orlistat is recommended for someone who is obese (a BMI or body mass index of 30 or more) or for someone who is overweight (BMI of 27 or more) and has other health issues that might benefit from weight loss.

Before trying orlistat, decide whether the extra weight loss and improvements in A1C and lipids are worth the possible side effects. Reducing caloric intake and increasing physical activity are still the primary ways to lose weight, and these lifestyle changes will be required for orlistat to work. Talk with your doctor to decide whether orlistat is right for you.

### Want to Get Rid of That Fat Around Your Middle?

Excess fat around your waist called visceral fat seems to be more dangerous than extra fat on other parts of your body. It contributes to

- fatty liver which can lead to liver dysfunction, cirrhosis of the liver and liver failure
- elevated triglycerides and LDL cholesterol, both risk factors for heart disease

- insulin resistance that can lead to pre-diabetes and diabetes
- various cancers including breast, colorectal and pancreatic cancer

Exercise experts have debated for years about what kind of exercise is best for combating visceral fat. A group of researchers at Duke University decided to look into this. They randomly assigned 196 adults who were overweight and inactive to one of three exercise groups. One group did aerobic activity equal to 12 miles of jogging per week, a second group only did resistance training three times a week and a final group did both aerobic exercise and resistance training.

After eight months, the researchers found that aerobic activity was much more effective than resistance training in reducing visceral fat and fatty liver, lowering triglycerides and improving the body's ability to use insulin. Adding resistance training to aerobics did not add to the positive effects of only doing aerobic activity. Certainly resistance training is worthwhile for other reasons. It can increase



muscle mass and strength, reduce arthritis pain and improve your balance, posture and appearance. It just does not seem to have much impact on visceral fat. That is why all three types of physical activity are important: aerobics for weight control and fat reduction; resistance training for muscle strength and improved balance; and stretching to maintain flexibility.

### Walk Georgia is Coming!

This time of year everyone begins to think about getting in shape. In 2012, let Walk Georgia help you to get fit while having fun. If you have not heard about Walk Georgia, you may wonder what it is.

Walk Georgia began in 2008. It is an on-line fitness program offered by the University of Georgia Cooperative Extension. This year it will last 12 weeks beginning on Sunday, February 12 and ending on Saturday, May 5. However you can begin registering for the program on Wednesday, February 1.

Walk Georgia is fun because you log your minutes of activity each day and earn the right to take a “virtual” walk across Georgia. You can choose from a variety of activities, but most people walk.

As you log your minutes of activity, they are automatically converted to miles. For each 15 miles you complete, you get to “visit” three Georgia counties. As you visit each county, you learn interesting facts about the community.

You can register as an individual or as part of a four member team. Participating as a team usually motivates people to do more. Some people have made it to every county in the state during a Walk Georgia session.

Each week you also receive a colorful newsletter via email with a nutritious recipe, articles about healthy eating and physical activity and stories about people who have become more fit during previous Walk Georgia sessions. This year we will also feature articles about different state parks where you can be active.

Routinely participants report that Walk Georgia makes them feel better. Many have lost weight or gone down a clothing size. Some find they enjoy spending time with their spouses, family or co-workers while they exercise. Many people like seeing their progress through the state as they log each week. From many years, people have requested that Walk Georgia be longer. That is why we will offer it for 12 weeks this year instead of the typical eight weeks.

To learn more about Walk Georgia and to register, go to [www.walkgeorgia.org](http://www.walkgeorgia.org). If you join us, you may see your blood glucose and blood pressure improve, your weight go down, and your muscles firm up. In other words, you may become another one of those Walk Georgia success stories.



## Recipe Corner

### Butterscotch Crème Pie

8 servings

35 vanilla wafers, finely crushed	2 cups cold non-fat milk
¼ cup reduced fat margarine, melted	2 packages sugar-free butterscotch pudding
1 tablespoon granulated sugar substitute	2 cups thawed lite whipped topping, divided

1. Preheat oven to 350 degrees. Pulse the vanilla wafers in a blender until finely crushed. Mix well with melted margarine and sugar substitute in medium bowl.
2. Press the vanilla wafer mixture into the bottom and sides of a 9-inch pie plate. Bake 5 minutes or until golden brown. Cool completely.
4. Pour the two packets of butterscotch pudding into cold milk in the second bowl. Whisk about 2 minutes until smooth and slightly thickened. Stir in one cup of lite whipped topping.
5. Pour filling into the crust. Refrigerate for at least 2 hours.
6. Spread remaining whipped topping onto pie just before serving.

Nutrient Analysis, per serving:

Calories 202	Carbohydrate 29 grams	Protein 4 grams
Fat 7 grams	Saturated Fat, 3 grams	Cholesterol, 1 gram
Sodium 446 milligrams		Dietary fiber: 1 gram
Exchanges: 1 starches, 1 fat.		

#### Contributors to this issue:

Connie Crawley, MS, RD, LD, Extension Nutrition and Health Specialist, Writer and Editor  
Melody Sheffield, PharmD, UGA College of Pharmacy, Writer

#### Editorial Board:

Jenny Grimm, RN, MSN, CDE, Medical College of Georgia  
Ian C. Herskowitz, MD, CDE, FACS, Medical College of Georgia

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# The University of Georgia Cooperative Extension

College of Agricultural and Environmental  
Sciences / Athens, Georgia 30602-4356

**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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J. Scott Angle, Dean and Director

Linda Fox, Dean

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U.S. DEPARTMENT OF AGRICULTURE  
THE UNIVERSITY OF GEORGIA  
COLLEGES OF AGRICULTURAL AND ENVIRONMENTAL SCIENCES &  
FAMILY & CONSUMER SCIENCES  
ATHENS, GEORGIA 30602

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