

EXPERT ADVICE, NUTRITION TIPS, GREAT RECIPES & MORE!

SUMMER 2012

# diabetes & you<sup>®</sup>

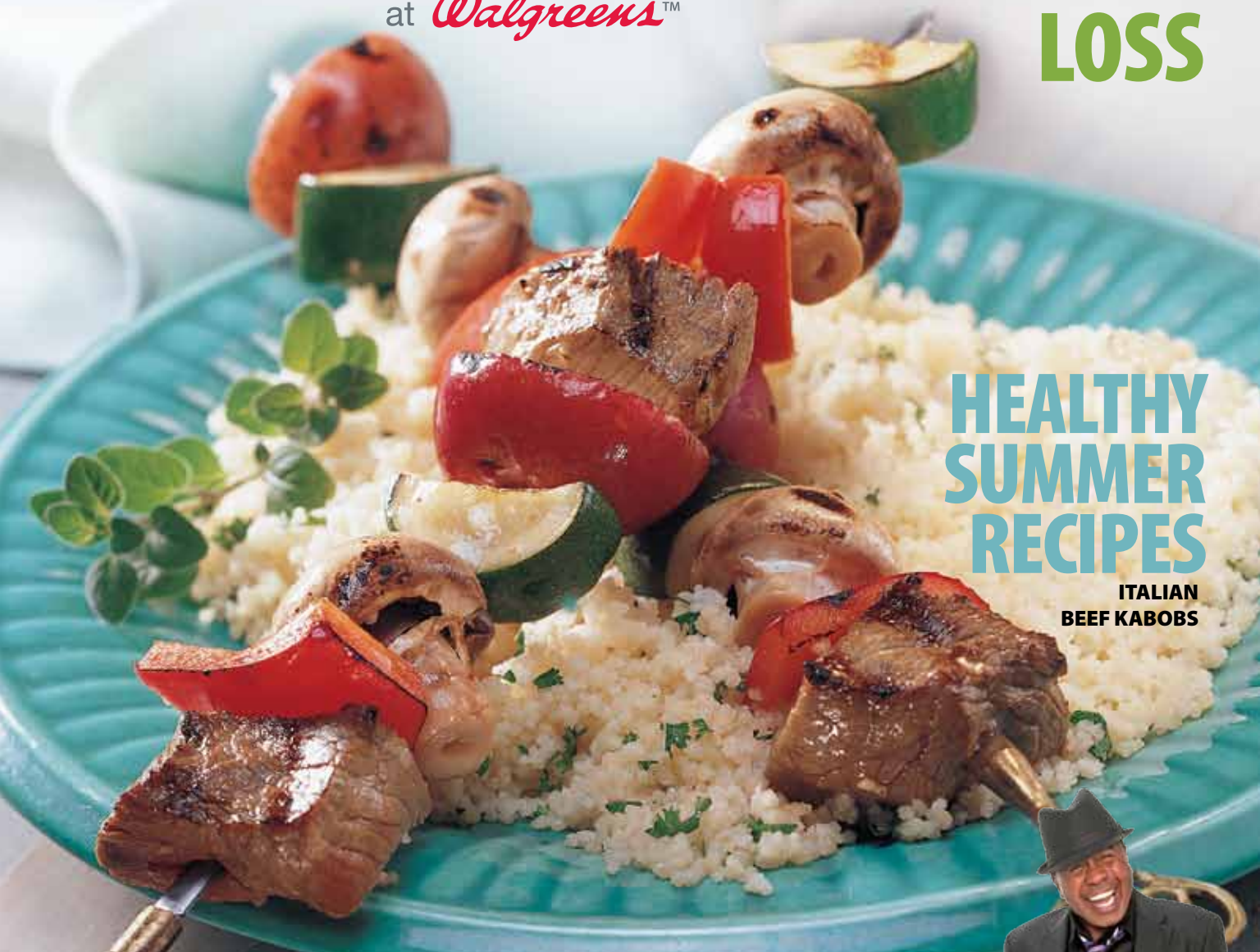
Answers  
at *Walgreens*<sup>™</sup>



THE SKINNY ON  
**WEIGHT  
LOSS**

**HEALTHY  
SUMMER  
RECIPES**

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BEEF KABOBS



BROADWAY HALL OF FAMER  
**BEN VEREEN**  
DIABETES ADVOCATE



**INTRODUCING**



# \$15 co-pay

on *Walgreens* TRUEtest™  
Blood Glucose Test Strips<sup>1</sup>  
(30-day supply)



The Walgreens® TRUEresult® and TRUE2go® Meters received a **“Recommended” Rating** from a top independent consumer product testing organization!<sup>2</sup>

Both the Walgreens® TRUEresult® and TRUE2go® Meters utilize Walgreens® TRUEtest™ Strips.

Trust the full line of Walgreens® brand diabetes products for quality and savings, and to meet all of your diabetes testing needs.

Walgreens Diabetes & You WIC#  
English: 962592 Spanish: 962543



\* Walgreens Pharmacist Survey Study, November 2010. 1. Insurance coverage required. Offer not valid in AR, CA, and MA. Offer not valid if claim submitted to a government-funded program or certain private health plans. Consult with your Walgreens Pharmacist for details. 2. Data on file. NICO-2499 © 02/12 Nipro Diagnostics, Inc. TRUEresult, TRUE2go, and TRUEtest are trademarks of Nipro Diagnostics, Inc.

Answers at Walgreens™



Discover a different way to take insulin. Ask your doctor about the benefits of FlexPen®.

## My Way...Dialing my exact insulin dose almost anywhere.\*

Just about anywhere you go, NovoLog® Mix 70/30 FlexPen® is a discreet, prefilled, dial-a-dose insulin pen that goes with you.\*

**FlexPen®. Insulin delivery my way.**

Covered by 90% of insurance plans, including Medicare.



Find your FlexPen® co-pay at **MyFlexPen.com**



Individual results may vary.

**NovoLog® Mix 70/30 FlexPen®**  
70% insulin aspart protamine suspension and 30% insulin aspart injection, (rDNA origin)

### Indications and usage

NovoLog® Mix 70/30 (70% insulin aspart protamine suspension and 30% insulin aspart injection, [rDNA origin]) is a man-made insulin that is used to control high blood sugar in adults with diabetes mellitus.

It is not known if NovoLog® Mix 70/30 is safe or effective in children.

### Important safety information

Do not take NovoLog® Mix 70/30 if your blood sugar is too low (hypoglycemia) or if you are allergic to any of the ingredients in NovoLog® Mix 70/30. If you take too much NovoLog® Mix 70/30, your blood sugar may fall too low (hypoglycemia).

NovoLog® Mix 70/30 starts acting fast. If you have type 1 diabetes, inject it up to 15 minutes before you eat a meal. If you have type 2 diabetes, you may inject NovoLog® Mix 70/30 up to 15 minutes before or after starting your meal.

Check your blood sugar levels regularly. Ask your healthcare provider what your blood sugars should be and when you should check your blood sugar levels. Do not make any changes to your dose or type of insulin unless your health care provider tells you to. Alcohol, including beer and wine, may affect your blood sugar when you take NovoLog® Mix 70/30.

Before using NovoLog® Mix 70/30, tell your healthcare provider about all medicines you take and all of your medical conditions, including if you have kidney or liver problems or if you are pregnant or breastfeeding. It is not known if NovoLog® Mix 70/30 will harm your unborn baby or pass into breast milk. Your NovoLog® Mix 70/30 dose may change if you take other medicines.

Do not inject NovoLog® Mix 70/30 with any other insulin products or use in an insulin pump.

Do not share needles, insulin pens or syringes with others.

The most common side effects of NovoLog® Mix 70/30 include skin thickening or pits at the injection site (lipodystrophy), weight gain, swelling of your hands and feet, and vision changes. Serious adverse events may include low blood sugar (hypoglycemia), low potassium in your blood (hypokalemia), local allergic reactions at the injection site (like redness, swelling, and itching), and whole body reactions. Get medical help right away if you have any of these symptoms of an allergic

reaction: a rash over the whole body, have trouble breathing, fast heart rate, sweating, or if you feel faint. Ask your healthcare provider or pharmacist for more information.

**You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.**

Talk to your doctor about the importance of diet and exercise in your treatment plan.

**Please see brief summary of Prescribing Information on next page.**

\*Once in use, NovoLog® Mix 70/30 FlexPen® must be kept at room temperature below 86°F for up to 14 days.

NovoLog® Mix 70/30 is a prescription medication.

Needles are sold separately and may require a prescription in some states.



Partnership for  
Prescription Assistance

If you need assistance with prescription drug costs, help may be available. Visit [pparx.org](http://pparx.org) or call 1-888-4PPA-NOW.

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Bring this coupon to your pharmacy for instant savings.

**Instant savings up to \$25\* on FlexPen®**

RxBIN: 610524  
RxGRP: 50775705

RxPCN: Loyalty  
ID: 043943496

Issuer: 80840

#### Patient information:

Redeem for product when accompanied by a valid, signed prescription form of FlexPen®. If you have any questions regarding the benefits, please call 1-877-264-2440.

#### Pharmacy information:

- Submit transaction to McKesson Specialty Arizona Inc® by using BIN 610524
- If primary coverage exists, input voucher information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response
- Not valid for patients participating in Medicare,

Medicaid, or any other federal or state similar programs and where prohibited by law

- Not valid for secondary processing in Massachusetts
- For questions regarding claim transmission, call the McKesson helpdesk at 1-877-264-2440 (8:00 AM – 8:00 PM EST, Monday – Friday, excluding holidays)

\*Off your first Novo Nordisk FlexPen® prescription.

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# NovoLog® Mix 70/30

70% insulin aspart protamine suspension and  
30% insulin aspart injection, (rDNA origin)

## Patient Information

### NovoLog® Mix 70/30 (Nô-vô-log-MIX-SEV-en-tee-THIR-tee)

(70% insulin aspart protamine suspension and 30% insulin aspart injection, [rDNA origin])

**This is a BRIEF SUMMARY of important information about NOVOLOG® MIX 70/30.** This information does not take the place of talking to your healthcare provider about your diabetes or your treatment. Make sure that you know how to manage your diabetes. Ask your healthcare provider if you have any questions about managing your diabetes.

### What is NovoLog® Mix 70/30?

NovoLog® Mix 70/30 is a man-made insulin that is used to control high blood sugar in adults with diabetes mellitus.

It is not known if NovoLog® Mix 70/30 is safe or effective in children.

### Who should not use NovoLog® Mix 70/30?

#### Do not take NovoLog® Mix 70/30 if:

- Your blood sugar is too low (hypoglycemia)
- You are allergic to any of the ingredients in NovoLog® Mix 70/30. See the end of this leaflet for a complete list of ingredients in NovoLog® Mix 70/30. Check with your healthcare provider if you are not sure.

### What should I tell my healthcare provider before taking NovoLog® Mix 70/30?

#### Before you use NovoLog® Mix 70/30, tell your healthcare provider if you:

- have kidney or liver problems
- **have any other medical conditions.** Medical conditions can affect your insulin needs and your dose of NovoLog® Mix 70/30.
- **are pregnant or plan to become pregnant.** It is not known if NovoLog® Mix 70/30 will harm your unborn baby. Talk to your healthcare provider if you are pregnant or plan to become pregnant. You and your healthcare provider should decide about the best way to manage your diabetes while you are pregnant.
- **are breastfeeding or plan to breastfeed.** It is not known if NovoLog® Mix 70/30 passes into your breast milk. You and your healthcare provider should decide if you will take NovoLog® Mix 70/30 while you breastfeed.

### Tell your healthcare provider about all medicines you take, including prescriptions and non-prescription medicines, vitamins and herbal supplements.

NovoLog® Mix 70/30 may affect the way other medicines work, and other medicines may affect how NovoLog® Mix 70/30 works. Your NovoLog® Mix 70/30 dose may change if you take other medicines.

Know the medicines you take. Keep a list of your medicines with you to show your healthcare providers and pharmacist when you get a new medicine.

### How should I take NovoLog® Mix 70/30?

- Take NovoLog® Mix 70/30 exactly as your healthcare provider tells you to take it.
- Your healthcare provider will tell you how much NovoLog® Mix 70/30 to take and when to take it.
- Do not make any changes to your dose or type of insulin unless your healthcare provider tells you to.
- **NovoLog® Mix 70/30 starts acting fast. If you have Type 1 diabetes, inject it up to 15 minutes before you eat a meal.** Do not inject NovoLog® Mix 70/30 if you are not planning to eat within 15 minutes.
- **If you have Type 2 diabetes, you may inject NovoLog® Mix 70/30 up to 15 minutes before or after starting your meal.**
- **Do Not mix** NovoLog® Mix 70/30 with other insulin products.
- **Do Not** use NovoLog® Mix 70/30 in an insulin pump.

- **Inject NovoLog® Mix 70/30 under the skin (subcutaneously) of your stomach area, upper arms, buttocks or upper legs.** NovoLog® Mix 70/30 may affect your blood sugar levels faster if you inject it under the skin of your stomach area. Never inject NovoLog® Mix 70/30 into a vein or into a muscle.
- **Change (rotate) injection sites** within the area you choose with each dose. **Do not** inject into the exact same spot for each injection.
- **Read the instructions for use that come with your NovoLog® Mix 70/30.** Talk to your healthcare provider if you have any questions. Your healthcare provider should show you how to inject NovoLog® Mix 70/30 before you start using it.
- NovoLog® Mix 70/30 comes in:
  - 10 mL vials for use with a syringe
  - 3 mL NovoLog® Mix 70/30 FlexPen®
- **If you take too much NovoLog® Mix 70/30, your blood sugar may fall too low (hypoglycemia).** You can treat mild low blood sugar (hypoglycemia) by drinking or eating something sugary right away (fruit juice, sugar candies, or glucose tablets). It is important to treat low blood sugar (hypoglycemia) right away because it could get worse and you could pass out (loss of consciousness).
- **If you forget to take your dose of NovoLog® Mix 70/30, your blood sugar may go too high (hyperglycemia).** If high blood sugar (hyperglycemia) is not treated it can lead to serious problems, like passing out (loss of consciousness), coma or even death. Follow your healthcare provider's instructions for treating high blood sugar. Know your symptoms of high blood sugar which may include:
  - increased thirst
  - frequent urination
  - loss of appetite
  - high amounts of sugar and ketones in your urine
  - nausea, vomiting (throwing up) or stomach pain
- Do not share needles, insulin pens or syringes with others.
- **Check your blood sugar levels.** Ask your healthcare provider what your blood sugars should be and when you should check your blood sugar levels.

### Your insulin dosage may need to change because of:

- illness
- stress
- change in physical activity or exercise
- change in diet
- other medicines you take

See the end of this patient information for instructions about preparing and giving your injection.

### What should I consider while using NovoLog® Mix 70/30?

- **Alcohol.** Drinking alcohol may affect your blood sugar when you take NovoLog® Mix 70/30.
- **Driving and operating machinery.** You may have trouble paying attention or reacting if you have low blood sugar (hypoglycemia). Be careful when you drive a car or operate machinery. Ask your healthcare provider if it is alright for you to drive if you often have:
  - low blood sugar
  - decreased or no warning signs of low blood sugar

### What are the possible side effects of NovoLog® Mix 70/30?

#### NovoLog® Mix 70/30 may cause serious side effects, including:

- **Low blood sugar (hypoglycemia).** Symptoms of low blood sugar may include:
  - sweating
  - blurred vision
  - trouble concentrating or confusion
  - headache
  - hunger
  - shakiness
  - slurred speech
  - fast heart beat
  - tingling of lips and tongue
  - anxiety, irritability or mood changes
  - dizziness or lightheadedness

Very low blood sugar can cause you to pass out (loss of consciousness), seizures, and death. Talk to your healthcare provider about how to tell if you have low blood sugar and what to do if this happens while taking NovoLog® Mix 70/30. Know your symptoms of low blood sugar. Follow your healthcare provider's instructions for treating low blood sugar.

Talk to your healthcare provider if low blood sugar is a problem for you. Your dose of NovoLog® Mix 70/30 may need to be changed.

- **Low potassium in your blood (hypokalemia)**
- **Reactions at the injection site (local allergic reaction).** You may get redness, swelling, and itching at the injection site. If you keep having skin reactions or they are serious talk to your healthcare provider.
- **Serious allergic reaction (whole body reaction). Get medical help right away, if you have any of these symptoms of an allergic reaction:**
  - a rash over your whole body
  - have trouble breathing
  - a fast heartbeat
  - sweating
  - feel faint

The most common side effects of NovoLog® Mix 70/30 include:

- **Skin thickening or pits at the injection site (lipodystrophy).** Change (rotate) where you inject your insulin to help to prevent these skin changes from happening. Do not inject insulin into this type of skin.
- **Weight gain**
- **Swelling of your hands and feet**
- **Vision changes**

These are not all of the possible side effects from NovoLog® Mix 70/30. Ask your healthcare provider or pharmacist for more information.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

### What are the ingredients in NovoLog® Mix 70/30?

- **Active Ingredients in NovoLog® Mix 70/30:** 70% insulin aspart protamine suspension and 30% insulin aspart injection (rDNA origin).
- **Inactive Ingredients in NovoLog® Mix 70/30:** glycerol, phenol, metacresol, zinc, disodium hydrogen phosphate dihydrate, sodium chloride, protamine sulfate, water for injection, hydrochloric acid or sodium hydroxide.

All NovoLog® Mix 70/30 vials and NovoLog® Mix 70/30 FlexPen® are latex free.

Helpful information for people with diabetes is published by the American Diabetes Association, 1701 N Beauregard Street, Alexandria, VA 22311 and is available at [www.diabetes.org](http://www.diabetes.org).

### More detailed information is available upon request.

Available by prescription only.

For information about NovoLog® Mix 70/30 contact:  
Novo Nordisk Inc.  
100 College Road West  
Princeton, New Jersey 08540  
1-800-727-6500  
[www.novonordisk-us.com](http://www.novonordisk-us.com)

Date of Issue: September 20, 2011

Version: 8

*Novo Nordisk®, NovoLog®, and FlexPen® are registered trademarks of Novo Nordisk A/S.*

NovoLog® Mix 70/30 is covered by US Patent Nos. 5,547,930; 5,618,913; 5,834,422; 5,840,680; 5,866,538 and other patents pending.

FlexPen® is covered by US Patent Nos. 6,582,404; 6,004,297; 6,235,004 and other patents pending.

Manufactured by:  
Novo Nordisk A/S  
DK-2880 Bagsvaerd, Denmark

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1011-00005201-1 October 2011





# “Walgreens Infusion Services does a beautiful job caring for me.”

*Julie* — 49 years old, infusion patient, part-time teacher's aide, full-time mom

*We take care of everything, so you don't have to worry about a thing.*

## **Your own team of experts**

- From the moment your doctor prescribes your infusion, a team is dedicated to your care

## **Help, day and night**

- Our specially trained nurses and pharmacists are available 24/7

## **Comprehensive educational support**

- To help you understand your condition and therapy

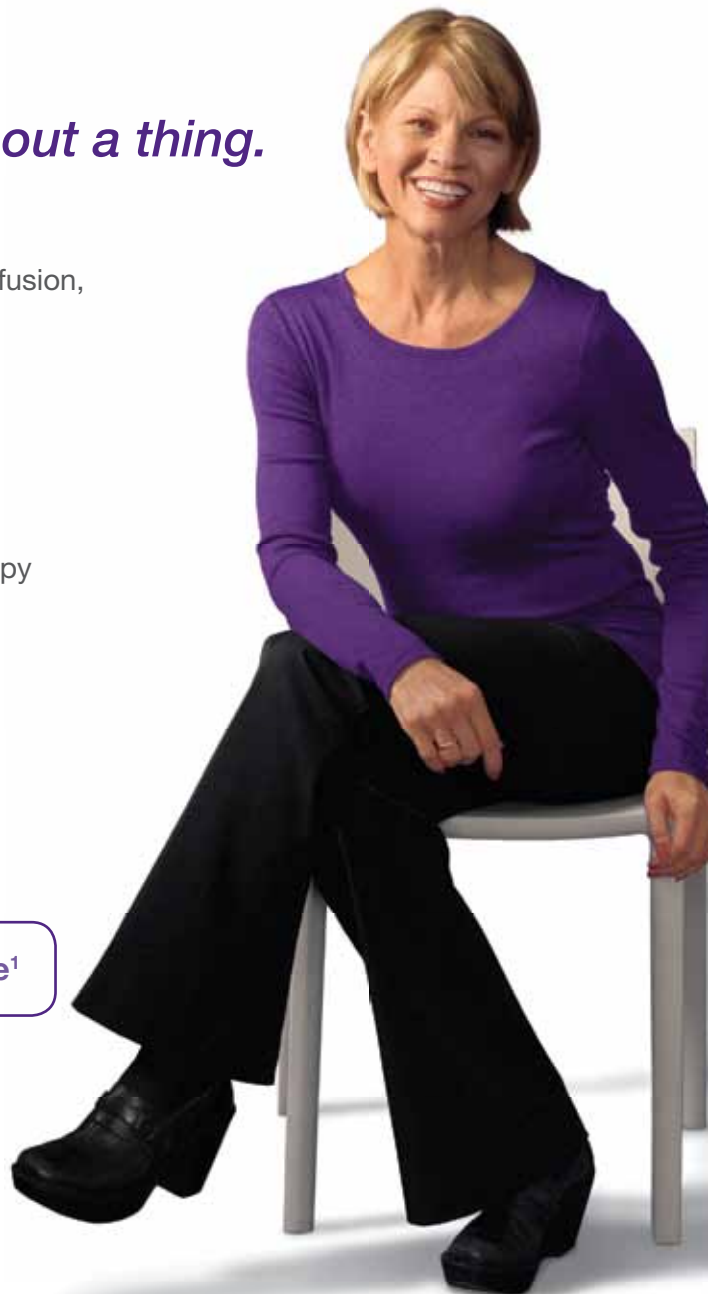
## **Convenient access**

- Therapy can be given at home or at one of our infusion centers

## **Broad insurance coverage**

- Contracted with most insurance plans

**98% of patients are satisfied with our care<sup>1</sup>**



**Taking beautiful care of you.  
To learn more, call 866-827-8203.**

**Reference:** 1. March 2011-May 2011 patient satisfaction data.  
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HHA #299991678, HHA #299992580  
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***Walgreens*** Infusion Services

# editor's letter



## Dear Readers:

This Summer issue of our award-winning *Walgreens Diabetes & You* magazine helps you get ready for the warmer weather with articles on staying healthy with diabetes in the summer heat, fitting summer fruits in to your eating plan and summer camps for kids with diabetes.

We also help you to eat right this summer with healthy and delicious recipes, including the Italian Beef Kabobs featured on the cover. Also, try the Cashew Curry Shrimp Salad, Green Garden Fries and Oatmeal Brownies.

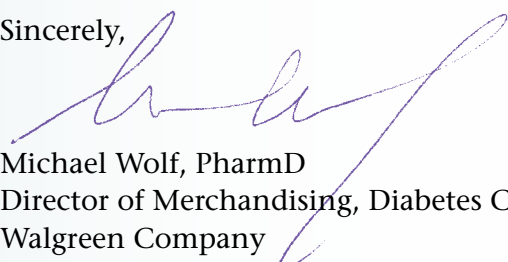
In our feature article, we focus on Broadway legend Ben Vereen, who learned he had type 2 diabetes in 2007. Ben tells us about his newest role as a spokesman for the diabetes awareness campaign called S.T.A.N.D., an acronym for Start Taking Action Now for Diabetes.

If you are a healthcare provider, we'd be happy to send you additional, complimentary copies for your offices (U.S. addresses only, no P.O. Boxes; one shipment per address). Walgreens customers can contact us at [diabetes.magazine@walgreens.com](mailto:diabetes.magazine@walgreens.com) to receive an electronic version of the magazine.

As always, we invite you to share your questions or comments. Our contact information is below:

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Sincerely,

  
Michael Wolf, PharmD  
Director of Merchandising, Diabetes Care  
Walgreen Company

For past issues of *Diabetes & You*, or for the *Walgreens Diabetes Newsletter*, visit [walgreens.com](http://walgreens.com) and click on health info.

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IF YOU HAVE **DIABETES**  
WHAT YOU PUT HERE  
CAN IMPACT YOUR GUM HEALTH



Don't brush it off—use Colgate® 

People with diabetes have a **2x greater risk** of developing gum disease. **Colgate Total® toothpaste reduces 90% of plaque germs** that cause gingivitis, the most common form of gum disease, for 12 hours.\* **And, it's the only FDA-approved toothpaste.†**

Learn more at [OralHealthandDiabetes.com](http://OralHealthandDiabetes.com)

\*Based on clinical studies, vs ordinary, non-antibacterial toothpaste.

†Colgate Total® toothpaste is approved through the New Drug Application process to help prevent gingivitis. Not approved for the prevention or treatment of serious gum disease or other diseases. The ADA Council on Scientific Affairs' acceptance of Colgate Total® Gum Defense toothpaste is based on its finding that the product is effective in helping to prevent and reduce tooth decay, gingivitis and plaque above the gumline, and bad breath, and to whiten teeth by removing surface stains, when used as directed.



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*Walgreens*

## what's new

By Jonathan Jarashow

### prescription savings club

#### Walgreens Prescription Savings Club

Whether you have insurance coverage or not, Walgreens Prescription Savings Club may provide significant savings on medicines for you and your family.

#### Easy to join. Easy to save.

A new-and-improved club with discounts on 8,000+ brands & generics offering the largest selection of discounted medicines. The club includes medicines that your insurance doesn't, many preventive and lifestyle medicines.

#### Following are some of the diabetes medicines included in the Club:

- Glimepiride
- Glipizide
- Glyburide
- Metformin
- Levemir
- Novolin
- Novolog Mix 70/30

#### Program cost.

Membership for an individual is \$20 per year or \$35 for an entire family. If you don't save at least the membership cost, Walgreens will give you the difference

between the cost and what you saved. The average savings is over \$170/year.

#### Some other benefits.

- Discounts on nebulizers\* and immunizations as well as select pet prescriptions and compound medicines.
- 10% discount on Take Care clinic services.
- 10% bonus when you purchase Walgreens and Nice! brand products and in-store

photofinishing services.

- Discounts on insulin, pen needles and syringes and diabetic supplies such as test strips as well as free blood glucose meters.\*

#### How to get started.

For program details or to sign up for the Walgreens Prescription Savings Club, ask your pharmacist or visit Walgreens.com/rxsavingsclub.

\* With prescription

**THIS IS NOT INSURANCE.**

## NEW DIABETES CARE PRODUCT

### iBGStar® Blood Glucose Monitoring System




This is the first meter designed to directly connect to an iPhone® or iPod® touch. You can display, manage and communicate your diabetes information—anytime, anywhere. iBGStar® is used with BGStar® blood glucose test strips and when used with your iPhone® or iPod® touch, you can simply download the iBGStar® Diabetes Manager app from the App Store.



## RESEARCH UPDATE

### Get moving: Every little bit helps.

Yes, even short activity breaks can help you keep healthy. In a study published in the journal *Diabetes Care*, researchers reported that just getting up and moving, instead of sitting for hours on end, helps reduce blood glucose and insulin levels after meals. They found that blood glucose and insulin levels came down after participants ate a high-calorie meal with regular two-minute sessions of either light- or moderate-intensity activity later in the day. Walking slowly was as beneficial as walking at a moderate pace, leading researchers to conclude that just getting up and moving around was even more important than the amount of energy used. Study participants who did light activity reduced their increase in glucose by an average of 24 percent, and those who did moderate-intensity activity reduced their increase by almost 30 percent, compared with those who didn't get up at all. 



# #1 PHARMACIST RECOMMENDED LETTER VITAMIN BRAND\*

## NATURE MADE® HAS QUALITY MADE SUPPLEMENTS FOR ALL OF YOUR HEART HEALTH NEEDS.

Nature Made is committed to making the highest quality supplements that are safe and effective for your heart health needs. To ensure quality, Nature Made products are checked over 90 times so that you can trust what you put into your body. Nature Made's dedication to quality means you get peace of mind and that's Nature Made's promise to you.



\*Based on 2011 *Pharmacy Times* survey, including Letter Vitamins, Fish Oil, CoQ10, Herbs and Flaxseed Oil.

†These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

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# diabetes & you

**Walgreens**  
There's a way to stay well.

summer 2012

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## feature article



### **39 BROADWAY HALL OF FAME BEN VEREEN: DIABETES ADVOCATE**

Broadway legend Ben Vereen was recently inducted into the Theater Hall of Fame. He was diagnosed with type 2 diabetes in 2007, and as busy as he is, Ben makes time to lead a diabetes awareness campaign called S.T.A.N.D., an acronym for Start Taking Action Now for Diabetes.



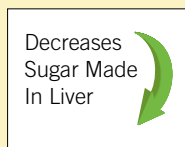
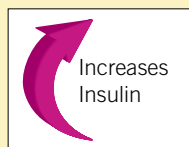
JANUVIA is widely available on most insurance plans.<sup>a</sup>

## Today, I took steps to balance my TYPE 2 DIABETES.

Today, I chose a  
balanced diet and  
talked to my doctor.



**JANUVIA works to lower blood sugar in 2 ways. Talk to your doctor about JANUVIA today.**



- **JANUVIA is a once-daily prescription pill that helps your body increase the insulin made in your pancreas and decrease the sugar made in your liver.**
- **Along with diet and exercise, JANUVIA helps lower blood sugar levels in adults with type 2 diabetes.**
- **JANUVIA is not likely to cause weight gain or low blood sugar (hypoglycemia).**

JANUVIA (jah-NEW-vee-ah) should not be used in patients with type 1 diabetes or with diabetic ketoacidosis (increased ketones in the blood or urine). If you have had pancreatitis (inflammation of the pancreas), it is not known if you have a higher chance of getting it while taking JANUVIA.

**Selected Risk Information About JANUVIA:** Serious side effects can happen in people who take JANUVIA, including pancreatitis, which may be severe and lead to death. Before you start taking JANUVIA, tell your doctor if you've ever had pancreatitis. Stop taking JANUVIA and call your doctor right away if you have pain in your stomach area (abdomen) that is severe and will not go away. The pain may be felt going from your abdomen through to your back. The pain may happen with or without vomiting. These may be symptoms of pancreatitis.

Do not take JANUVIA if you are allergic to any of its ingredients, including sitagliptin. Symptoms of serious allergic reactions to JANUVIA, including rash, hives, and swelling of the face, lips, tongue, and throat that may cause difficulty breathing or swallowing, can occur. If you have any symptoms of a serious allergic reaction, stop taking JANUVIA and call your doctor right away.

Kidney problems, sometimes requiring dialysis, have been reported.

If you take JANUVIA with another medicine that can cause low blood sugar (hypoglycemia), such as a sulfonylurea or insulin, your risk of getting low blood sugar is higher. The dose of your sulfonylurea medicine or insulin may need to be lowered while you use JANUVIA. Signs and symptoms of low blood sugar may include headache, drowsiness, weakness, dizziness, confusion, irritability, hunger, fast heart beat, sweating, and feeling jittery.

Your doctor may do blood tests before and during treatment with JANUVIA to see how well your kidneys are working. Based on these results, your doctor may change your dose of JANUVIA. The most common side effects of JANUVIA are upper respiratory tract infection, stuffy or runny nose and sore throat, and headache.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.



**For a free 30-day trial supply<sup>b</sup> of JANUVIA, visit [Januvia.com](http://Januvia.com).**

<sup>b</sup>Not all patients are eligible. Restrictions apply. See Terms and Conditions.

<sup>a</sup>Formulary data provided by Pinsonault Associates, LLC, February 2012.

**Please read the Medication Guide on the adjacent page for more detailed information.**



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**Januvia®**  
(sitagliptin) tablets

## Medication Guide

### JANUVIA® (jah-NEW-vee-ah) (sitagliptin) Tablets

Read this Medication Guide carefully before you start taking JANUVIA and each time you get a refill. There may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. If you have any questions about JANUVIA, ask your doctor or pharmacist.

#### What is the most important information I should know about JANUVIA?

**Serious side effects can happen in people taking JANUVIA**, including inflammation of the pancreas (pancreatitis) which may be severe and lead to death.

Certain medical problems make you more likely to get pancreatitis.

#### Before you start taking JANUVIA:

Tell your doctor if you have ever had

- pancreatitis
- stones in your gallbladder (gallstones)
- a history of alcoholism
- high blood triglyceride levels
- kidney problems

Stop taking JANUVIA and call your doctor right away if you have pain in your stomach area (abdomen) that is severe and will not go away. The pain may be felt going from your abdomen through to your back. The pain may happen with or without vomiting. These may be symptoms of pancreatitis.

#### What is JANUVIA?

- JANUVIA is a prescription medicine used along with diet and exercise to lower blood sugar in adults with type 2 diabetes.
- JANUVIA is not for people with type 1 diabetes.
- JANUVIA is not for people with diabetic ketoacidosis (increased ketones in your blood or urine).
- If you have had pancreatitis (inflammation of the pancreas) in the past, it is not known if you have a higher chance of getting pancreatitis while you take JANUVIA.
- It is not known if JANUVIA is safe and effective when used in children under 18 years of age.

#### Who should not take JANUVIA?

##### Do not take JANUVIA if:

- you are allergic to any of the ingredients in JANUVIA. See the end of this Medication Guide for a complete list of ingredients in JANUVIA.

Symptoms of a serious allergic reaction to JANUVIA may include:

- rash
- raised red patches on your skin (hives)
- swelling of the face, lips, tongue, and throat that may cause difficulty in breathing or swallowing

#### What should I tell my doctor before taking JANUVIA?

##### Before you take JANUVIA, tell your doctor if you:

- have or have had inflammation of your pancreas (pancreatitis).
- have kidney problems.
- have any other medical conditions.
- are pregnant or plan to become pregnant. It is not known if JANUVIA will harm your unborn baby. If you are pregnant, talk with your doctor about the best way to control your blood sugar while you are pregnant.
- **Pregnancy Registry:** If you take JANUVIA at any time during your pregnancy, talk with your doctor about how you can join the JANUVIA pregnancy registry. The purpose of this registry is to collect information about the health of you and your baby. You can enroll in this registry by calling 1-800-986-8999.
- are breast-feeding or plan to breast-feed. It is not known if JANUVIA will pass into your breast milk. Talk with your doctor about the best way to feed your baby if you are taking JANUVIA.

**Tell your doctor about all the medicines you take**, including prescription and non-prescription medicines, vitamins, and herbal supplements.

Know the medicines you take. Keep a list of your medicines and show it to your doctor and pharmacist when you get a new medicine.

#### How should I take JANUVIA?

- Take JANUVIA 1 time each day exactly as your doctor tells you.
- You can take JANUVIA with or without food.
- Your doctor may do blood tests from time to time to see how well your kidneys are working. Your doctor may change your dose of JANUVIA based on the results of your blood tests.
- Your doctor may tell you to take JANUVIA along with other diabetes medicines. Low blood sugar can happen more often when JANUVIA is taken with certain other diabetes medicines. See **"What are the possible side effects of JANUVIA?"**.
- If you miss a dose, take it as soon as you remember. If you do not remember until it is time for your next dose, skip the missed dose and go back to your regular schedule. Do not take two doses of JANUVIA at the same time.
- If you take too much JANUVIA, call your doctor or local Poison Control Center right away.
- When your body is under some types of stress, such as fever, trauma (such as a car accident), infection or surgery, the amount of diabetes medicine that you need may change. Tell your doctor right away if you have any of these conditions and follow your doctor's instructions.
- Check your blood sugar as your doctor tells you to.

- Stay on your prescribed diet and exercise program while taking JANUVIA.
- Talk to your doctor about how to prevent, recognize and manage low blood sugar (hypoglycemia), high blood sugar (hyperglycemia), and problems you have because of your diabetes.
- Your doctor will check your diabetes with regular blood tests, including your blood sugar levels and your hemoglobin A1C.

#### What are the possible side effects of JANUVIA?

##### Serious side effects have happened in people taking JANUVIA.

- See **"What is the most important information I should know about JANUVIA?"**.
- **Low blood sugar (hypoglycemia).** If you take JANUVIA with another medicine that can cause low blood sugar, such as a sulfonylurea or insulin, your risk of getting low blood sugar is higher. The dose of your sulfonylurea medicine or insulin may need to be lowered while you use JANUVIA. Signs and symptoms of low blood sugar may include:
  - headache
  - drowsiness
  - weakness
  - dizziness
  - confusion
  - irritability
  - hunger
  - fast heart beat
  - sweating
  - feeling jittery
- **Serious allergic reactions.** If you have any symptoms of a serious allergic reaction, stop taking JANUVIA and call your doctor right away. See **"Who should not take JANUVIA?"**. Your doctor may give you a medicine for your allergic reaction and prescribe a different medicine for your diabetes.
- **Kidney problems**, sometimes requiring dialysis

The most common side effects of JANUVIA include:

- upper respiratory infection
- stuffy or runny nose and sore throat
- headache

JANUVIA may have other side effects, including:

- stomach upset and diarrhea
- swelling of the hands or legs, when JANUVIA is used with rosiglitazone (Avandia®). Rosiglitazone is another type of diabetes medicine.

These are not all the possible side effects of JANUVIA. For more information, ask your doctor or pharmacist.

Tell your doctor if you have any side effect that bothers you, is unusual or does not go away.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

#### How should I store JANUVIA?

Store JANUVIA at 68°F to 77°F (20°C to 25°C).

#### Keep JANUVIA and all medicines out of the reach of children.

#### General information about the use of JANUVIA

Medicines are sometimes prescribed for purposes that are not listed in Medication Guides. Do not use JANUVIA for a condition for which it was not prescribed. Do not give JANUVIA to other people, even if they have the same symptoms you have. It may harm them.

This Medication Guide summarizes the most important information about JANUVIA. If you would like to know more information, talk with your doctor. You can ask your doctor or pharmacist for additional information about JANUVIA that is written for health professionals. For more information, go to [www.JANUVIA.com](http://www.JANUVIA.com) or call 1-800-622-4477.

#### What are the ingredients in JANUVIA?

Active ingredient: sitagliptin.

Inactive ingredients: microcrystalline cellulose, anhydrous dibasic calcium phosphate, croscarmellose sodium, magnesium stearate, and sodium stearyl fumarate. The tablet film coating contains the following inactive ingredients: polyvinyl alcohol, polyethylene glycol, talc, titanium dioxide, red iron oxide, and yellow iron oxide.

#### What is type 2 diabetes?

Type 2 diabetes is a condition in which your body does not make enough insulin, and the insulin that your body produces does not work as well as it should. Your body can also make too much sugar. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems.

High blood sugar can be lowered by diet and exercise, and by certain medicines when necessary.

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**Januvia®**  
(sitagliptin) tablets



# ask the expert

By Martha Funnell, MS, RN, CDE

As people live with diabetes, they often have questions but may not have a ready source to get the answers. Here we address some questions that often come up for people with diabetes.



## Why is diabetes so common today?

It is true that diabetes is more common than it used to be. People are getting type 2 diabetes at younger ages—even children. No one really knows why, but part of the problem is that as a country we are heavier and less physically active than ever before.

## What is borderline diabetes?

There really is no such thing. Borderline is an old word for what is now called prediabetes. If you have prediabetes, your blood glucose levels are higher than normal but not quite high enough to be diagnosed with diabetes. Prediabetes needs to be taken seriously. People with prediabetes are at high risk for heart disease and type 2 diabetes.

## Is type 2 more serious than type 1?

That depends on what is meant by more serious. It is true that all people with type 1 diabetes need to take insulin, so type 2 may seem easier to manage. Although many people with type 2 diabetes can manage their diabetes with healthy eating, being active and taking oral medicines, many also take insulin. Both types of diabetes, if not managed, can damage many parts of the body, such as the heart, blood vessels, eyes and kidneys.

## No one in my family has diabetes...Why me?

No one really knows for sure. What we do know is that the risk for diabetes is related

to both your genes and your environment, which includes lifestyle. It also could be that one of your family members had diabetes in the days before it was diagnosed as easily, so they may not have known. Or it may be that the person who passed down the risk to you died of something else before he or she got diabetes. But by





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call 1.866.766.6416.**

helping your children and grandchildren stay at a healthy weight and be active, you may be both the first and the last person with diabetes in your family.

### **Why does my treatment for type 2 diabetes keep changing?**

There are two reasons. One is that as more is learned about diabetes and new medicines are discovered, your healthcare provider may suggest a new treatment for you. The other reason is that over time, your body makes less and less insulin. You continue to make some insulin but not enough to keep your blood glucose in the target range. As you make less insulin, your body needs more help to keep your blood glucose where it needs to be. So it is common to add diabetes pills, insulin or other types of injectable medicines as time goes by. This does not mean that you have failed to manage your diabetes well. It just means that your treatment needs to change to keep up with your needs.

### **Is it common to have mood swings?**


Many people with diabetes say that as their blood glucose levels go up and down, so do their moods. It is also true that the everyday burden of having to make decisions and care

for your diabetes can become very tiresome. This can affect your moods and how you react to other people and events. If you feel your mood swings are too much to deal with or are affecting your relationships with your family and friends, it may be a sign that you need to talk to someone about your concerns. A close friend, another person with diabetes, support groups or a member of the clergy can all be sources of support. You can also ask your healthcare provider for a referral to a counselor. Although it can be hard, asking for help is a sign of strength, not a sign of weakness.

### **Is there anything I can do to keep weight off once I lose it?**

It is true that it is harder to keep weight off than it is to lose it. When you cut back on calories, your body may respond by slowing down your metabolism so that you use your calories better. This is called the "set-point theory" and it helped to keep people from starving years ago at times when food was more scarce. This also means that people who diet to reach a certain weight will need fewer calories to maintain that weight than someone who has always been at the very same weight. Although most of us

think that once we lose weight, we don't have to think about what we eat anymore; that's not true. Keeping weight off takes work, as well. There are some things you can do that will help.

Because you most likely have several types of questions, it is a good idea to add them to a list as you think of them. Your doctor, nurse, dietitian or Walgreens pharmacist are all good sources of information. 

be *i*nformed

**4**

Tips from a study of more than 5,000 people who lost weight and kept it off

**1**

Eat breakfast every day.

**2**

Weigh in at least once a week and start to lose weight right away if it goes up even a little.

**3**

Be active for at least 45–60 minutes a day.

**4**

Limit fat intake.



# TYPE 2 DIABETES DOESN'T DEFINE WHO YOU ARE.



## **You are a partner, a friend and a fighter.**

And you have a chance to control your blood sugar for yourself and those who depend on you most. Reducing your blood sugar can help reduce the risk of diabetes complications such as blindness, kidney disease, nerve damage and other serious health problems. If pills, diet and exercise aren't enough, insulin is the most effective way to reduce your blood sugar. And today insulin comes in easy-to-use pens.

## **Important Safety Information About Insulin:**

The most common side effect of insulin is low blood sugar. Some people may experience symptoms such as shaking, sweating, fast heartbeat, and blurred vision, while some experience no symptoms at all. That's why it's important to check your blood sugar often.

Talk to your doctor about whether insulin is right for you.

**Learn more at [UnderstandBloodSugar.com](http://UnderstandBloodSugar.com) or call 1.866.766.6416.**

**SANOFI** DIABETES  *Going beyond together*

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# THE skinny<sup>ON</sup> weight loss

By Martha Funnell, MS, RN, CDE



## YOUR BODY AND WEIGHT LOSS

When you start to lose weight, you lose some of your stored fat. That may seem like a good thing to you, but your body doesn't always agree. We used to think fat just sat in your body and did nothing. But we now know that is not true. The fat you store makes hormones that help control your weight and hunger.

## THE ROLE OF LEPTIN

Leptin is a hormone made in the fat cells that goes through your bloodstream to your brain. Leptin tells your brain when you are full so that you stop eating. The more overweight you are, the more leptin your body makes. Over time, your body becomes resistant to these very high levels of leptin. The leptin is blocked from giving your brain the message that you are full. In addition, food is more rewarding when you are resistant to leptin. You eat more, enjoy it less and feel hungry.

As you lose weight, your leptin levels begin to drop. Because of this, your body thinks you are starving. Your metabolism slows down and tries to hang on to the fat you have stored. Other signals also tell your brain you are hungry, so you want to eat more, as well. In some ways, you fight with your body when you try to lose weight.


Unfortunately, you can't take leptin to lose weight. Leptin is a protein and would be broken down in the stomach before it could get into the bloodstream.

## YOUR SET-POINT WEIGHT

The other thing to keep in mind is that some experts believe everyone has a built-in control system that decides how much he or she should weigh. This set point is different for everyone and is set by your genes. That's why it is easier to lose weight when you begin dieting than later on in your weight-loss efforts. You may do the same things, but you stay at the same weight or even regain what you lost. Your metabolism slows down because your body is trying to get back to your set-point weight.

The set-point also affects how many calories it takes to maintain your weight. If you lost weight and now weigh 150 pounds, you will need fewer calories to maintain that weight than a person who has always weighed 150 pounds.

And now for the good news: Although it may sound impossible, you *can* lose weight and keep it off. Exercise helps lower insulin resistance, which can decrease leptin levels. Exercise can also help increase your metabolism and fight your body's resistance to weight loss.

It isn't easy and it isn't as simple as others tell you, but it can be done. Take it one meal and one day at a time and you can do it. 

Although it may  
sound impossible,  
you *can* lose weight  
and keep it off.

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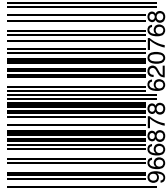
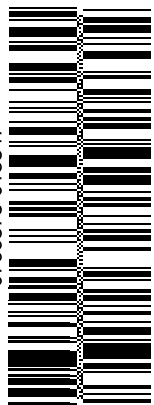
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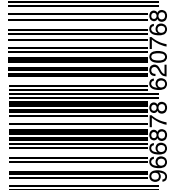
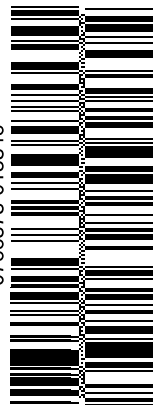
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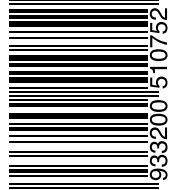
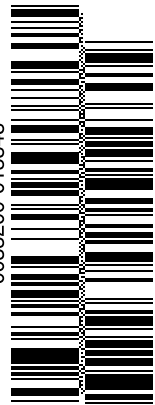
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BEYOND

# blood glucose

By Martha Funnell, MS, RN, CDE

**O**ne of the hardest things about living with diabetes is thinking about the possibility of long-term complications: eye, kidney and nerve damage, as well as heart attacks and strokes. You may already know that keeping your blood glucose as close to normal as is safe for you is the best way to lower your risk. The target for most people with diabetes is to keep their A1C levels at less than 7%. But here are some other steps you can take to lower your risk for these complications.

## HIGH BLOOD PRESSURE

Having high blood pressure along with diabetes increases your risk of complications. High blood pressure increases the force of the blood through your blood vessels. Over time, that can damage both the small blood vessels and the large blood vessels. Damage to the small blood vessels in your eyes and kidneys increases your risk of eye disease and kidney damage. Damage to the large blood vessels increases your risk of heart attacks and strokes.

Two blood pressure medicines commonly used for people with diabetes are ACE inhibitors, or ARBs. These medicines not only lower your blood pressure but also help protect your kidneys. Even when your blood pressure reaches the target range, taking your medicines helps to keep it there. That is why it is important for you to continue taking your medicines for high blood pressure, even if your blood pressure is within your target range.

## STRESS

Stress can raise both your blood glucose and your blood pressure. You cannot always control the amount of stress in your life, but you can learn to handle it differently. Physical activity, meditation, prayer, yoga and relaxation exercises are all positive ways to deal with stress. Another idea is to avoid, as much as you can, events that cause you to feel stressed. Or try a support group for people with diabetes.

## SMOKING

Smoking is not good for anyone, but it is more harmful for people with diabetes. When you smoke and have diabetes, you increase your risk for kidney and nerve damage. Smoking also damages the heart and blood vessels and adds greatly to your risk for heart attack and strokes.


Wanting to prevent complications from diabetes is another good reason to stop smoking. If you do smoke, try to cut down on the amount you smoke. Talk with your healthcare team about ways to stop smoking. Medicines, nicotine patches or gum and/or stop-smoking programs or help lines can all help.

## improve blood glucose and blood pressure

Fortunately, many of the things you do to lower your blood glucose also help to lower your blood pressure. These include weight loss, physical activity and eating more vegetables, fruits and whole grains. Less salt in your diet may also help lower your blood pressure.

## ALCOHOL

Drinking too much is especially unhealthy for people with diabetes. Alcohol is high in calories, low in food value and can get in the way of your exercise and weight loss goals. Too much alcohol can damage your heart, blood vessels and liver. Talk with your healthcare provider if you believe you are drinking too much or if you want to stop. He or she can tell you about resources in your area.

Lowering your risk for complications is the main goal of managing diabetes. Going beyond blood glucose gives you the greatest chance for living a longer, healthier life. It is a lot to do and it isn't always easy, but most people find that it is worth the effort. 

be *i*nformed

**130/80**

The recommended target for blood pressure among people with diabetes is 130/80 mmHg or lower.





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# exercise

**it's good  
for your diabetes**

By Johanna Burani, MS, RD, CDE

**E**xercise is good for everybody. Some people like to go for long walks, others like to run, go to a gym or play a sport they enjoy. We all live very busy lives, so it can be hard to find time for exercise. We work long hours and have many things to do at home. We use cars, machines and tools to help us get our work done faster. But those things take away much of our daily movement. So we must plan to keep our bodies moving. Why? Because moving the body is good for it.

(CONTINUED ON PAGE 23)

## be *i*nformed **exercise benefits**

- lower blood glucose levels
- improve the body's use of insulin
- lower blood pressure
- lower bad cholesterol and raise good cholesterol
- keep the heart strong
- lower weight
- lower body fat
- give the body more energy
- keep bones strong
- help joints move better
- lower the risk of falling
- lower stress levels

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**Important Safety Information**

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A small number of people who have taken metformin hydrochloride tablets have developed a serious condition called lactic acidosis. Lactic acidosis is caused by a buildup of lactic acid in the blood. This buildup can cause serious damage.

Lactic acidosis happens more often in people with kidney problems. Most people with kidney problems should not take metformin hydrochloride tablets.

It is also important for your liver to be working normally when you take metformin hydrochloride tablets. Your liver helps remove lactic acid from your blood.

Make sure you tell your doctor before you use metformin hydrochloride tablets if you have kidney or liver problems.

You should stop using metformin hydrochloride tablets and call your doctor right away if you have signs of lactic acidosis. Lactic acidosis is a medical emergency that must be treated in a hospital.

Signs of lactic acidosis are:

- feeling very weak, tired, or uncomfortable
- unusual muscle pain
- trouble breathing
- unusual or unexpected stomach discomfort
- feeling cold
- feeling dizzy or lightheaded
- suddenly developing a slow or irregular heartbeat

**Other Side Effects:** Common side effects of metformin hydrochloride tablets include diarrhea, nausea, and upset stomach.

You are encouraged to report side effects of prescription drugs to the FDA.

Visit <http://www.fda.gov/medwatch>, or call 1-800-FDA-1088.



Tablet is not actual size.

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Ask your doctor or pharmacist if it's right for you.

Please see Patient Information leaflet on the reverse side.

\*Glucophage® is a registered trademark of Bristol-Myers Squibb.

**Reference:** 1. Pelletier AL, Butler AM, Gillies RA, May JR. Metformin stinks, literally. *Ann Intern Med.* 2010;1524:267-268.

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# METFORMIN HYDROCHLORIDE TABLETS, USP

500 mg, 850 mg and 1000 mg

Rx Only

## PATIENT INFORMATION

Read this information carefully before you start taking this medicine and each time you refill your prescription. There may be new information. This information does not take the place of your doctor's advice. Ask your doctor or pharmacist if you do not understand some of this information or if you want to know more about this medicine.

### What are metformin hydrochloride tablets?

Metformin hydrochloride tablets are used to treat type 2 diabetes. This is also known as non-insulin-dependent diabetes mellitus. People with type 2 diabetes are not able to make enough insulin or respond normally to the insulin their bodies make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations, and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

High blood sugar can be lowered by diet and exercise, by a number of medicines taken by mouth, and by insulin shots. Before you take metformin hydrochloride tablets, try to control your diabetes by exercise and weight loss. While you take your diabetes medicine, continue to exercise and follow the diet advised for your diabetes. No matter what your recommended diabetes management plan is, studies have shown that maintaining good blood sugar control can prevent or delay complications of diabetes, such as blindness.

Metformin hydrochloride tablets help control your blood sugar in a number of ways. These include helping your body respond better to the insulin it makes naturally, decreasing the amount of sugar your liver makes, and decreasing the amount of sugar your intestines absorb. Metformin hydrochloride tablets do not cause your body to make more insulin. Because of this, when taken alone, they rarely cause hypoglycemia (low blood sugar), and usually do not cause weight gain. However, when they are taken with a sulfonyleurea or with insulin, hypoglycemia is more likely to occur, as is weight gain.

**WARNING: A small number of people who have taken metformin hydrochloride tablets have developed a serious condition called lactic acidosis. Lactic acidosis is caused by a buildup of lactic acid in the blood. This happens more often in people with kidney problems. Most people with kidney problems should not take metformin hydrochloride tablets. (See "What are the side effects of metformin hydrochloride tablets?")**

### Who should not take metformin hydrochloride tablets?

Some conditions increase your chance of getting lactic acidosis, or cause other problems if you take either of these medicines. Most of the conditions listed below can increase your chance of getting lactic acidosis.

### Do not take metformin hydrochloride tablets if you:

- have kidney problems
- have liver problems
- have heart failure that is treated with medicines, such as Lanoxin®\* (digoxin) or Lasix®\*\* (furosemide)
- drink a lot of alcohol. This means you binge drink for short periods of time or drink all the time
- are seriously dehydrated (have lost a lot of water from your body)
- are going to have an x-ray procedure with injection of dyes (contrast agents)
- are going to have surgery
- develop a serious condition, such as heart attack, severe infection or a stroke
- are 80 years or older and you have NOT had your kidney function tested

Tell your doctor if you are pregnant or plan to become pregnant. Metformin hydrochloride tablets may not be right for you.

Talk with your doctor about choices. You should also discuss your choices with your doctor if you are nursing a child.

### Can metformin hydrochloride tablets be used in children?

Metformin hydrochloride tablets have been shown to effectively lower glucose levels in children (ages 10 to 16 years) with type 2 diabetes. Metformin hydrochloride tablets have not been studied in children younger than 10 years old. Metformin hydrochloride tablets have not been studied in combination with other oral glucose-control medicines or insulin in children. If you have any questions about the use of metformin hydrochloride tablets in children, talk with your doctor or healthcare provider.

### How should I take metformin hydrochloride tablets?

Your doctor will tell you how much medicine to take and when to take it. You will probably start out with a low dose of the medicine. Your doctor may slowly increase your dose until your blood sugar is better controlled. You should take metformin hydrochloride tablets with meals.

Your doctor may have you take other medicines along with metformin hydrochloride tablets to control your blood sugar. These medicines may include insulin shots. Taking metformin hydrochloride tablets with insulin may help you better control your blood sugar while reducing the insulin dose.

Continue your exercise and diet program and test your blood sugar regularly while

taking metformin hydrochloride tablets. Your doctor will monitor your diabetes and may perform blood tests on you from time to time to make sure your kidneys and liver are functioning normally. There is no evidence that metformin hydrochloride tablets causes harm to the liver or kidneys.

Tell your doctor if you:

- have an illness that causes severe vomiting, diarrhea or fever, or if you drink a much lower amount of liquid than normal. These conditions can lead to severe dehydration (loss of water in your body). You may need to stop taking metformin hydrochloride tablets for a short time.
- plan to have surgery or an x-ray procedure with injection of dye (contrast agent). You may need to stop taking metformin hydrochloride tablets for a short time.
- start to take other medicines or change how you take a medicine. Metformin hydrochloride tablets can affect how well other drugs work, and some drugs can affect how well metformin hydrochloride tablets work. Some medicines may cause high blood sugar.

### What should I avoid while taking metformin hydrochloride tablets?

Do not drink a lot of alcoholic drinks while taking metformin hydrochloride tablets. This means you should not binge drink for short periods, and you should not drink a lot of alcohol on a regular basis. Alcohol can increase the chance of getting lactic acidosis.

### What are the side effects of metformin hydrochloride tablets?

**Lactic Acidosis:** In rare cases, metformin hydrochloride tablets can cause a serious side effect called lactic acidosis. This is caused by a buildup of lactic acid in your blood. This buildup can cause serious damage. Lactic acidosis caused by metformin hydrochloride tablets is rare and has occurred mostly in people whose kidneys were not working normally. Lactic acidosis has been reported in about one in 33,000 patients taking metformin hydrochloride tablets over the course of a year. Although rare, if lactic acidosis does occur, it can be fatal in up to half the people who develop it.

It is also important for your liver to be working normally when you take metformin hydrochloride tablets. Your liver helps remove lactic acid from your blood.

Make sure you tell your doctor before you use metformin hydrochloride tablets if you have kidney or liver problems. You should also **stop using metformin hydrochloride tablets and call your doctor right away if you have signs of lactic acidosis. Lactic acidosis is a medical emergency that must be treated in a hospital.**

### Signs of lactic acidosis are:

- feeling very weak, tired, or uncomfortable
- unusual muscle pain
- trouble breathing
- unusual or unexpected stomach discomfort
- feeling cold
- feeling dizzy or lightheaded
- suddenly developing a slow or irregular heartbeat

If your medical condition suddenly changes, stop taking metformin hydrochloride tablets and call your doctor right away. This may be a sign of lactic acidosis or another serious side effect.

**Other Side Effects:** Common side effects of metformin hydrochloride tablets include diarrhea, nausea, and upset stomach. These side effects generally go away after you take the medicine for a while. Taking your medicine with meals can help reduce these side effects. Tell your doctor if the side effects bother you a lot, last for more than a few weeks, come back after they've gone away, or start later in therapy. You may need a lower dose or need to stop taking the medicine for a short period or for good.

About 3 out of every 100 people who take metformin hydrochloride tablets have an unpleasant metallic taste when they start taking the medicine. It lasts for a short time.

Metformin hydrochloride tablets rarely cause hypoglycemia (low blood sugar) by themselves. However, hypoglycemia can happen if you do not eat enough, if you drink alcohol, or if you take other medicines to lower blood sugar.

**Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.**

### General advice about prescription medicines

If you have questions or problems, talk with your doctor or other healthcare provider. You can ask your doctor or pharmacist for the information about metformin hydrochloride tablets that is written for health care professionals. Medicines are sometimes prescribed for purposes other than those listed in a patient information leaflet. Do not use metformin hydrochloride tablets for a condition for which it was not prescribed. Do not share your medicine with other people.

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\*\*Lasix® is a registered trademark of Aventis Pharmaceuticals.

Manufactured for:



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REVISED JANUARY 2010  
MX:PL:METB:R1

(CONTINUED FROM PAGE 20)

**EXERCISE AND DIABETES**

The cells in our body work even when we are at rest. Each type of cell has its own job to do. To work well and stay healthy, cells need energy. That energy can come in the form of glucose, which insulin makes cells absorb.


Cells need much more glucose during exercise because they work very hard. Think of what happens when we walk: Our legs and arms move quickly, which they can do because more glucose leaves the blood and enters our moving cells. We also breathe faster when we walk, which happens because more glucose gets into the cells of our lungs. But what else happens at the same time? Our blood glucose level starts to drop. Glucose leaves the blood and goes into the cells, where the work happens and where the energy is needed. That lowers the glucose that remains in the blood during and even after exercise.

If you have type 1 diabetes, ask your doctor or diabetes educator how to lower the amount of insulin you take when you exercise. You don't want your blood glucose to drop too low. Always check your blood glucose level before and after exercise. If you work out for a long time, you may need to check during your activity. Never exercise on an empty stomach: Eat a snack before or right after your exercise and drink water while you are exercising. It is also a

good habit to carry glucose tablets or gel or some other fast-acting sugar source with you in case you feel weak during your exercise.

If you have type 2 diabetes and take insulin, follow the same rules as for type 1. If you take oral medicines or no drugs at all for your diabetes, it is still good to speak to your doctor or diabetes educator about your exercise plans. Test your blood glucose level before and after exercise to see if you need a snack. That will also show you to what extent exercise affects your blood glucose level. If you exercise for a long time, be sure to bring along a snack, such as fruit or yogurt. And always have water with you to drink.

**EXERCISE GUIDELINES**

The American Diabetes Association wants people with prediabetes and diabetes to be physically active at least 150 minutes every week. That means 30 minutes of exercise five days a week. To do so, you can walk, play softball, mow the lawn, clean the house, take an exercise class or anything else you like to do. You can wear a pedometer on your belt or waistband. That small tool counts how many steps you take each day. A good long-term goal is to reach 10,000 steps every day. It is common sense to start at a comfortable level and increase the time and speed of your exercise over a period of time. To get the most from your exercise, do it most days every week throughout the year. 



# 5 tips for feeling your best during and after exercise:

**1 Plan your exercise**

Plan your exercise. Think about what you can and want to do. Choose what days, what time, for how long and what you will do. Try to follow your plan.

**2 Eat the right meals**

Eat a meal that contains carbohydrates one–three hours before you exercise. Examples: a sandwich or breakfast cereal, milk and fruit. If you exercise hard for a long time, you may need to eat some carbohydrates every 20–30 minutes during your workout. Examples: plain or light yogurt, fruit, small granola bar.

**3 Drink water**

Drink 8 ounces of water 20 minutes before starting your exercise. Do not drink ice cold water, which may give you stomach cramps. Drink 8 ounces of water every 20–30 minutes during your exercise.

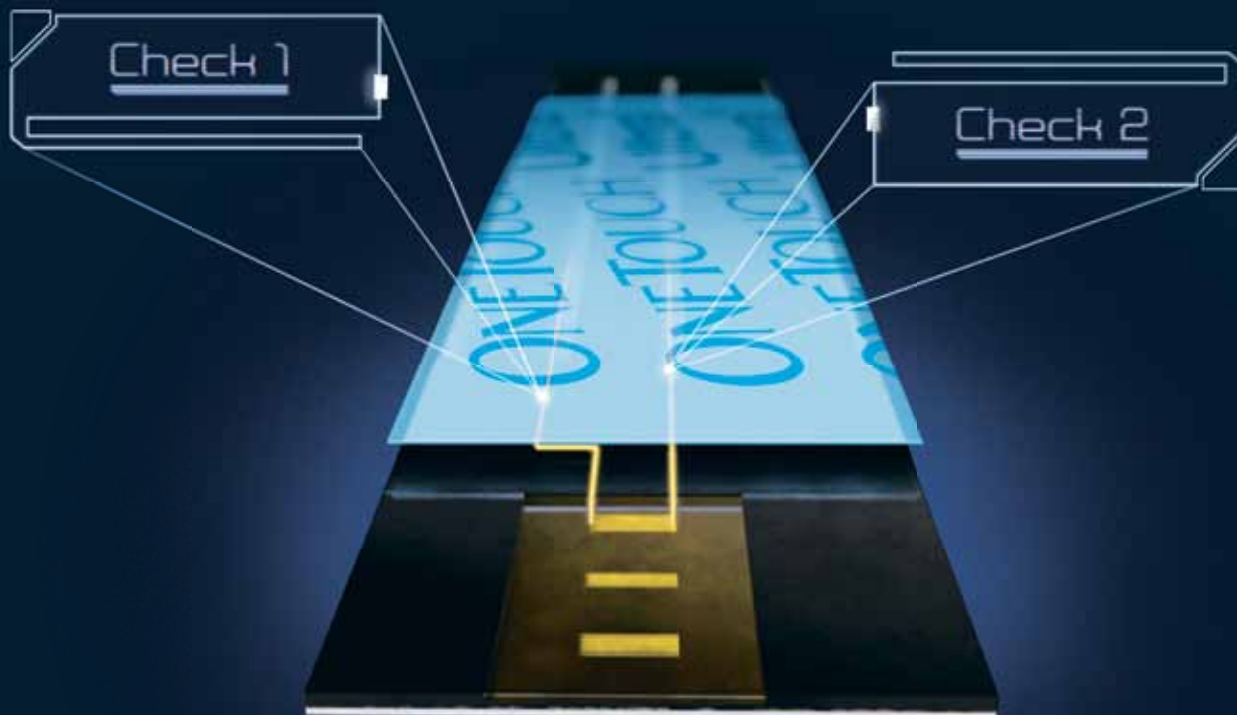
**4 Check your blood glucose**

Check your blood glucose level before and after you exercise. Also check during a long exercise or if you don't feel right. And you may need to check your blood glucose level during the night if you have exercised for a long time or did intense or unusual activities. That's to make sure your blood glucose level doesn't drop too low while you are asleep.

**5 Speak to your doctor**

Always talk with your doctor or diabetes educator before you start an exercise program. Make sure they agree on your exercise plan. Ask for advice about possible changes in insulin or diabetes medications on the days you exercise.

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# pat yourself back

ON THE

By Martha Funnell, MS, RN, CDE

**A**long with anger, fear and frustration, guilt is a common feeling among people with diabetes. No matter how much you do to care for yourself, it seems as if there is always more you could have done. After all, if you walked for 10 minutes, maybe you could have walked for 20. If you skipped dessert at dinner, maybe you should have skipped the bread, as well.

If you feel guilty, it can add to the stress you feel living with diabetes. It can also cause you to have very negative feelings about diabetes in general. Here are some ideas to help get off the guilt trip and feel better about your efforts and yourself.

## 1 TAKE TIME TO FEEL GOOD ABOUT WHAT YOU DID.

Don't focus on what you did wrong. Instead, take time every day to think about what you did right. After all, no one is perfect. It's what you do most of the time that matters. At the end of every day, mentally list or write down on paper all you did to care for your diabetes. Focus on the positives to help inspire you to keep working on your diabetes.

## 2 THERE IS NO SUCH THING AS FAILURE.

Don't think about whether you were a success or a failure, think of what you learned. Ask yourself what you tried and how it worked. If it worked, ask yourself why. If it did not work, ask yourself what got in the way and what you might do differently tomorrow.

## 3 USE YOUR GUILT.

Don't feel bad: turn your negative feelings into positive energy. It may sound odd, but some people use guilt as an excuse for the choices they make. It's as if they say, "Well, I didn't do what I wanted to do, but I feel bad about it so it's OK." Feeling guilty does not change your results. And if it doesn't change what you do the next time, then it is not helping you. Don't use guilt as an excuse: use it to motivate yourself as you make choices throughout the day.


## 4 FOCUS ON TOMORROW.

Guilt is about what you did in the past. No matter how much guilt you feel, you cannot change what already happened. Don't waste your time feeling guilty on what you can no longer change. Focus instead on what you can do tomorrow.

## 5 CHOOSE ONE THING YOU KNOW YOU CAN DO.

Don't try to do it all and then feel bad when you can't get everything done. Pick one thing to work on each day. A good place to start is with your biggest struggle or the thing that causes you the most guilt. Take another step toward your goal every few days.

## 6 FEEL GOOD ABOUT YOURSELF.

Diabetes care is hard work. Find someone (or several people) who can give you support and cheer you on. Take time to reward yourself for all of the effort you make. Pat yourself on the back for all you do. You've earned it. 

*If you feel guilty, it can add to the stress you feel living with diabetes.*

# snack attack

By Janis Roszler, RD, CDE, LD/N

**W**hen you were young, did your mother tell you not to eat between meals? Many people still think snacking is a no-no. They worry that the snacks they eat will cause them to gain weight and become less healthy. But experts who reviewed the eating habits of more than 11,000 people found that many of the snackers were very healthy eaters. They tended to drink more milk, eat more fruit and whole grains and consume less sodium in general. And the biggest surprise of all? The more they snacked, the better they ate overall.

## BECOME A "SNACKER"

While not everyone with diabetes chooses or needs to eat them, there are many great reasons to enjoy healthy between-meal snacks each day.

A snack helps you keep your energy level up and blood glucose levels from dropping too low. Blood glucose levels tend to dip a few hours after a meal, and this can cause your energy level to drop. A well-timed, healthy snack can help you keep your engine roaring.

Some snacks make you happier. If your snack contains carbohydrates, it will raise your brain's serotonin level, which helps improve your mood.

A snack helps you feel less hungry. When your next mealtime rolls around, you may be less tempted to overeat.

A snack helps you say no. If you carry healthy snacks with you, you may have an easier time saying no to a vending machine treat or tempting office dessert.

A snack helps you maintain your energy. Eat a snack before your workout, for example, to help keep your energy level up

and prevent your blood glucose level from going too low.

A snack helps you feel less deprived. It sure feels better to say yes to a healthy snack choice than *no* to a high-calorie, high-fat treat.


## FIND GOOD SNACKS

If you have diabetes, a low-carb or carbohydrate-free snack is a great choice. Many people with diabetes limit their snack choices to foods that contain 15 or fewer grams of carbohydrates. Snacks with 15 or fewer grams of carbs per serving tend not to raise your blood glucose level by much. Some people also find that eating a small amount of protein or healthy fat along with their snack, such as a small piece of low-fat cheese or a few nuts, helps keep them full.

When you pick your snacks, stay away from unhealthy fried foods, trans-fats (check the Nutrition Facts label) and high-calorie desserts. Keep your portion small and don't go back for a second helping. A great way to stretch your snack is to enjoy it with water or a flavored, calorie-free drink.

## BEST TIMES TO SNACK

Think about your day and note the times when you start to feel hungry or have a drop in energy between meals. Those are possible snack times. If you eat your snack just before your energy drop occurs, you may be able to prevent the drop from happening.

If you want to lose weight, limit the size of your snacks. If they are too large, you may gain weight over time. A snack is not a small meal: It is a nibble that helps you make it to your next meal. Meet with a registered dietitian to learn how to add snacks to your current meal plan. Prepare for the snack attack and go for it. 

### SNACKS WITH 15 GRAMS OF CARBOHYDRATES OR FEWER

- Nuts (no more than a handful—they are high in calories)

- A hard-boiled egg

- Low-fat cheese

- Cut-up vegetables with low-fat dressing

- 1 cup sugar-free hot chocolate

- Low-fat turkey or chicken cold cuts

- 1 medium-sized fruit

- 1 low-carb snack bar

- Pickles

- $\frac{3}{4}$  cup of light, no-sugar-added or plain yogurt

- 10 baked potato chips

- 5 vanilla wafers

- 3 cups of plain popcorn

- 2 ounces of canned fish (tuna) with light mayonnaise

- Celery with light cheese spread





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# eat fruit

By Luz Torres,  
MS, RD, LD, IBCLC, RLC  
Joslin Diabetes Center Affiliate  
at St. Joseph Medical Center,  
Houston, TX



Joslin Diabetes Center

**W**hether you do or don't have diabetes, you can savor the fruits of the earth. With the warm weather come fruits in a wide variety of flavors, colors, textures and nutrients. What's even better is that summer fruits can easily be part of your healthy eating plan.

(CONTINUED ON PAGE 34)

be *i*nformed

**Portion  
size counts:  
one portion  
of carbs is  
15 grams**

Eat  
 $\frac{1}{2}$  cup frozen  
or canned  
fruit

**OR**

have  $\frac{3}{4}$  cup  
to 1 cup of  
fresh berries  
and melons

**OR**

drink  $\frac{1}{3}$   
to  $\frac{1}{2}$  cup  
fruit juice

**Best  
Choices**

- Fresh fruit
- Frozen fruit
- Canned fruit with no added sugar

**In Smaller  
Portions**

- Fruit juice
- Dried fruit
- Canned fruits in light syrup
- Canned fruits in juice

# Enjoy Simply Fresh-Squeezed Taste



Honestly  
Simple®



(CONTINUED FROM PAGE 32)

Fruits contain carbohydrates that may affect blood glucose levels, so if you are wondering if you can still have them, the answer is *yes*. Fruits are loaded with vitamins, minerals and fiber and should be part of every well balanced meal plan. For those of us who have the need to satisfy a sweet tooth, a piece of fresh fruit for dessert is always the healthiest option.

If you use the plate method, have a small piece of whole fruit or a ½ cup of fruit salad for dessert. Fruit is a great way to round out the non-starchy vegetables, small portion of starch and protein foods that are on the plate.

Rarely do we find in nature a food so rich in nutrition. Nature produces fruits in various shapes and flavors for versatility, but it is the actual color of the fruit that, for the most part, determines fruits' true flavor and nutrient content.

## FRUIT AND CARBOHYDRATE COUNTING

If you count carbs (carbohydrate counting is a form of balancing a meal plan), a small piece of fresh fruit or about ½ cup of frozen or canned fruit has about 15 grams of carbohydrate. The serving size for most fresh berries and melons ranges from ¾ cup to 1 cup. Fruit juice can range from ⅓ to ½ cup for 15 grams of carbohydrates. Watch out for dried fruit, though. Just 2 tablespoons of dried fruit, like raisins or cherries, contains 15 grams of carbohydrates, so be careful with your portion sizes.

The benefit of eating a lower-carbohydrate fruit is that you can eat a larger portion. But whether you eat a low-carb or high-carb fruit, as long as the serving size contains 15 grams of carbohydrates, the effect on your blood glucose is pretty much the same. Fruit can be eaten in place of other carbohydrate-based foods, like grain foods (bread, pasta, rice or cereal), starchy vegetables (peas, corn or dried beans and peas) and milk or yogurt.

## FRUITS AND THE GLYCEMIC INDEX

The glycemic index, or GI, is a meal-planning tool that ranks foods with carbs based on how they affect blood glucose. Foods and drinks that have a high glycemic index are quickly digested and absorbed by your body. This causes a spike in your blood glucose, which may then be followed by a quick drop in your blood glucose later on. In contrast, foods with a low glycemic index are digested more slowly, and tend to raise blood glucose more gradually. Only foods and beverages that contain carbs are given a glycemic index value, since carb foods have the biggest impact on blood glucose, compared with protein- and fat-based foods.

No matter what type of fruit you choose to eat, remember to focus on watching your portions and aiming for a balance in your eating plan. Your goal, when it comes to any food, should be variety and moderation. Reap the benefits of a long summer of fresh, nutritious and delicious fruit ... and don't forget to slow down and savor it. 🍷

be *i*nformed  
**fruits**  
have it all

- A small to medium piece of fruit contains, on average 60 calories and 15 grams of carbohydrates.
- Fruits are mostly water.
- Fruits are fat-free—with the exception of the avocado, which is rich in heart-healthy monounsaturated fat. That may help raise levels of HDL (good) cholesterol while lowering LDL (bad) cholesterol.
- Fruits are an excellent source of dietary fiber, which can help manage blood glucose and lower cholesterol.
- Fruits contain many different vitamins and minerals, along with phytonutrients that may help lower the risk of heart disease and some types of cancer.

**FRUIT  
SERVINGS  
WITH ABOUT  
15 GRAMS  
OF CARBS**

**1¼ cups  
whole  
strawberries**

**½ cup  
cubed  
mango**

**1¼ cups  
cubed  
watermelon**

**½  
medium  
banana**

**¾ cup  
cubed  
pineapple**



# healthy summer recipes

## Italian Beef Kabobs

**Prep Time:** 15 Minutes

**Total Time:** 1 hour, 25 minutes

**Makes:** 6 servings

- 1½ pounds beef boneless sirloin or round steak 1-inch thick
- 1 medium red bell pepper, cut into 1-inch pieces
- 1 package (8 ounces) whole mushrooms
- 1 medium zucchini, cut lengthwise in half, then cut crosswise into ¾-inch slices
- ½ cup Italian dressing
- 9 small red potatoes, cut in half

- 1.** Cut beef into 1-inch pieces. Place beef, bell pepper, mushrooms and zucchini in medium glass or plastic bowl. Stir in dressing until coated. Cover and refrigerate, stirring occasionally, at least 1 hour but no longer than 12 hours.
- 2.** Heat coals or gas grill. Place potatoes in 2-quart saucepan; add enough water to cover. Heat to boiling; reduce heat to low. Simmer uncovered about 10 minutes or until almost tender; drain. Cool slightly.
- 3.** Remove beef and vegetables from dressing; reserve dressing. Thread beef, marinated vegetables and potatoes alternately on each of 12 9-inch metal skewers, leaving ½-inch space between each piece. Brush kabobs with dressing.
- 4.** Cover and grill kabobs 4 to 5 inches from medium heat 6 to 8 minutes for medium-rare to medium doneness, turning and brushing with dressing after three minutes. Discard any remaining dressing.

### NUTRITION INFORMATION

#### Per serving:

Calories 315 (Calories from Fat 80); Total Fat 9 g (Saturated Fat 2 g); Cholesterol 55 mg; Sodium 160 mg; Total Carbohydrate 38 g; Dietary Fiber 4 g; Protein 24 g

**Dietary exchanges:** 1 Starch, 4 Vegetable, 2 Medium-fat meat



## Cashew Curry Shrimp Salad

**Prep Time: 15 Minutes Total Time: 2 Hours, 15 Minutes**

**Makes 4 servings, 1¼ cups each**

### Curry Dressing

- ½ cup reduced-fat mayonnaise or salad dressing
- 2 tablespoons lemon juice
- 1 tablespoon milk
- 1 teaspoon curry powder
- ⅛ teaspoon pepper

### Salad

- 1 cup Green Giant® Valley Fresh Steamers™ frozen sweet peas
- 1 package (12 oz) frozen cooked deveined peeled shrimp, thawed, drained, tail shells removed
- 2 medium stalks celery, thinly sliced (¾ cup)
- 1 can (1.75 oz) shoestring potatoes (1¼ cups)
- ½ cup cashew halves
- 1 head Belgian endive

**1.** In small bowl, mix all dressing ingredients.

**2.** Cook and drain peas as directed on bag. Rinse with cold water; drain. In medium bowl, place shrimp, celery and peas. Add dressing; toss to coat. Cover; refrigerate at least two hours to blend flavors.

**3.** Just before serving, gently stir shoestring potatoes and cashews into shrimp mixture. Arrange endive leaves, pointed ends out, around edge of medium serving platter or four plates. Spoon shrimp mixture into center of platter or divide among four plates. Sprinkle with additional cashews and shoestring potatoes if desired.

### NUTRITION INFORMATION Per serving:

Calories 390 (Calories from Fat 210); Total Fat 23 g (Saturated Fat 4½ g, Trans Fat 0 g); Cholesterol 175 mg; Sodium 470 mg; Total Carbohydrates 21 g (Dietary Fiber 4 g, Sugars 5 g); Protein 24 g

### Dietary exchanges:

1 Starch, ½ Other Carbohydrate, 3 Very Lean Meat, 4 Fat

## Green Garden Fries

**Prep Time: 20 Minutes**

**Total Time: 40 Minutes**

**Makes 6 servings**

### Dip

- 1 container (6 oz) Yoplait® Greek Fat Free plain yogurt
- 1 tablespoon olive oil
- 1 tablespoon lemon juice
- 1 clove garlic, finely chopped
- ½ teaspoon salt
- 2 tablespoons fresh herbs (basil, dill, oregano and/or thyme)

### Vegetable Fries

- 1 cup Progresso® panko bread crumbs
- ½ cup finely shredded Parmesan cheese
- 1 tablespoon fresh herbs (basil, dill, oregano and/or thyme)
- ¼ teaspoon salt
- 3 tablespoons all-purpose flour
- 2 eggs, beaten
- 1½ lb sugar snap peas, broccolini, asparagus and/or zucchini
- 2 tablespoons butter, melted

## Oatmeal Brownies

**Prep Time: 15 Minutes**

**Total Time: 3 Hours, 15 Minutes**

**Makes 40 brownies**

- 2½ cups quick-cooking or old-fashioned oats
- ¾ cup Gold Medal® all-purpose flour
- ¾ cup packed brown sugar
- ½ teaspoon baking soda
- ¾ cup butter or margarine, softened
- 1 box (1 lb 2.4 oz) Betty Crocker® Original Supreme Premium brownie mix
- ¼ cup water
- ¼ cup vegetable oil
- 1 to 2 eggs
- ½ cup chopped nuts



1. In small bowl, mix dip ingredients. Cover and refrigerate.
2. Heat oven to 400°F. Line large cookie sheet with foil and spray with cooking spray; set aside.
3. In small bowl, mix bread crumbs, Parmesan cheese, 1 tablespoon fresh herbs and the salt. Line up three baking dishes or shallow bowls. Place flour in first dish. Place eggs in second dish. Place bread crumb mixture in third dish. Dip and roll vegetables into flour to coat, dip into eggs, then coat with bread crumb mixture. Place coated vegetables on cookie sheet. Sprinkle any remaining crumb mixture over vegetables. Drizzle with melted butter.
4. Bake 18 to 20 minutes or until vegetables are tender and coating is light golden brown. Serve with dip.

## NUTRITION INFORMATION Per serving:

Calories 260 (Calories from Fat 110); Total Fat 12 g (Saturated Fat 5 g, Trans Fat 0 g); Cholesterol 90 mg; Sodium 560 mg; Total Carbohydrates 24 g (Dietary Fiber 2 g, Sugars 5 g); Protein 12 g

**Dietary exchanges:** 1 Starch, 2 Vegetable, ½ Lean Meat, 2 Fat



Find more great recipes at [bettycrocker.com](http://bettycrocker.com) and in Betty Crocker cookbooks.  
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1. Heat oven to 350°F (325°F for dark or nonstick pan). Grease bottom only of 13x9-inch pan, with shortening or cooking spray.
2. Mix oats, flour, brown sugar and baking soda in medium bowl; stir in butter. Reserve 1 cup of the oat mixture. Press remaining oat mixture in pan. Bake 10 minutes; cool 5 minutes.
3. Stir brownie mix, pouch of chocolate syrup, water, oil and 1 egg for fudgelike brownies (or 2 eggs for cakelike brownies) in medium bowl, using spoon, until well blended. Stir in nuts. Carefully spread over baked layer; sprinkle with reserved oat mixture.
4. Bake 40 to 45 minutes or until toothpick inserted 2 inches from side of pan comes out almost clean. Cool completely, about 2 hours. For brownies, cut into 8 rows by 5 rows. Store tightly covered.

## NUTRITION INFORMATION Per serving:

Calories 150 (Calories from Fat 60); Total Fat 7 g (Saturated Fat 3 g, Trans Fat 0 g); Cholesterol 15 mg; Sodium 85 mg; Total Carbohydrates 20 g (Dietary Fiber 1 g, Sugars 12 g); Protein 1 g

## Dietary exchanges:

½ Starch, 1 Other Carbohydrate, 1½ Fat



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### Important Information

The meter and lancing device are for single patient use. Do not share them with anyone including other family members. Do not use on multiple patients. All parts of the kit are considered biohazardous and can potentially transmit infectious diseases, even after you have performed cleaning and disinfection.

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**SANOFI** DIABETES 



broadway  
hall of famer

# Ben Vereen

## DIABETES ADVOCATE

By Jonathan Jarashow

**B**en Vereen is a Broadway legend, having appeared in hits such as "Hair," "Jesus Christ Superstar," "Pippin" and "A Christmas Carol." For his role in "Pippin," Ben won both the Tony Award and the Drama Desk Award for Best Actor in a Musical. In January 2012, as a tribute to his success, Ben received the highest honor in theater as he was inducted into the Theater Hall of Fame. He was recently diagnosed with type 2 diabetes, and as busy as he is, Ben makes time to lead a diabetes awareness campaign called S.T.A.N.D., an acronym for Start Taking Action Now for Diabetes (StandForDiabetes.org), in partnership with Sanofi US. Being a diabetes spokesman is a new role Ben is ready to play.

### INCREASING DIABETES AWARENESS

Ben explains how important this campaign is to him and how it can make a tremendous impact on other people with diabetes. "I am very proud to be the spokesman for S.T.A.N.D., helping to make people with diabetes more aware of what is going on with their bodies and to show them how crucial it is to care for themselves.

"When I was first diagnosed with diabetes, I didn't know the signals; I didn't have an awareness of the red flags. There are people who are in the same situation and they don't know what to do. Today, there are 26 million people with diabetes—seven million are living with diabetes and don't even know they have it. We've got our job cut out for us. Every 21 seconds somebody else is diagnosed with diabetes," Ben says.

## BEN'S DIABETES DIAGNOSIS

Prior to his diagnosis in 2007, Ben found himself lethargic and not motivated to do his usual routine, including going to dance class and exercising. He was often thirsty and didn't understand why. Finally during Christmas 2007, Ben collapsed. His daughter took him to the hospital where they tested his blood glucose and found that Ben had type 2 diabetes. At first, he panicked because at the time, diabetes scared him. He had heard horror stories about diabetes and thought the worst. "Am I going to lose my leg?" "How am I going to live?" All these things went through my mind," Ben says. Ben had, in fact, done a TV show in the 1980s called "Webster" in which he played a man living with diabetes. In those days, the needle he used was about the size of an arm—it was frightening. But to Ben's great relief, he saw what insulin needles look like today and found out how much the medical field has advanced in the care for diabetes and that it was nothing to be afraid of. His doctor then put him on insulin right away and told him how to change his eating habits and to exercise—to which Ben said, "I can do that." "In a way it saved my life because had I just continued on the path I was going down, I wouldn't be here today. I would have probably continued down the path of poor eating habits and inactivity, and diabetes would have gotten the best of me."

## A ROLE MODEL FOR PEOPLE WITH DIABETES

Ben is proud to serve as a positive role model for people all over the world living with diabetes and to show them that you can live a normal life—and a healthier one at that: "It is not a challenge, it is an opportunity to live a better life. When I was growing up we didn't talk about diabetes. If somebody was acting a little strange or passed out, we just said, 'Oh, don't worry about him, honey, he just got a little sugar in his blood.' We weren't nearly as educated

about diabetes as we are today. But I have turned my life around and I am eating healthier, I'm working out, and I feel great. I think by people seeing me live a better life with diabetes, then it can be an example for them to live better. I am trying to show that you can turn a challenge into an opportunity. I am not *suffering* with, I am *living* with diabetes."

## HEALTHY LIVING WITH DIABETES

Ben offers some suggestions about how to best manage your diabetes: "What's good for me may not be good for you, so you have to talk with your doctor and find out what's right for you." Ben is a vegetarian, which is a choice that works for him and his lifestyle. Ben is so excited to have this new lease on life and hopes that he can inspire others. He believes everyone with diabetes can be a role model just by taking care of oneself and keeping diabetes in check. "Now that I have learned what diabetes is all about, there is more of an enthusiasm in my work because now I have the education, I have the awareness, and now I am excited about life. People see me on TV and say, 'That man is *living* with diabetes!' And maybe one of those people has just been diagnosed with diabetes and asks his doctor, 'What can I do to have a life like that?' It's important that we do not hide the fact that we live with diabetes and we let the world know. That way, everyone can get a better understanding of diabetes as a whole." 📺



**Ben tells a story** that shows how anybody can be a positive role model, no matter who you are. It is about a boy who was afraid to go out to play because he had type 1 diabetes. He had to check his blood glucose and was ashamed to go out and play with the other kids because he didn't want to be teased. He happened to see "Team Type 1" (the first-ever professional cycling team to include elite athletes with Type 1 diabetes) on TV. With a new confidence, he went to the park, sat down on a bench, took out his kit and began to check his blood glucose. A kid from across the park saw him and he came running over and said, "You have diabetes?" And the boy says, "Yeah, I do." And the other kid replies, "I have diabetes, too!"

"I love that story," says Ben. "By us stepping out and checking our blood glucose or whatever we have to do, we are spreading awareness. What we don't know builds fear. Once we become aware and educated, fear is no longer a factor. And that is why I am so honored and proud to be a spokesman for diabetes—because we have created a movement that provides the resources for doctors, for questions people with diabetes might have or for just about anything they need to know to help them learn to live with diabetes. I want them to learn that diabetes is not a challenge they're suffering with. Diabetes is not hindering me—it's encouraging me. What we tell ourselves is who we are. If you tell yourself the negative, you become the negative. The more positive things we put into our minds, the better lives we will live."



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ARE YOU NUTS ABOUT

# nuts, berries and oils?

By Janis Roszler, RD, CDE, LD/N



**N**uts, berries and oils seem to be in the news a lot lately, thanks to the health benefits that they provide. Here is a quick review of each of those foods, along with some new ways they can help your diabetes control.

## Nuts

Walnuts, almonds, hazelnuts and most other types of nuts are great for your heart. They help lower LDL (bad) cholesterol levels, prevent harmful heart rhythms from forming and contain L-arginine, which can help artery walls “relax.” That can help prevent clogged arteries, chest pain and possibly heart disease.

**What’s new?** Nuts to the rescue. A recent Canadian study found that nuts not only help improve cholesterol levels, they can also help improve blood glucose levels. If you have type 2 diabetes, you know that if you eat too many carbohydrate-rich foods—pasta, rice, bread, cookies, potatoes, corn, peas, milk, fruit or fruit juice—your blood glucose will go too high.

In that study, researchers mixed unsalted almonds, peanuts, cashews, macadamia nuts, pistachios, hazelnuts, pecans and walnuts together. The subjects, who ate 2 ounces of the nut mixture each day in place of some of their carbohydrates, enjoyed a nice drop in their A1C. The A1C is a blood test that tells you how well your diabetes has been controlled for the past three months. People with diabetes have a lower risk of complications if they keep their A1C level below 7 percent.

Note: While eating more nuts can be helpful, don’t overdo it. Nuts are high in fat and calories and can cause you to gain weight if you eat too many of them.





## Berries

Berries, such as strawberries, blueberries, raspberries and cranberries, are rich in antioxidants, substances that fight damage caused by toxic byproducts (free radicals). Some of these byproducts come from natural cell processes in the body, while others come from environmental sources, such as cigarette smoke, pesticides and sunlight.

**What's new?** If you have type 2 diabetes and eat an antioxidant-rich diet, you may find it easier to keep your blood glucose level in a healthy range. That's because the antioxidants can improve your body's response to insulin. Experts in Italy who observed that benefit also believe that an antioxidant-rich diet can also help metformin, a common diabetes medicine, work better in the body. They suggest that people with

diabetes eat five servings of fruits and vegetables daily to help improve their insulin levels. In addition to berries, carrots, capers, tomatoes, orange juice and tea are also good sources of antioxidants.

*Note:* Fruits and fruit juices will raise your blood glucose level if eaten in excess. If you add them to your diet, count the carbs and check your blood glucose regularly. Adjust your intake of fruit and fruit juices, as needed, based on your blood glucose response.


## Oils

There are four types of fats: two that harm and two that help. The harmful ones are saturated fats and trans fats. Saturated fats, found, for example, in red meat and high-fat dairy products, raise your risk of getting heart disease and type 2 diabetes. Trans fats are often found in stick margarines, shortenings and baked goods. A quick glance at a food's Nutrition Facts label will tell you if a product contains that type of fat. Trans fats should be limited, as they raise the body's LDL cholesterol level and increase the risk of heart disease. Try to choose foods with 0 grams of trans fat per serving.

Polyunsaturated and monounsaturated oils are the healthy oils. They are found in nuts, fish and vegetable oils, such as olive, safflower, canola and sunflower oils. They don't seem to raise

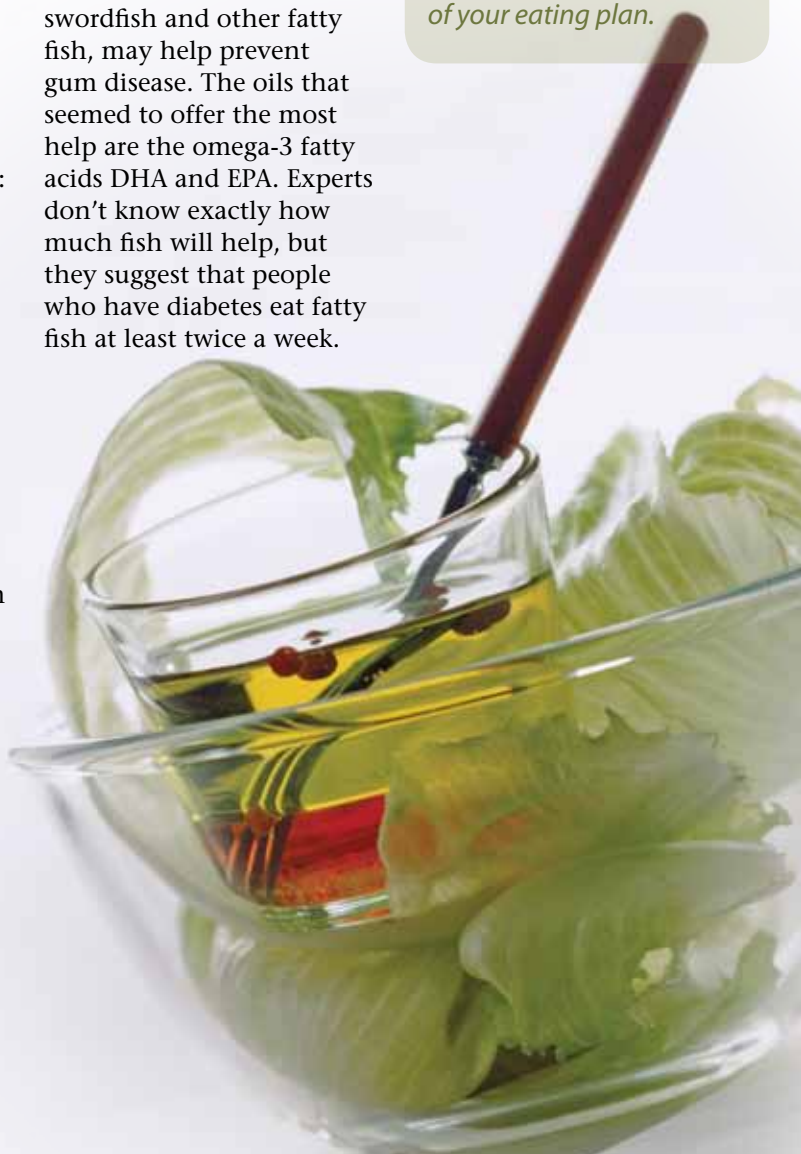
LDL cholesterol and may even help bring it down. When you cook at home or dress your salads, use these healthier oils.

**What's new?** Fish oils are great for your heart, but did you know that they can also help keep your mouth healthy? People with diabetes have a higher risk of gum disease, which can make it harder for them to control their blood glucose level. Fish oils, found in salmon, sardines, mackerel, swordfish and other fatty fish, may help prevent gum disease. The oils that seemed to offer the most help are the omega-3 fatty acids DHA and EPA. Experts don't know exactly how much fish will help, but they suggest that people who have diabetes eat fatty fish at least twice a week.

*Note:* Be sure to limit the amount of oil you use. All oils are high in fat and calories and may lead to weight gain if you use too much. 

## be *i*nformed

*Nuts, berries and oils can help you better manage your diabetes and lower your risk of health problems. Reap their benefits by making them a regular part of your eating plan.*





food and nutrition

# Q&A

By Johanna Burani, MS, RD, CDE



**Can I have sugar if I have diabetes?**

Well here is some good news: If you plan and choose well, you can have a small serving of a dessert with table sugar (sucrose) once in a while. Just know that the sugar in your dessert must count in your total carbohydrates for the day. You may have to eat less of other carbohydrate-based foods (such as bread, rice, cereal or tortillas) to make room for your sweets.

See a registered dietitian to learn how to space carbohydrate-based foods in your diet for good diabetes control.

You can also enjoy foods and drinks every day that contain natural sugars like fruit (fructose) and milk (lactose). These foods are part of a balanced diet. They contain protein, vitamins and minerals that help the body stay healthy and control blood glucose levels.

If you choose foods that contain sugar-free or low-calorie sweeteners, eat them in small portions. They may still give your body many calories from fats and other carbohydrates. Some sweeteners can also cause bloating and cramps if you eat too much of them. You will find these sweeteners, known as sugar alcohols, in diet drinks, cakes, cookies, muffins, ice cream, light yogurt, candy and chewing gum.

The American Diabetes Association advises people with diabetes not to overeat both foods with sugar and those with man-made or low-calorie sweeteners.

**Should I drink diet drinks?**

Sugary drinks will clearly not help you maintain your blood glucose level if you drink the whole bottle in a short period of time.

Diet drinks have no sugar in them, so they won't raise your blood glucose. Some are calorie-free or low-calorie and may help you manage your weight. Many people also think that diet drinks help them feel less hungry. Some people feel bad when they drink too many diet drinks. They may suffer from bloating

or stomach cramps. Others feel hungrier after they consume diet drinks and end up eating more. One study shows that some people who are at risk for diabetes develop wider waists and abnormal fasting glucose levels when they drink one or more servings of diet soda every day.

Choose mostly water, low-fat or skim milk and herbal teas as your usual daily drinks. Enjoy a favorite diet drink once in a while as a treat.

**Can I eat chocolate?**

Who doesn't love chocolate? Not only does chocolate taste good, but it is good for your health. Cocoa, one part of chocolate, has antioxidants that

(CONTINUED ON PAGE 46)



be *i*nformed

**12 ounces**  
of regular Coke has the equivalent of 10 teaspoons of sugar in it.

**16 ounces**  
of regular Snapple iced tea has the equivalent of 11.5 teaspoons of sugar.

**20 ounces**  
of Mountain Dew has the equivalent of 19 teaspoons of sugar.

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### Important Safety Information for Lantus® (insulin glargine [rDNA origin] injection)

Do not take Lantus® if you are allergic to insulin or any of the inactive ingredients in Lantus®.

You must test your blood sugar levels while using insulin, such as Lantus®. Do not make any changes to your dose or type of insulin without talking to your healthcare provider. Any change of insulin should be made cautiously and only under medical supervision.

**Do NOT dilute or mix Lantus® with any other insulin or solution.** It will not work as intended and you may lose blood sugar control, which could be serious. Lantus® must only be used if the solution is clear and colorless with no particles visible. **Do not share needles, insulin pens or syringes with others.**

**The most common side effect of insulin, including Lantus®, is low blood sugar (hypoglycemia), which may be serious.** Some people may experience symptoms such as shaking, sweating, fast heartbeat, and blurred vision. Severe hypoglycemia may be serious and life threatening. It may cause harm to your heart or brain. Other possible side effects may include injection site reactions, including changes in fat tissue at the injection site, and allergic reactions, including itching and rash. In rare cases, some allergic reactions may be life threatening.

Tell your doctor about other medicines and supplements you are taking because they can change the way insulin works. Before starting Lantus®, tell your doctor about all your medical conditions including if you have liver or kidney problems, are pregnant or planning to become pregnant, or are breast-feeding or planning to breast-feed.

Lantus® SoloSTAR® is a disposable prefilled insulin pen. Please talk to your healthcare provider about proper injection technique and follow instructions in the Instruction Leaflet that accompanies the pen.

### Indications and Usage

Prescription Lantus® is a long-acting insulin used to treat adults with type 2 diabetes and adults and children (6 years and older) with type 1 diabetes for the control of high blood sugar. It should be taken once a day at the same time each day to lower blood glucose.

Do not use Lantus® to treat diabetic ketoacidosis.

**Please see brief summary of prescribing information on the next page.**

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1.800.FDA.1088.

SANOFI DIABETES 

## BRIEF SUMMARY OF PRESCRIBING INFORMATION

### HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use LANTUS safely and effectively. See full prescribing information for LANTUS.

**LANTUS® (insulin glargine [rDNA origin] injection) solution for subcutaneous injection**

Initial U.S. Approval: 2000

### INDICATIONS AND USAGE

LANTUS is a long-acting human insulin analog indicated to improve glycemic control in adults and children with type 1 diabetes mellitus and in adults with type 2 diabetes mellitus. (1)

Important Limitations of Use:

- Not recommended for treating diabetic ketoacidosis. Use intravenous, short-acting insulin instead.

### DOSAGE AND ADMINISTRATION

- The starting dose should be individualized based on the type of diabetes and whether the patient is insulin-naïve (2.1, 2.2, 2.3)
- Administer subcutaneously once daily at any time of day, but at the same time every day. (2.1)
- Rotate injection sites within an injection area (abdomen, thigh, or deltoid) to reduce the risk of lipodystrophy. (2.1)
- Converting from other insulin therapies may require adjustment of timing and dose of LANTUS. Closely monitor glucoses especially upon converting to LANTUS and during the initial weeks thereafter. (2.3)

### DOSAGE FORMS AND STRENGTHS

Solution for injection 100 units/mL (U-100) in

- 10 mL vials
- 3 mL cartridge system for use in OptiClik (Insulin Delivery Device)
- 3 mL SoloStar disposable insulin device (3)

### CONTRAINDICATIONS

Do not use in patients with hypersensitivity to LANTUS or one of its excipients (4)

### WARNINGS AND PRECAUTIONS

- Dose adjustment and monitoring: Monitor blood glucose in all patients treated with insulin. Insulin regimens should be modified cautiously and only under medical supervision (5.1)
- Administration: Do not dilute or mix with any other insulin or solution. Do not administer subcutaneously via an insulin pump or intravenously because severe hypoglycemia can occur (5.2)
- Do not share reusable or disposable insulin devices or needles between patients (5.2)
- Hypoglycemia: Most common adverse reaction of insulin therapy and may be life-threatening (5.3, 6.1)
- Allergic reactions: Severe, life-threatening, generalized allergy, including anaphylaxis, can occur (5.4, 6.1)
- Renal or hepatic impairment: May require a reduction in the LANTUS dose (5.5, 5.6)

### ADVERSE REACTIONS

Adverse reactions commonly associated with Lantus are:

- Hypoglycemia, allergic reactions, injection site reaction, lipodystrophy, pruritus, and rash. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact sanofi-aventis at 1-800-633-1610 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

### DRUG INTERACTIONS

- Certain drugs may affect glucose metabolism, requiring insulin dose adjustment and close monitoring of blood glucose. (7)
- The signs of hypoglycemia may be reduced or absent in patients taking anti-adrenergic drugs (e.g., beta-blockers, clonidine, guanethidine, and reserpine). (7)

### USE IN SPECIFIC POPULATIONS

- Pregnancy category C: Use during pregnancy only if the potential benefit justifies the potential risk to the fetus (8.1)
- Pediatric: Has not been studied in children with type 2 diabetes. Has not been studied in children with type 1 diabetes <6 years of age (8.4)

See Full Prescribing Information for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling

GLA-BCPH-AS-APR10

Revised: 04/2010  
Rx Only

(CONTINUED FROM PAGE 44)

help protect your heart and improve blood flow. Antioxidants also help fight diarrhea and chronic fatigue. Chocolate contains copper, magnesium and potassium. These minerals help lower blood pressure and reduce your risk for heart disease.

Chocolate even helps with diabetes. It makes cells respond more to insulin and does not cause your blood glucose level to spike. Just be sure to take away some other carbohydrates in your diet to make room for your chocolate treat. Also keep in mind that most chocolates have fat and sugar calories. There are about 150 calories in 1 ounce of chocolate, and

there is also a small amount of caffeine. Servings should be small so you don't gain weight from too many extra calories.

Choose the chocolate with the highest cocoa content so you will be getting the most health benefits. Dark chocolate with at least 70% cocoa is a very good choice. Enjoy 1 ounce two or three times per week for good health.

#### Is caffeine good for me?


Caffeine is found in coffee and tea, soft and energy drinks, coffee ice cream and frozen yogurt, chocolate and some over-the-counter drugs.

Caffeine, like cocoa, contains antioxidants that can do many good things for the body. If you drink

between one and four 8-ounce cups of coffee per day, you may feel more alert and be better able to concentrate. You may also decrease your risk for getting some cancers, stroke and Alzheimer's disease. But you may also find that your blood pressure is higher, you are more anxious and may have trouble sleeping at night. You might suffer from kidney stones, acid reflux and headaches. In other words, caffeine can affect people in different ways.

With regard to diabetes, some studies show that caffeine improves insulin sensitivity in the cells and lowers the risk of getting type 2 diabetes. These are good effects. Other studies find that blood

glucose levels rise after a meal with caffeine, which, of course, is not good.

So what should you do about your caffeine intake? If you don't eat or drink any caffeine and don't want to start, don't. If you feel bad effects from the amount of caffeine in your diet, cut back a little at a time. For example, if you drink six cups of coffee or tea every day and feel nervous or can't sleep at night, cut back a cup at a time until you feel better. But if you drink no more than two cups of caffeine per day and feel fine, you don't need to make any changes. You can also speak to your doctor, dietitian or diabetes educator about how to make changes in your caffeine intake. 



# beat the heat

By Erica Albert, BSN, RN, CDE



Joslin Diabetes Center

It's Saturday morning, the weather report shows nothing but sunshine through the weekend and your beach bag is packed. The thermometer has reached 90 degrees and you can see the heat in the air. At last the winter months are behind us and our calendars are filled with BBQ's, family vacations and long summer weekends. The days are longer and we find ourselves out and about, spending the afternoons and late evenings in the summer heat.

Before stepping out the door into the summer sun, take a few moments to consider how the summer's heat can affect your diabetes.

## THE HEAT AND YOUR DIABETES

Let's take a moment to review what happens in diabetes: your blood glucose levels rise when you don't have enough insulin, or your insulin isn't working as well as it should. When glucose builds up in your bloodstream, your kidneys try to get rid of it. The more glucose the body removes from the bloodstream, the more fluid is lost through urination. This can lead to dehydration, or the loss of too much fluid from the body. The combination of dehydration and high blood glucose levels can be very dangerous for people with either type 1 or type 2 diabetes. In the summer months, the hot temperatures can worsen these symptoms as the body takes steps to cool

itself through sweating. This can further raise your risk for dehydration. High temperatures and loss of body fluids can lead to heat stroke. This is a serious condition which can occur when one's body temperature goes too high. Left untreated, heat stroke can lead to brain, heart and kidney damage—and even death.

Call your healthcare provider if the warning signs listed below continue. And if you have any of the urgent signs, call your provider right away or go to your local emergency room. 📞

## be *i*nformed common signs and symptoms of dehydration and heat stroke:

### WARNING SIGNS:

- Continued high blood glucose levels (above 200 mg/dL)
- Feeling very tired
- Having to urinate a lot, often waking in the middle of the night to use the toilet
- Being very thirsty
- Dry skin
- Blurry vision
- Cuts or wounds that are slow to heal, including redness, swelling, pain, drainage and/or warmth
- Fast heart rate

### URGENT SIGNS:

- Blood glucose level higher than 400mg/dL
- Nausea
- Vomiting
- Confusion
- Fast breathing

# 8 tips to prevent dehydration and heat stroke

## 1 Drink, drink, drink.

Carry fluids with you when you are out and about during the day. Stick with water, seltzer water or naturally flavored waters. Grab a sugar-free popsicle for a cool and refreshing treat. Limit your intake of beverages that contain caffeine, like iced coffee and diet colas, as well as alcoholic drinks. Drinking too many of these drinks may lead to dehydration.

## 2 Follow your diabetes self-management plan

as directed by your healthcare provider. This means following your meal and physical activity plans, checking your blood glucose as directed, and taking your diabetes medicine as prescribed. Keep in touch with your healthcare team if your blood glucose levels stay high despite your following your treatment plan.

## 3 Keep your home cool.

Consider buying an air conditioner or fan. If you do not have access to an air conditioner, spend the day at a local museum, library, movie theater or mall where the temperatures are usually cooler.

## 4 If you take insulin, keep your insulin vials or insulin pens in a cool pack or an insulated pack when you are outside.

If insulin becomes too hot or too cold, it may not work as it should. Ask your diabetes educator or your Walgreens pharmacist how to store your insulin and how long it's good for. Some insulin can stay at room temperature for up to 40 days, while others are only good at room temperature for 10 days.

## 5 Avoid getting too much sun.

If you are heading to the beach, bring an umbrella or choose a spot in the shade. Wear a hat and load up on sunscreen to prevent sunburn. Be sure to reapply sunscreen every few hours and after swimming.

## 6 Wear loose fitting and breathable clothing.

Opt for cotton, linen or moisture-wicking fabrics. Choose light-colored clothing to reflect heat (dark clothing absorbs heat and can make you feel too warm).

## 7 On really hot days, stick to water activities.

Spend a day at the community pool or local YMCA. Join a water aerobics class during the summer months. Not only is it good for your joints, it will keep your body temperature down. If swimming or water aerobics aren't your thing, walk in the early morning or late evening hours when it's cooler, or walk inside at your local shopping mall. It's best not to go for a run, or exert yourself too much when it's hot, as this can increase your chances of becoming overheated.

## 8 Check your blood glucose regularly

as recommended by your healthcare provider. Write down your results in a logbook and look for patterns and trends. Make sure your hands are clean before you check. Also, check that your meter is working properly by using your control solution regularly.



*Grab your beach bag, favorite novel, sunscreen and plenty of water and enjoy the sunny days. Pay attention to the warning signs and follow the above tips to stay healthy and happy in the summer months. You can control your diabetes and prevent complications by being proactive and checking in with your health care provider on a regular basis.*





# camp

## for kids with diabetes

By Martha Funnell, MS, RN, CDE

Summertime means freedom from the pressures of school, time with your friends, maybe even a family trip to a favorite vacation spot. For many kids, summer also means going to camp.

Just because you have diabetes doesn't mean that camp is not for you. It is possible for kids with diabetes to go to camp. In fact, most states have camps just for kids with diabetes.



### What is a diabetes camp like?

Camps for kids with diabetes are fun and have the same activities as other camps: games,

crafts, swimming, boating, hiking and other outdoor activities. For many campers, it is a chance to try new things and make new friends.

If you go to a school where you are the only one with diabetes, it can feel lonely. You may not have anyone your age to talk with who can really understand what it is like for you. You also may feel different because you have to do things while you are at school to manage your diabetes. At diabetes camp, all of the kids have diabetes. Many of the counselors do, too. You don't have to worry about feeling different or trying to fit in. Just think, you won't be the only one checking your blood glucose before a meal. Everyone does it.

Along with all of the fun activities, you get the chance to manage your diabetes on your own. Although there are doctors, nurses and counselors to help, it is a good time to feel more in charge of your diabetes. There are lots of chances to learn from the other kids and to teach them what you know about being a kid with diabetes.

### Should my child go to diabetes camp?

Camp gives many kids with diabetes a chance to blossom and feel like just a kid—instead of a kid with diabetes. They have a chance to be with others like themselves and learn the skills they need to take on more of their own diabetes care. For example, many children give themselves their first insulin shot at camp with


## be *i*nformed

You can find an accredited camp from the American Camping Association ([acacamps.org](http://acacamps.org)).

the support of the other campers and help from the nurses and doctors. Camp also can give you a needed break from the day-to-day work and worry of your child's diabetes.

Although camps often charge a fee, there is usually help to pay for them. Many camps have a policy of not turning anyone away because they cannot pay.

### What's the best way to find a camp?

Two websites to help find a camp for your child are [childrenwithdiabetes.org](http://childrenwithdiabetes.org) and [diabetes.org](http://diabetes.org). There are both day camps and sleep-away camps. There also are weekend camps in the winter and camps for whole families. 

# diabetes and foot care

Walgreens can help you protect your feet

By Steve Kennedy, PharmD,  
Director of Walgreens Infusion Services

You test your blood glucose, exercise, eat right, and have your eyes, heart and kidneys checked every year. But you may be overlooking something: your feet.



## Why do I need to pay attention to my feet?

People with diabetes are more likely to develop foot sores that can become serious if they aren't treated. That's because diabetes can damage the nerves in your feet, so you don't feel it if you are getting a sore on your foot. Diabetes can also cause poor blood flow, making it take longer for soles to heal. Luckily, there are many things you can do to help keep your feet healthy.

## How can I protect my feet?

The most important things you can do to protect your feet are to control your blood glucose, stop smoking and try to prevent sores before they start. Tips for caring for your feet include:

- **Wear the right shoes and socks.**

Always wear shoes to protect your feet. Be sure they are comfortable and not at all tight. They should not have any rough areas inside that rub your feet or put pressure on them. Wear shoes that have laces or buckles so you can adjust them easily, and avoid thongs and sandals. Don't wear shoes made of plastic, with pointed or open toes or high heels. Switch shoes in the middle of the day or take them off for a while to change where your feet feel pressure from the shoes. Your socks should be clean and seam-free as well.

- **Inspect.** Look closely at your feet twice a day. Look at the tops, sides, bottoms, heels, nails and between the toes. If you see a sore, cover it with a bandage. If it isn't healing, see your doctor right away.

- **Protect.** Wash your feet every day with mild soap and warm water. Dry them well, especially between your toes. If your feet are very dry and cracked, use special lotion made for people with diabetes. Because

trapped moisture can breed infection, do not put lotion between your toes. Cut your toenails straight across so they don't become ingrown.

- **See your doctor.**

Have the doctor look at your feet at least once a year. Take off your shoes when you see the doctor. That will remind you to have the doctor look at your feet.

## What happens if I get a sore on my foot?

If you get a sore that doesn't get better, you might have an ulcer, which is an open sore that may get infected. If you have an ulcer, it's important to see your doctor right away, so you can get treatment. The doctor might prescribe antibiotic pills and a special shoe that takes the pressure off of the sore. You might need to have the sore cleaned out regularly to help get rid of the infection.

Another treatment your doctor might order is antibiotics that are given through a tube that is placed in a vein, usually in your arm. This is called infusion. Luckily, if you need this type of treatment, you don't necessarily need to go to the hospital. Walgreens Infusion Services nurses can work with your doctor to provide top-quality care in the comfort of your own home—and on your own schedule.

One-in-four people with diabetes get ulcers, which can lead to much bigger problems. Take good care of your feet so they're around for years to come.

Visit [walgreens.com](http://walgreens.com) for more information on diabetes and foot care. If you'd like to learn more about Walgreens Infusion Services, call 866-827-8203. 





# **Victoza®**

**liraglutide (rDNA origin) injection**

## **Important Patient Information**

**This is a BRIEF SUMMARY of important information about Victoza®. This information does not take the place of talking with your doctor about your medical condition or your treatment. If you have any questions about Victoza®, ask your doctor. Only your doctor can determine if Victoza® is right for you.**

## **WARNING**

**During the drug testing process, the medicine in Victoza® caused rats and mice to develop tumors of the thyroid gland. Some of these tumors were cancers. It is not known if Victoza® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid cancer (MTC) in people. If MTC occurs, it may lead to death if not detected and treated early. Do not take Victoza® if you or any of your family members have MTC, or if you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in the body.**

## **What is Victoza® used for?**

- Victoza® is a glucagon-like-peptide-1 (GLP-1) receptor agonist used to improve blood sugar (glucose) control in adults with type 2 diabetes mellitus, when used with a diet and exercise program.
- Victoza® should not be used as the first choice of medicine for treating diabetes.
- Victoza® has not been studied in enough people with a history of pancreatitis (inflammation of the pancreas). Therefore, it should be used with care in these patients.
- Victoza® is not for use in people with type 1 diabetes mellitus or people with diabetic ketoacidosis.
- It is not known if Victoza® is safe and effective when used with insulin.

## **Who should not use Victoza®?**

- Victoza® should not be used in people with a personal or family history of MTC or in patients with MEN 2.

## **What is the most important information I should know about Victoza®?**

- In animal studies, Victoza® caused thyroid tumors. The effects in humans are unknown. People who use Victoza® should be counseled on the risk of MTC and symptoms of thyroid cancer.
- In clinical trials, there were more cases of pancreatitis in people treated with Victoza® compared to people treated with other diabetes drugs. If pancreatitis is suspected, Victoza® and other potentially suspect drugs should be discontinued. Victoza® should not be restarted if pancreatitis is confirmed. Victoza® should be used with caution in people with a history of pancreatitis.

- Serious low blood sugar (hypoglycemia) may occur when Victoza® is used with other diabetes medications called sulfonylureas. This risk can be reduced by lowering the dose of the sulfonylurea.
- Victoza® may cause nausea, vomiting, or diarrhea leading to the loss of fluids (dehydration). Dehydration may cause kidney failure. This can happen in people who may have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration.
- Like all other diabetes medications, Victoza® has not been shown to decrease the risk of large blood vessel disease (i.e. heart attacks and strokes).

## **What are the side effects of Victoza®?**

- Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath while taking Victoza®. These may be symptoms of thyroid cancer.
- The most common side effects, reported in at least 5% of people treated with Victoza® and occurring more commonly than people treated with a placebo (a non-active injection used to study drugs in clinical trials) are headache, nausea, and diarrhea.
- Immune system related reactions, including hives, were more common in people treated with Victoza® (0.8%) compared to people treated with other diabetes drugs (0.4%) in clinical trials.
- This listing of side effects is not complete. Your health care professional can discuss with you a more complete list of side effects that may occur when using Victoza®.

## **What should I know about taking Victoza® with other medications?**

- Victoza® slows emptying of your stomach. This may impact how your body absorbs other drugs that are taken by mouth at the same time.

## **Can Victoza® be used in children?**

- Victoza® has not been studied in people below 18 years of age.

## **Can Victoza® be used in people with kidney or liver problems?**

- Victoza® should be used with caution in these types of people.

## **Still have questions?**

This is only a summary of important information. Ask your doctor for more complete product information, or

- call 1-877-4VICTOZA (1-877-484-2869)
- visit [victoza.com](http://victoza.com)

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**Victoza® helped  
me take my  
blood sugar down...**

**and changed how I manage  
my type 2 diabetes.**

**Victoza® helps lower blood sugar when  
it is high by targeting important cells in  
your pancreas—called beta cells.**

**While not a weight-loss product, Victoza®  
may help you lose some weight.**

And Victoza® is used once a day anytime,  
with or without food, along with eating right  
and staying active.

**If you're ready for a change, talk to your  
doctor about Victoza® today.**

Model is used for illustrative purposes only.

### Indications and Usage:

Victoza® is an injectable prescription medicine that may improve blood sugar (glucose) in adults with type 2 diabetes when used along with diet and exercise.

Victoza® is not recommended as the first medication to treat diabetes. Victoza® is not insulin and has not been studied in combination with insulin. Victoza® is not for people with type 1 diabetes or people with diabetic ketoacidosis. It is not known if Victoza® is safe and effective in children. Victoza® is not recommended for use in children.

### Important Safety Information:

In animal studies, Victoza® caused thyroid tumors—including thyroid cancer—in some rats and mice. It is not known whether Victoza® causes thyroid tumors or a type of thyroid cancer called medullary thyroid cancer (MTC) in people which may be fatal if not detected and treated early. Do not use Victoza® if you or any of your family members have a history of MTC or if you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). While taking Victoza®, tell your doctor if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer.

Inflammation of the pancreas (pancreatitis) may be severe and lead to death. Before taking Victoza®, tell your doctor if you have had pancreatitis, gallstones, a history of alcoholism,

or high blood triglyceride levels since these medical conditions make you more likely to get pancreatitis.

Stop taking Victoza® and call your doctor right away if you have pain in your stomach area that is severe and will not go away, occurs with or without vomiting, or is felt going from your stomach area through to your back. These may be symptoms of pancreatitis.

Before using Victoza®, tell your doctor about all the medicines you take, especially sulfonylurea medicines or insulin, as taking them with Victoza® may affect how each medicine works.

Also tell your doctor if you are allergic to any of the ingredients in Victoza®; have severe stomach problems such as slowed emptying of your stomach (gastroparesis) or problems with digesting food; have or have had kidney or liver problems; have any other medical conditions; are pregnant or plan to become pregnant. Tell your doctor if you are breastfeeding or plan to breastfeed. It is unknown if Victoza® will harm your unborn baby or if Victoza® passes into your breast milk.

Your risk for getting hypoglycemia, or low blood sugar, is higher if you take Victoza® with another medicine that can cause low blood sugar, such as a sulfonylurea. The dose of your sulfonylurea medicine may need to be lowered while taking Victoza®.

Victoza® may cause nausea, vomiting, or diarrhea leading to dehydration, which may cause kidney failure. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration.

The most common side effects with Victoza® include headache, nausea, and diarrhea. Nausea is most common when first starting Victoza®, but decreases over time in most people. Immune system-related reactions, including hives, were more common in people treated with Victoza® compared to people treated with other diabetes drugs in medical studies.

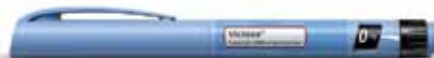
**Please see Brief Summary of Important Patient Information on next page.**

If you need assistance with prescription drug costs, help may be available. Visit [pparx.org](http://pparx.org) or call 1-888-4PPA-NOW.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [fda.gov/medwatch](http://fda.gov/medwatch) or call 1-800-FDA-1088.

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**To learn more, visit [MyVictozaInfo.com](http://MyVictozaInfo.com) or  
call 1-866-441-0564.**



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