Diabetes Life Lines

New Blood Pressure Guidelines

Do you have high blood pressure? If you didn’t before, you might now. The American College of Cardiology (ACC) and the American Heart Association (AHA) recently changed the definition of high blood pressure, or hypertension (HTN). The chart below shows the old and new definitions of high blood pressure. A healthy blood pressure is still 120/80 mm Hg or lower. Under the old guidelines, if your blood pressure was 140/90 mm Hg or higher, you had high blood pressure. Now, if your blood pressure is 130/80 mm Hg or higher, you have high blood pressure. Let’s say your blood pressure is 135/85. Under the old guidelines, you would not have been told by your doctor that you have high blood pressure. Under the new guidelines, you do have high blood pressure.

<table>
<thead>
<tr>
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<th>Old Definition</th>
<th>New Definition</th>
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<tbody>
<tr>
<td>Healthy blood pressure</td>
<td>lower than 120/80 mm Hg</td>
<td>lower than 120/80 mm Hg</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>140/90 mm Hg or higher</td>
<td>130/80 mm Hg or higher</td>
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Why was this change made? Studies show that when blood pressure was treated at the lower cutoff of 130/80 mm Hg compared to the higher cutoff of 140/90 mm Hg, people had fewer heart attacks and strokes. So, ACC and AHA decided that it was better to lower the blood pressure guidelines and start treating people for high blood pressure sooner than later. So what does this mean for all people? And what does it mean for people with diabetes?

Well, for everyone, it means that your doctor may decide to start you on medication or ask you to make changes in your lifestyle. For people with diabetes, it is very important to protect your heart. Remember, having diabetes makes it more likely that you will get heart disease. Since high blood pressure increases your chances of getting heart disease, your doctor will want you to do everything you can to get your blood pressure under control. Does this mean that everyone with a blood pressure 130/80 mm Hg or higher will be given blood pressure medication? No.

You and your doctor will decide the best treatments for you. For some people with a blood pressure between 130/80 and 140/90 mm Hg, lifestyle changes like eating better and getting more physical activity may be enough to lower blood pressure to a healthy level. The following lifestyle changes have been shown to lower blood pressure:

- Weight loss for people who are overweight or obese (losing just 1 kilogram, or 2.2 pounds, of excess weight has been associated with a 1 mm Hg decrease in blood pressure!)
- Eating less salt
- Following the Dietary Approaches to Stop Hypertension (DASH) diet (see below)

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• Eating more fruits and vegetables  
• Limiting alcohol (no more than 1 drink per day for women and 2 drinks per day for men)  
• Decreasing time spent sitting and increasing physical activity  
• Stopping smoking

The DASH diet is the go-to diet for helping treat high blood pressure. It includes:
• 4-5 servings of vegetables per day  
• 4-5 servings of fruits per day  
• 6-8 servings of grains per day, mostly whole grains  
• 2-3 servings of fat-free or low-fat dairy products per day  
• 6 or fewer servings of fish, poultry, and meats per day  
• <2,300 mg sodium per day

If these lifestyle changes do not lower blood pressure enough, or if your blood pressure is much higher than 130/80 mm Hg to begin with, your doctor may decide to try medications. Whatever the case, follow your doctor’s instructions.

If you have high blood pressure under the new guidelines, don’t get discouraged. Let your diagnosis be a wake-up call to take control of your health. Making these lifestyle changes is something you can do to have a positive impact on your health! Don’t wait. Start today!

Back to School: Guidance for Parents of Children with Diabetes

The number of children with diabetes is increasing each year. For parents of children with diabetes, going back to school involves more than just shopping for school supplies and meeting new teachers. It means buying diabetes supplies and working with school staff to help keep your child safe throughout the school year. These tasks can be overwhelming for both new and seasoned parents of children with diabetes.

Still, you know your child better than anyone. This is why it is important to meet with school staff before the school year starts. The National Diabetes Education Program’s (NDEP) Helping the Student with Diabetes Succeed: A Guide for School Personnel is a guide to help parents and schools work together. The guide has many helpful tools. It has a Diabetes Medical Management Plan that parents and school staff can complete together. This plan includes the medications and supplies the child uses, how often to check blood sugar, and how much carbohydrate the child can eat. The guide also has forms to help plan for emergencies of low blood sugar (hypoglycemia) and high blood sugar (hyperglycemia). It is important to have this information on file at the school in case the teacher or nurse is absent.

References:

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The *School Guide* encourages parents of children with diabetes to follow these tips before the school year begins to prepare for a safe and successful school year:

- **Tell school staff** (the school nurse, your child’s teacher(s), the school principal, and the school counselor or psychologist) at the beginning of each school year **that your child has diabetes**.

- **Ask your child’s doctor to help you complete the Diabetes Medical Management Plan (DMMP)** found in the *School Guide*. This plan contains the medical orders for your child. Include accurate and current contact information for you and your child’s doctor in case of emergencies. Give a copy of this plan to the school nurse at the beginning of each school year. If your child’s health changes during the school year, give the school nurse an updated plan immediately.

- **Meet with the school nurse to go over your child’s school health care plan**. The school nurse will use your child’s DMMP to prepare your child’s routine and emergency diabetes care plans at school. The *Individualized Health Care Plan* found in the *School Guide* provides an example of items to include in this plan.

- **Bring all your child’s daily and emergency supplies to school**. Examples of items the school will need include: blood sugar (glucose) meter, strips, lancets (needles), alcohol wipes, insulin and/or other medications, supplies for taking insulin, snacks, quick-acting glucose products, a glucagon kit, and supplies for urine and blood ketone testing. Communicate with the school nurse to restock these supplies when needed throughout the school year.

- **Plan for before and after school activities**: Tell school staff (teacher(s), coach, others as appropriate) when your child plans to participate in school activities before or after school or off campus.

- **Meet with school nutrition staff** to get information on carbohydrate counts for meals and snacks served at school. They can help you see how school meals fit with your child’s carbohydrate needs at each meal.

While going back to school can seem overwhelming for a child with diabetes, school can also mean returning to much needed structure and schedules. Take advantage of the resources mentioned here and the team support your child can receive at school. These resources and support are life saving for a child with diabetes!

**Additional Resources:**
- American Diabetes Association (ADA) “Safe at School”
- JRDF School Advisory Toolkit

**References:**


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The internet is a doorway to a world of information. This can make finding resources for diabetes easier. But, it also makes it harder to know the best place to go to find the most dependable diabetes information. The American Diabetes Association (ADA) website has trustworthy and unique diabetes resources that you may not be able to find at other sites. Check out the list of resources below that you or someone you know may be interested in exploring!

- **Type 2 Diabetes Risk Test.** This short test is helpful for people who have not been diagnosed with diabetes. It tells you if you have a low or high chance of getting diabetes in the future. You can’t control some of the factors that increase your chances of getting diabetes, such as family history, sex, and age. You can control others though, such as weight and physical activity level. Share this with your friends and family.

- **Tips to eat healthy and move more.** If you are overweight or obese, it is especially important that you work to achieve a healthy weight through a healthy diet and physical activity. The ADA’s resources for weight loss, food, and fitness can help you control your diabetes or lower your chances of getting diabetes.

- **Patient Access to Research.** Have you ever been confused when you hear about new research studies? It can be hard to sift through news reports on research to find the truth about what is good for diabetes and general health. The ADA’s Patient Access to Research is a great resource that gives you the bottom line on the best and most trustworthy research on diabetes and related topics.

- **Diabetes Food Hub.** The ADA’s Diabetes Food Hub has over 700 diabetes-friendly recipes. You can create an account where you can save recipes and keep track of recipes you have liked and disliked (like Pinterest® for diabetes!). The Diabetes Food Hub also has an online meal planner where you can plan your meals for the week. Planning meals can help you stay on track with a healthy, diabetes-friendly diet.
• **Calendar of Events.** Living with diabetes is not easy. Meeting other people with diabetes and learning from their successes and failures in day to day living with diabetes can inspire you when things are tough. The American Diabetes Association hosts events across the country to support the community of people living with diabetes. Check the ADA’s Calendar of Events every now and then to see if there is an event coming to Georgia that you’re interested in! Or get inspired to host an event in your community!

• **Diabetes Forecast** Magazine of the American Diabetes Association. Tips for every part of living with diabetes: recipes, medications, and staying healthy in mind and body!

You can also join the ADA for a small fee. You will get the Diabetes Forecast Magazine and discounts on books and ebooks. Check out the many resources of the ADA to live a happier and healthier life with diabetes.

**References:**


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Corn, Zucchini and Tomato Bake

Serves 6

Ingredients

Nonstick Cooking Spray
1 cup Zucchini, fresh, unpeeled, 1/8" sliced
1 cup Tomatoes, fresh, 1/8" sliced
3/4 cup Corn, frozen, whole kernel, thawed
1 teaspoon Lemon juice, fresh squeezed OR Lemon juice bottled
1 teaspoon Dill weed, fresh, chopped (or ¼ teaspoon dried
1/8 teaspoon Salt, table
1/4 teaspoon Black pepper, ground
3 tablespoons Parmesan cheese, grated
1/4 cup Whole-wheat bread crumbs

Instructions:

1. Preheat oven to 350 °F.
2. Lightly coat a medium baking dish (8” x 8”) with nonstick cooking spray.
3. Place zucchini slices in the bottom of the baking dish, cover with tomato slices, and top with corn.
4. Sprinkle lemon juice evenly over vegetables.
5. Make seasoning mixture: In a small bowl, mix together dill, salt, black pepper, parmesan, and bread crumbs.
6. Sprinkle seasoning mixture evenly over vegetables and lightly spray with nonstick cooking spray.
7. Cover with foil and bake for 25 minutes or until zucchini is tender. Heat to 140 °F or higher for at least 15 seconds.
8. Cut into 6 even pieces. Serve 1 piece.

Nutrition Facts per serving:

- Calories: 526
- Total Fat: 1 gram
- Saturated Fat: 1 gram
- Sodium: 171 milligrams
- Carbohydrate: 9 grams
- Fiber: 1 gram
- Protein: 2 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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