Diabetic Eye Disease will Reach 11 Million People by 2030

Today, diabetes affects more than 29 million people in the United States. This is more than 9 percent of Americans. Also, more than one out of three people has pre-diabetes. Pre-diabetes is a health problem that puts people at increased risk for diabetes. All people with any form of diabetes are at risk for diabetic eye disease. Diabetic eye disease is a leading cause of blindness.

Diabetic eye disease is a group of eye problems that includes cataracts, diabetic retinopathy (die-uh-BET-ik ret-in-uh-thee), and glaucoma. People with diabetes are at higher risk for these eye diseases than people without diabetes. Diabetic retinopathy is the most common form of diabetic eye disease and includes problems with the back of the eye, or retina. It is also the leading cause of blindness in adults 20–74 years of age. The National Eye Institute (NEI) reports that 7.7 million people age 40 and older have diabetic retinopathy. The number of people with diabetic retinopathy is expected to increase to around 11 million people by 2030.

Paul A. Sieving, M.D., Ph.D. is the director of NEI. He says that the longer someone has diabetes, the more likely it is that they will get diabetic eye disease. Diabetic eye disease may not have any warning signs so everyone with diabetes must have a complete eye exam at least once each year. The doctor should dilate your eyes (add drops so he/she can look into your eyes better) during this visit. The good news is that if your doctor finds that your eyes are showing signs of problems, he/she can start treating the disease. Early treatment is the best way to prevent or limit loss of vision. Dr. Sieving recommends, “Don’t wait until you notice an eye problem to have a dilated eye exam.” Once vision is lost it may be too late.

All people with diabetes can develop diabetic eye disease. Some groups of people have higher risk for losing vision or going blind from diabetic eye disease. African Americans, American Indians, Alaska Natives, Hispanics, and Latinos with diabetes are more likely to lose their eye sight from the disease. All people with diabetes should have a dilated eye exam at least once a year to detect vision problems early.
People with diabetic retinopathy can greatly reduce their risk of severe vision loss with early detection, early treatment, and regular doctor’s visits. Good control of blood sugar, blood pressure, and cholesterol can slow the development of diabetic eye disease. Along with a diabetic eye exam at least once per year, people with diabetes should keep their health on TRACK:

- Take your medications.
- Reach and maintain a healthy weight.
- Add physical activity to your daily routine.
- Control your blood sugar, blood pressure, and cholesterol.
- Kick the smoking habit.

For more information on diabetic eye disease and tips on finding an eye care professional or to find help paying for eye care, visit www.nei.nih.gov/diabetes or call NEI at 301–496–5248. The American Diabetes Association also has good information on diabetic eye disease: http://www.diabetes.org/living-with-diabetes/complications/eye-complications/

This article was adapted with permission from The National Eye Institute (NEI), part of the National Institutes of Health.

Diabetes and Going Gluten Free: Is it for me?

Nutrition fads come and go frequently, but the “Gluten Free” craze seems be staying around for quite some time. You may have noticed some of your favorite snacks that now say “Gluten Free” on the package. Or maybe your favorite restaurant now has a gluten-free menu. Many celebrities have said on talk shows that a gluten free diet helped them lose weight. Other people say not eating gluten makes their stomach feel better, or helps with diarrhea and gas. Is there truth in these claims? What if I have diabetes? Is gluten bad for diabetes? Let’s review the facts.

Gluten is a protein found in wheat, barley, rye and other related grains like spelt and triticale. Some foods may not contain gluten naturally, but may come in contact with gluten during processing, like oats. Gluten helps make doughs elastic and improves texture and taste of many foods. On its own, gluten is not bad or unhealthy. But, if someone has celiac disease, gluten can be harmful. Let me explain.

Think of gluten like peanuts. Peanuts are a healthy food with protein and heart healthy fats. Most people can eat peanuts safely. In fact, many people eat peanuts and peanut butter weekly or even daily. But, if someone is allergic to peanuts, then peanuts are very dangerous to them. For someone with a peanut allergy, eating a peanut might cause a rash or swelling of the lips. Some people with really severe allergies can die from eating peanuts. So, you can see how the humble peanut can be great for some but dangerous for others.
Celiac disease is not common. Less than 1% of the population has celiac disease. We don’t know how many people have gluten intolerance. Estimates range between 0.5 to 6% of the population. If you think you may have celiac disease or gluten intolerance, it is very important to work with your physician. Do not try to diagnose yourself!

Always keep an eye on those carbohydrates, and don’t let gluten get you down on your bread and pastas! For more information, check out the American Diabetes Association at www.diabetes.org or the National Institute of Diabetes and Digestive and Kidney Diseases at www.niddk.nih.gov.

In this way, gluten is a lot like peanuts. Most people can eat gluten without any problems. These folks enjoy wheat bread, pasta, and other foods with gluten regularly and without problems. Some people have a disease that makes gluten very bad for them: celiac disease. Celiac disease is not an allergy. It is an autoimmune disease, but the results can still be very harmful. For a person with celiac disease, eating gluten damages their intestines. This can lead to malnutrition and affect growth in children. Some people with celiac disease also get rashes, headaches, and stomach pain. A doctor can perform several tests to help you find out if you have celiac disease. So, you can see how gluten, like peanuts, can be safe for most people but dangerous for others.

People can also be gluten intolerant. This does not mean that they have an allergy to gluten or celiac disease. It just means that their body doesn’t handle gluten well. Think of gluten intolerance like lactose intolerance. Again, milk and milk products are not bad themselves, but they can cause problems for some people.

Now that we know what gluten is and why some people must avoid it, let’s talk about diabetes. Can people with diabetes eat gluten? The answer is yes! Unless you have celiac disease or gluten intolerance, you should be able to eat gluten just fine. Gluten itself shouldn’t have any special effects of your blood sugar. But, many foods with gluten do provide carbohydrates. So you still have to watch your carbohydrates. For example, white or wheat pasta has gluten. You don’t need to worry about the gluten. You do need to think about how much carbohydrate is in a portion so you can control your blood sugar.

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Recipe Corner

Chicken Pozole Soup

Makes: 6 servings

Ingredients

1 whole chicken (skin removed and cut into pieces) or chicken pieces (18 ounces, skin removed)
8 cups water
1/2 cup onion (chopped)
1/4 teaspoon pepper
1/4 cup chili powder
1 can tomato sauce, no salt added (8 ounce)
1/2 teaspoon oregano (dried)
5 cups canned corn or hominy, white or yellow, no salt added (2 - 15 ounce can, rinsed and drained)
3 cups iceberg lettuce (shredded)
6 lime wedges

Directions

1. Put chicken pieces in a large pot and cover with the 8 cups of water. Simmer over medium heat for 1 hour.
2. Add the chopped onion, pepper, chili powder, tomato sauce, and oregano to simmering chicken.
3. After the chicken is thoroughly cooked take the pieces out of the pot and remove most of the bones from the chicken and the pot.
4. Return chicken to the pot.
5. Add the rinsed hominy to the pot of chicken and simmer for another 45 minutes.
6. Serve with lettuce and a wedge of lime.

Adapted from USDA What’s Cooking, Chicken Posole, Oregon State University Cooperative Extension Service, Pictoral Recipes, Lynn Myers Steele, 2000, Oregon Family Nutrition Program

Nutrition Facts: Serving Size: 1/6 of recipe

Calories: 180  Carbohydrate: 27 grams  Protein: 27 grams
Fat: 8 grams  Saturated Fat: 2 grams  Cholesterol: 71 milligrams
Sodium: 245 milligrams  Fiber: 7 grams
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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