

EXPERT ADVICE, NUTRITION TIPS, GREAT RECIPES & MORE!

FALL 2011

diabetes & you[®]

Walgreens

There's a way to stay well.



LOW-CAL WORLD CUISINE

MOO SHU VEGETABLES

DWIGHT HOWARD

NBA STAR
AND DIABETES
ADVOCATE



BIGGEST LOSER HOST

ALISON SWEENEY

WALKS WITH WALGREENS

editor's letter



Dear Readers:

Welcome to the Fall issue of *Walgreens Diabetes & You*, with great information and tips on diabetes care, nutrition and more from the diabetes experts on our editorial staff and from Joslin Diabetes Center in Boston.

If you want to sample new foods while staying true to your meal plan, try the Moo Shu Vegetables featured on the cover or our other Low-Cal World Cuisine recipes: Beef & Bean Chile Verde, Moroccan Vegetable Soup (Chorba) and Indian-Spiced Chicken Pitas recipes.

Learn about the benefits of walking in our feature on "The Biggest Loser" host and "Days of our Lives" star Alison Sweeney, who is also the spokesperson for the

Walk with Walgreens national walking program. We also interview Orlando Magic center Dwight Howard, a perennial NBA all-star and a campaign ambassador for the Dribble to Stop Diabetes program.

In our What's New at Walgreens section, learn about the daily health tests now available at many Walgreens pharmacies and find out how to give your medicine cabinet a diabetes makeover from Walgreens pharmacist Stacia Woodcock.

If you are a health care provider, we'd be happy to send you additional, complimentary copies for your office (U.S. addresses only, no P.O. Boxes, one shipment per address). Walgreens customers can contact us at 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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For past issues of *Diabetes & You*, or for the Walgreens Diabetes Newsletter, visit walgreens.com and click on health info

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diabetes & you

Walgreens

There's a way to stay well.

fall 2011

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what's new at Walgreens

By Jonathan Jarashow

make over your medicine cabinet



Walgreens pharmacist Stacia Woodcock gives advice on medicine cabinet makeovers on TV and on walgreens.com. Here are her tips for people with diabetes:

MUST HAVES

- Wound care items, like hydrogen peroxide, antibiotic ointment and bandages because people with diabetes are susceptible to infection.
- Toothbrush, toothpaste, mouthwash and floss for healthy teeth and gums and to prevent gum disease. Keep your toothbrush in the medicine cabinet, away from germs.

- A daily multivitamin to help people with diabetes get all the nutrients they need each day.
- A pain reliever and an anti-inflammatory in case of pain or fever.
- Sugar-free cough and cold medicines, as well as a decongestant and an antihistamine.
- Skin cream or moisturizer because dry skin can crack and get infected.

RELATED TIPS

- Get rid of expired prescription bottles. Expired medicines can be harmful or they simply may not work.
- Don't keep diabetes supplies in your bathroom because steam and moisture can damage them.
- Check to see if your test strips and meters are covered by prescription insurance.

- Talk with your doctor about taking a low-dose aspirin if you have heart disease.

Remember, Walgreens brand products are less expensive than brand-name products and they are 100% guaranteed.

daily health tests now at Walgreens

Walgreens now offers daily testing for total cholesterol and HDL (good cholesterol) blood glucose and A1C at more than 1,600 pharmacies. Each test also includes a free blood pressure reading and personal consultation with a Walgreens pharmacist.

"Providing convenient, affordable access to health testing services is an important part of our commitment to disease prevention and chronic care management," said Kermit Crawford, Walgreens president of pharmacy, health and wellness.

More than 40 percent of those receiving cholesterol and blood glucose tests have had levels above the recommended target range, so get tested today and know your numbers.

To find the nearest Walgreens offering these testing services, visit the store locator at walgreens.com/findastore and check the "health tests" box, or call 1-877-926-3968.



what's new in diabetes research

insulin and weight gain? not really.

It's true that some people gain weight when they take insulin, but research tells us this shouldn't happen when insulin is used in the right way. Insulin is an important hormone, or blood factor, that helps to balance your body's energy requirements. Besides moving glucose from the blood into your muscle, fat and liver

cells where it is used for energy, higher insulin levels also tell your brain to be less hungry. When insulin is used early in the course of diabetes—before glucose values become really high—there is no extra weight gain. In fact, compared with other treatments, there can even be some weight loss. Don't be afraid of diabetes, and don't be afraid of insulin.

By Richard Jackson, MD, Director of Medical Affairs, Joslin Diabetes Center



SOLVING THE BLOOD GLUCOSE

mystery

By Martha Funnell, MS, RN, CDE

One of the keys to managing your blood glucose is to keep everything in balance: your food, your activity, your medicines and your stress level. When you check your blood glucose levels, you can see how all of these things are balancing out and how all of your hard work is paying off.

1 When do I check?

Start with a fasting blood glucose level before breakfast. A rule of thumb in diabetes care is to fix the fasting first. If your blood glucose level is high when you first get up, you have to work all day to bring it down. Other times to monitor are:

- before lunch and dinner
- two hours after the start of your meals
- at bedtime

Checking your blood glucose before and after a meal helps you understand how the carbohydrates you ate affected your blood glucose. Checking your blood glucose before bed lets you rest easy knowing that you won't have a low blood glucose reaction during the night. It also gives you an idea of where your blood glucose levels should be when you wake up. Your bedtime and fasting glucose levels should be about the same. If they're not, you may need a change in your medicines.

Starting the day in your target range makes it easier to stay on track for the rest of the day.

2 What can I learn from my numbers?

Look for patterns. For example, if you notice that your levels are high after lunch most days of the week, you may decide to eat fewer carbohydrates during lunch. Or you may decide to go for a walk or take more insulin to cover your usual lunch. If you notice that when you are under a lot of stress, your levels are high most of the day, then you might try being more active on those days or learn different ways to relax and cope.


Take your blood glucose record with you when you visit your health care provider. Be sure to tell him or her what you think about your readings and ask questions about results you do not understand. Remember, your readings do not always reflect what you do, and what works one day may not work the next. Let your health care provider know that you are doing all you can, and ask for help and support to solve any problems you detect.

3 What if I can check only once or twice a day?

No matter how many times you check, it is helpful to get an idea of your blood glucose levels over the course of a day. That can be especially helpful the week before you see your health care provider. Some ideas are:

- **Check at different times on different days.** You could check before breakfast on Monday, two hours after breakfast on Tuesday, before lunch on Wednesday and so on. If you do two checks a day and use the pattern above for your other checks.
- **Check two hours before and after the first bite of a meal, choosing different days for different meals.** For example, check before and after breakfast on Monday, before and after lunch on Tuesday and so on.
- **Check four to five times a day.** This covers your fasting blood glucose level, before and after meals and at bedtime one or two days each week.

4 How can I get a clear profile of my blood glucose levels?

Check your blood glucose levels at different times of the day and look for patterns from day to day or over the course of a week. Think of checking your blood glucose as taking a picture of what is happening at a certain moment in time. But your blood glucose level changes constantly. Knowing your profile along with your A1C helps you see the big picture. Even if your meter has a memory, writing down your results will help you see patterns more clearly. 

THE BLOOD GLUCOSE CLUES

The information you get from checking your blood glucose is only helpful if you use your readings to make choices as you go through each day. Don't think about your blood glucose reading as a judgment. Use your readings *as clues for solving the blood glucose mystery.*



7 questions for *Walk with Walgreens* spokesperson

Alison Sweeney

By Jonathan Jarashow

Alison Sweeney is an accomplished actress, host and author. Currently hosting her eighth season of NBC's "The Biggest Loser" and enjoying her 17th year on "Days of our Lives," Alison also recently released her latest book, *The Mommy Diet*, which offers comprehensive tips on how to take care of yourself once you become a mother.

PHOTO CREDIT: ROBERT TRACHTENBERG



1 How does *Walk with Walgreens* work?

Walgreens knows that walking is the simplest form of exercise available, and wanted to create a special program and online community to both educate and inspire people to take steps to lead a healthier life. Once you register at www.walgreens.com/walk, you simply begin walking. Log on, upload your walks, read up on tips and advice from experts and check out what others in the community are doing to stay fit. You can earn great rewards and coupons, and meet people who have goals similar to your own.

2 What are some easy ways to incorporate even more walking into your daily life?

Making simple changes like parking farther away from your destination, taking the stairs instead of the elevator or even walking to get that daily coffee can add steps to your day. Just getting out there is so good for you. Walking gives us a chance to step back from the hectic lives that we lead.

3 If we have a limited amount of time to work out, how do you make the most of that time?

That's a challenge for all of us. On the days when I am short on time, I walk a little faster, or take some hills for a change and that, of course, can sneak in a few extra steps to your everyday routine. If you have children, you can bring them along with you, which is a great way to spend quality time together while getting in some exercise. The greatest thing about walking is that you really don't need much to start. A good pair of walking shoes and some comfortable clothes are pretty much all you need to get out the door.

4 How can walking improve health and lower your risk for disease?

Studies have shown that walking regularly can lead to weight loss, which can lower blood pressure and cholesterol, help you sleep better and even help you feel more mentally clear. There are also studies that suggest it can improve your immune system, strengthen your heart, keep your joints more flexible, and reduce symptoms of depression. The best part about walking is that the moment you begin, you also begin to reap the benefits. We see results from people who get into

shape on “The Biggest Loser” all the time. No matter how unhealthy you are, getting one foot in front of the other and taking those first steps are the most important steps you can take toward health. Taking the first step of going for a walk can get you on that road to better health so that down the line you are more capable of doing things. I think that people are so busy looking for the quick fix, they don’t realize that it shouldn’t happen that quickly. Go out there. Make it a habit. Shape your own future by taking that first step. And it’s easy to fall out of that habit.

The best part about walking is that the moment you begin, you also begin to reap the benefits.

5 You have openly discussed your own weight loss struggles. What advice can you offer to someone to get back on track?


Just like when you set goals, I think it’s good to start small. It is less overwhelming, and you can enjoy those small successes that really help you to not only stick with a program, but stay with it long enough to see some results. The moment you notice your clothes fitting better, there will be no stopping you. My own schedule is exhausting. I work a lot and it isn’t always the easiest thing to fit exercise in. I definitely have trouble with it, just like everybody else out there who is busy and taking care of kids or whatever your day is like. I find that what works for me is scheduling it in. Making it a time, making it a priority, just as I do every other part of my day. The great thing about walking is that you can do it on your lunch break. You can do it anywhere. You can include it in your day regularly. You have to make it a priority. You are the only one who can do it for yourself. No one can take care of that for you, so I put it on my calendar because that is what works for me.

Alison Sweeney at the Walk with Walgreens launch in April at Walgreens Times Square store in New York City.

6 How do you start setting wellness goals?

The best way is to start slowly and small. It is much easier to reach small goals, which can really help keep you motivated to push on to the next goal. Think about where you’d like to be six months from now, and make a list of the small steps you need to get there. Also be sure to reward yourself each time you hit a goal—you’ve earned it. There is no magic pill. Just eat right and work out and you can see tremendous results by doing that. I think when I get in a workout or when I am committed, and I take that time for myself it inspires me so I end up having a better meal that night. And the next morning I have a good meal. And then I walk again.

7 What is the ideal nutrition plan to go along with a walking program?

I did a clean sweep of my kitchen, and got rid of all the processed and tempting junk food. Out of sight, out of mind is a great policy when it comes to eating healthy—if it isn’t in the house, you’re much less likely to eat it. But that doesn’t mean you should never have a treat. Rewarding yourself by enjoying something you like in small quantities can help you from feeling deprived, which in turn helps you stay on your diet. 

To sign up for the Walk with Walgreens program online, go to walgreens.com/walk. Registration is also available in the photo area at any Walgreens store or by texting “WALK” to 21525.



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.

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

ask an expert

By Joyce Lekarczyk, RN, CDE



Q Does a change of seasons mean I need to change my diabetes care?

A It is important to have a plan to meet the challenges of each season. For many people, fall signals a change in schedule because vacation is over and school is starting up again. Colder weather may mean less physical activity. Having a different exercise plan in place is helpful before the cold, snowy winter sets in. Your food choices may change with the seasons, too, so

make sure you have a meal plan that you can follow and that works for you. Fall also means the onset of cold and flu season. Knowing how to care for your diabetes during an illness and when to call your doctor is vital for recovering sooner. This is a good time to check your medicine chest and discard outdated supplies, too. Lastly, review your diabetes treatment plan. Do you need to schedule an appointment with your doctor or diabetes educator? Is it time to have certain lab tests done, such as an A1C or cholesterol?

Q How do I get back on track with my diabetes control?

A Many people with diabetes get off track now and then. Your desire to get back into good control may not be as hard as you think. And you've already taken the first step: realizing that it's time to pay more attention to your diabetes. First, think about what areas you'd like to focus on, and then ask your health care team, your family and your friends for help. For example, if you forget to take your diabetes medication, talk to your doctor about options that might work better for you. If you haven't been checking your blood glucose as regularly as you used to, set a goal to check at least

twice a day at different times. Keep a log book with you to write down your glucose results and remind yourself that your numbers are neither good nor bad—they're just information that tells you how your diabetes treatment plan is working. If you're struggling with food choices, talk with a dietitian who can help you with a realistic meal plan. Or, if it's physical activity that you need to focus on, enlist a partner to start walking with you or sign up for a fun class, such as yoga, dancing or spinning. Start slowly and build-up. Every step you take to improve your glucose control is an investment in your health because you will feel better today as well as in the future. Congratulate yourself on wanting to care for your diabetes again.

MAKING A

change

By Martha Funnell, MS, RN, CDE

A recent book titled *Switch: How to Change Things When Change is Hard* by Chip and Dan Heath, talks about how people make changes. The book was not written about diabetes, but the ideas it presents may help you think about your own struggles with change in a new way.

DECIDING TO change

Two things affect how we change: how we think and how we feel. Our thinking side—our “head”—is careful. It guides us with facts and reason. We think things through before making a move. Our feeling side—our “heart”—is quicker to act. When our head and heart agree, it is easier to make a change. For example, if you’re in love it is easy to choose to get married, even though this is a very big change. But when your head and heart send you different messages, it is harder to make changes—even when you really want to make them.

When you decide to make a change, you need to consider things you may have done without thinking, before. For

example, if you never exercise, starting to be more active will take some thought. If you choose to walk each day after lunch, you may need to make a real effort to take this walk until it becomes a habit. As you make that choice your head will tell you that exercise helps improve your blood glucose, your weight and your energy level. But your heart may tell you you’re tired, have other things to do or can just walk tomorrow. It’s almost as though your heart wants to talk you out of doing what your head really wants to do.

It can be very tough when your head and heart disagree. You may want to lose weight but you eat two pieces of cake; then you get mad at yourself, feel guilty and give up. But for most people, negative feelings don’t seem to help them make a different choice the next time. The trick is to help your head and heart come together to support your goals.


HOW TO MAKE A change

The first step is to know when your heart is guiding your decisions. Think about what you choose to do, and not do, to care for your diabetes. Could your feelings about having diabetes affect your ability to make changes?

When you are faced with a choice, stop and think. Because your heart tends to make quick decisions, you may just need to pause before you act. You can also use your head to create new messages.

For example, tell yourself that it’s OK to be angry about having diabetes, but you won’t let that anger control your decisions.

You can also learn to use both your heart and head. Perhaps your head knows that medicine helps keep your blood glucose level on target. Your heart may remind you to care about your risk for complications. In that case, your heart and head can come together to help you make real change.

We all are guided by our hearts from time to time. But keeping your heart and head in balance can help make change easier and help you take charge of your choices and your diabetes. 

EXPECTING TO BE expecting?

By Martha Funnell, MS, RN, CDE

For most women, the idea of starting a family is both exciting and scary. It is exciting to think how you can create a new life and perhaps have a dream come true. It can also be a time of worry as you think about how your life will change. Women who have diabetes may also worry about how diabetes can affect their pregnancy and their future child.

The good news is that more and more women with both type 1 and type 2 diabetes are having safe pregnancies and healthy babies than ever before. As you might expect, it takes more planning and more work, but the results are worth it.

you may need to switch the types you take or start insulin during your pregnancy. Think of this as the time to get your body ready to nurture a new life in the best possible way.

It is best to keep your A1C level close to normal before you try to get pregnant. Because a baby's organs are formed very early during pregnancy, birth defects can occur if blood glucose levels are too high. If you get and keep your blood glucose levels in your target range, it will give your baby a good start. The other thing that you can do before you become pregnant is to take folic acid. This can help prevent birth defects. Your health care provider can offer advice about how

20th week

Women have more insulin resistance starting around the 20th week of pregnancy.

PRE-PREGNANCY

First, visit with your health care provider before you get pregnant. During this visit, you and your provider will talk about your general health, diabetes treatment and current blood glucose levels. You may have your eyes and kidneys checked for signs of damage. If you take insulin, the dose and types of insulin you take may be changed. If you take diabetes pills,

much to take and when to start. This is also a good time to change health habits that you have been putting off. Do you want to eat better foods, move more, become more active or stop smoking? Now is a great time to start. When you struggle to stick with your plan, picture yourself holding your new baby. What could be more motivating than that?

PREGNANCY


The goal for diabetes care during pregnancy is to keep your blood glucose as close to normal as possible. As your need for insulin rises, your medicines will likely change. If you did not take insulin before pregnancy, you may need it until you deliver. If you were taking insulin, the types and doses may change. To keep your blood glucose in this very tight range, you will also need to watch your control more closely, pay close attention to your food, activity and stress levels, and see your health care team often.

You and your baby will be watched very carefully during your entire pregnancy. Although having these tests may be scary, it is the best way to be sure that you and your baby are both doing well.

DELIVERY

Women with diabetes can have normal births, although your chances of having induced labor or a Caesarean section are increased. Women with diabetes are more likely to have a large baby if their blood glucose levels are high near the end of pregnancy. During the birth of your baby, your progress will be watched very closely to be sure that all is well. After the baby is born, he or she

will be checked often. The baby's blood glucose level will be checked for a low blood glucose level, which is not the same as diabetes. Low blood glucose can occur because the baby has been making extra insulin to be sure that his or her blood glucose stays in the normal range. Once the baby is born, it may take a day or two to adjust.

Finally, your baby is here and you are ready to go home. There is no question that you will work harder than other women during your pregnancy, but there is also no question that a new life is well worth all of your efforts. 



antioxidants

THE BODY'S HELPFUL ARMY

By Johanna Burani, MS, RD, CDE

Antioxidant means “to be against oxidants.” Oxidants (or “free radicals”) are harmful products in the body that come from normal body actions, like breaking down food for energy or even just breathing. Oxidants also come from the world around us, like chemical wastes, unclean air and cigarette smoke. They can attack cells in the body and hurt them.

HOW DO ANTI-OXIDANTS HELP?


Antioxidants protect you from oxidants. Your body knows

how to deal with oxidants.

It uses antioxidants in the foods that you eat every day to control them. However, if there are not enough helpful antioxidants or there are too many harmful oxidants, cell damage may result. This may lead to some types of cancer, heart disease, high blood pressure, poor vision, arthritis, asthma and skin infections.

If you have diabetes, it is easier to develop heart disease, cancer and inflammation problems. The good news is that certain foods help protect your body from these health problems. A list of foods to eat is to the right.

SUPPLEMENTS

Should you take supplements, like pills or powders, to get your antioxidants? It is always best to take natural goodness directly from the food itself. If you have some problems that prevent you from eating enough antioxidant-rich foods, then you might consider using supplements. 

8 food groups packed with antioxidants

1 Fruits

apples (red), apricots, blackberries, blueberries, cantaloupe, cranberries, grapes (red), guava, oranges, papaya, peaches, pink grapefruit, prunes, raspberries, strawberries, watermelon

2 Vegetables

beans (black, cannellini, garbanzo, kidney, pinto), beet greens, bok choy, broccoli, Brussels sprouts, cabbage, carrots, cauliflower, collard greens, garlic, kale, leeks, onions, pumpkin, red and green bell peppers, spinach, sweet potatoes, tomatoes, yellow squash

3 Protein foods

eggs, lean cuts of meat, seafood, tofu

4 Whole grains

brown rice, whole cornmeal, oats, whole-wheat flour, 100% whole-wheat, whole-grain or whole-rye breads and crackers, whole-wheat pasta

5 Beverages

black and green tea, coffee, fat-free and low-fat milk enriched with vitamins A and D, soy milk, red wine

6 Oils

peanut, safflower, soybean, sunflower

7 Snack foods

nuts (almonds, peanuts, walnuts)

8 Other foods

flaxseed, wheat bran, wheat germ

You may have seen or heard the word **antioxidant**. What does it mean? Is it good or bad for the body?

A well-balanced diet with many different whole foods gives your body plenty of antioxidants to defend it against disease.



fiber *and* diabetes

By Martha Funnell, MS, RN, CDE

25-35

Total grams of fiber
experts suggest that
we eat each day.

You may have heard that fiber is part of a healthy diet. Diets high in soluble fiber can lower your risk for getting type 2 diabetes and can help lower your blood glucose and keep it more even. A recent study showed that eating a high-fiber dinner may result in lower morning blood glucose levels.

Q WHAT IS FIBER?

A Fiber is a carbohydrate that your body cannot digest. There are two types of fiber: soluble and insoluble. Soluble fiber can be partly dissolved in water. Insoluble fiber does not dissolve in water.

Although fiber is counted as a carbohydrate, it has very little impact on blood glucose. Fiber also slows down how quickly other carbohydrates raise your blood glucose after a meal.

Q WILL EATING MORE FIBER UPSET MY STOMACH?

A Some people feel bloated or have a lot of gas or diarrhea when they eat more fiber. Slowly increase the amount of fiber you eat and drink plenty of water to prevent constipation.

Q IS ONE TYPE OF FIBER BETTER THAN THE OTHER?


A Diets high in soluble fiber lower cholesterol and reduce the risk of heart disease. Two things that do this well are cereal and grain fiber. Insoluble fiber helps prevent constipation. Two things that do this well are wheat and oat bran. Insoluble fiber also helps you feel full quicker so you eat less.

You need both types of fiber in a healthy diet. Most high-fiber foods have both soluble and insoluble fiber. The prune's soft inside, for example, is high in soluble fiber and the skin is high in insoluble fiber. Experts suggest that we all eat 25 to 35 grams of total fiber each day. Most Americans eat about half that amount.

15

One cup of black or pinto beans has about 15 grams of fiber.

Q HOW CAN I TELL WHICH FOODS ARE HIGH IN FIBER?

A Fresh fruits and vegetables, cooked dried beans and peas, whole-grain breads, cereals, crackers and bran products are high in fiber. If a food label says a food is a "good source" of fiber, it has about 2.5 grams of fiber per serving. The label can say "rich" or "high in" fiber if the food provides five grams of fiber per serving. 

10

One cup of hummus has more than 10 grams of fiber.

I'm worried my food will taste like cardboard. Are there simple ways to add fiber to my diet?

Less processed, more natural food tends to contain more fiber. Whole fruit, for example, has more fiber than fruit juice. If you leave the skin on the fruit, you will get even more fiber. So, eating an unpeeled apple will have less impact on your blood glucose than drinking apple juice. The apple will also help you feel more full.

Brown rice has more fiber than white rice, and whole wheat and rye bread have more fiber than bread made from white flour. Sweet potatoes have more fiber than white potatoes. Raw vegetables tend to be higher in fiber than cooked. Steaming vegetables help to retain some of the fiber.

Beans are a good source of fiber. For example, one cup of black or pinto beans has about 15 grams of fiber. One cup of hummus has more than 10 grams of fiber because it is made from chickpeas.

How do I count fiber when I count carbohydrates?

If you take insulin before meals and base the amount you inject on the size of your carb portion, you can subtract the grams of fiber from the carb total if a food has more than five grams of fiber per serving. Some people subtract all of the fiber from the total carbohydrates. Check your blood glucose two hours after the first bite of your meal to see how well this food choice worked for you.



STOPPING THE food police

By Dawn Noe, RD, LD, CDE,
Joslin Diabetes Center Affiliate
St. Vincent Charity Hospital,
Cleveland, OH



Joslin Diabetes Center

Food plays a big role in managing diabetes. The food choices that someone living with diabetes makes each day directly affect their blood glucose and their health. Because of this, family members sometimes turn into the “food police,” especially when they don’t think their loved one is making the best food choices.

Has anyone ever said to you or asked the following:

- Don’t eat that
- You can’t have that
- You shouldn’t have that
- You shouldn’t do that
- Should you be eating that?
- Can you eat that?

If so, then you’ve had a run-in with the food police. Think back to how you felt when someone said these things to you. When someone tells you “You can’t!” what happens? We tend to want to do it even more. The food police often mean well, but they usually don’t end up helping their loved ones or friends take better care of themselves. The food police can end up nagging more than helping and sometimes can even give diabetes information that is wrong, such as “You’re not allowed to eat sugar.” The truth is that all foods can fit into a diabetes meal plan.

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nutrition

WHY THEY FLASH THE FOOD POLICE BADGE

It's normal for family members to worry about their loved ones, especially after a loved one is diagnosed with a chronic disease like diabetes. It's important to realize that diabetes affects the whole family, not just the person who has diabetes. For example, a parent must always balance showing care versus hovering as they guide their child with diabetes to independence. The parent's role in meal planning changes as the child gets older. Young children need their parents to direct their food choices so that they get the nutrition needed for growth and development. Teens need to be involved with making food choices—with limits, of course. And adults have the right to eat what they wish. For adults with diabetes, family still plays a big role. Husbands and wives should be included in their spouse's diabetes management, especially at meal time. Leaving a spouse out of their partner's diabetes management may lead to feelings that there isn't enough trust in the relationship. A child of a parent with diabetes may fear the early loss of their parent, especially if they don't see their parent making healthy food choices. During times of stress, a well-meaning parent, sibling, child or spouse may turn into the food police.

TALK ABOUT IT

The food police often act out of genuine concern, but there is a fine line between helping and hurting the relationship you have with your loved one. Talking often about food and meal planning is key for success. Our habits often stem from what we know and our families are a big part of our habits, behaviors and traditions. Family members also tend to be trusted role models. Family can be a wonderful support system, but can also make it difficult for those living with diabetes. If family traditions aren't aligned with healthy choices, consider trying new activities as a family. You never know when you might discover the newest family tradition. The first year my mom was diagnosed with diabetes, we decided to take part in the local "Turkey Trot" on Thanksgiving morning. This year marked my family's 11th year of being a part of this five-mile run/walk on Thanksgiving Day. It sure seems to help all of us feel better about what we eat on this food-filled holiday.

Family can help you manage your diabetes without becoming the food police. Whether it's you or a loved one who has diabetes, take an active role in making healthy choices for diabetes, set a good example and talk often with your family about food and meal planning. 

healthy choices *for* the whole family

- **Plan meals,** shop and cook together. Use books, magazines and the internet to find recipes everyone wants to try and the whole family can help to prepare.
- **Keep healthy snacks** on hand like cut-up fruit in the fridge, string cheese, nuts and Greek yogurt.
- **Bring vegetables** and other healthy dishes to family parties and cookouts.
- **Have fun** and play games at the dinner table, such as who can count the carbohydrates the fastest or who ate the most vegetables today.
- **Plan a picnic** in the park and do some hiking, too.
- **Walk** to and from your favorite local hangout instead of driving there.

Many people with diabetes take medicines for reasons other than diabetes. Therefore, it's important for you to know if and how these medicines affect your blood glucose. For example, prednisone, used for inflammation, and "water" pills used for high blood pressure or edema, can raise blood glucose.

UPS AND DOWNS

If you've had a cortisone injection for arthritis pain, for example, be prepared for higher glucose levels. Other medicines may lower blood glucose. And to make matters more confusing, medicines such as phenytoin, used for seizures, or metoprolol, a beta-blocker used to lower blood pressure, can cause both a rise and drop in blood glucose. Beta-blockers can also mask symptoms of low blood glucose, or hypoglycemia, including a rapid heartbeat, so your body isn't able to warn you that your blood glucose is low. This is particularly important if you take insulin or certain types of diabetes pills that can cause hypoglycemia.

Ask your pharmacist about sugar-free products and cold medicine that won't affect your blood glucose.

your other medicines

AND YOUR DIABETES


By Linda Bernstein, PharmD

OVER-THE-COUNTER (OTC) MEDICINES AND SUPPLEMENTS

Even OTC medicines can affect your blood glucose. For example, if you reach for a liquid medicine to treat a cough or a cold, it may contain carbohydrates in the form of sugar. Cold remedies that contain phenylephrine may raise blood glucose levels, too. Ask your pharmacist about sugar-free products and cold medicines that won't affect your blood glucose. Herbs

and dietary supplements can also affect blood glucose. For example, taking niacin, a B vitamin that's used to treat high cholesterol, may raise blood glucose when taken in high doses.

WHAT ABOUT ALCOHOL?

Alcohol generally lowers blood glucose and can result in some diabetes medicines making you feel flush. Symptoms of having had too much to drink can also be confused with symptoms of low blood glucose. 

4 steps to help you feel safe and comfortable when taking medicines:

1 Ask your health care provider if a change in the type or the amount of diabetes medicine you take is needed while using other medicines. This may help adjust for the ups and downs in your blood glucose caused by the other medicines.

2 Ask your pharmacist. Your Walgreens pharmacist can help you to find out if the medicines you take, whether routinely or once in a while, can affect your blood glucose. Do not start or stop taking a medicine before asking about its effect on your blood glucose.

3 Check your glucose more often. You may need to check your blood glucose more often if you adjust, start or stop other medicines to know how these changes affect your glucose.

4 Ask about the need to change your meal plan and activity program. Most of the time, only minor changes are needed.



LOW-CAL

world cuisine

Moo Shu Vegetables

4 servings, about 1¼ cups each. Active time 20 minutes; Total 20 minutes.

- 3 teaspoons toasted sesame oil, divided
- 4 large eggs, lightly beaten
- 2 teaspoons minced fresh ginger
- 2 cloves garlic, minced
- 1 12-ounce bag shredded mixed vegetables, such as "rainbow salad" or "broccoli slaw"
- 2 cups mung bean sprouts
- 1 bunch scallions, sliced, divided
- 1 tablespoon reduced-sodium soy sauce
- 1 tablespoon rice vinegar
- 2 tablespoons hoisin sauce

1. Heat 1 teaspoon oil in a large nonstick skillet over medium heat. Add eggs; cook, stirring gently, until set, 2 to 3 minutes. Remove to a plate.

2. Wipe out the pan and heat the remaining 2 teaspoons oil over medium heat. Add ginger and garlic and cook, stirring, until softened and fragrant, 1 minute. Add shredded vegetables, bean sprouts, half the sliced scallions, soy sauce and vinegar. Stir to combine. Cover and cook, stirring once or twice, until the vegetables are just tender, about 3 minutes. Add the reserved eggs and

hoisin; cook, uncovered, stirring and breaking up the scrambled eggs, until heated through, 1 to 2 minutes. Stir in the remaining scallions and remove from the heat.

NUTRITION INFORMATION

Per serving:

171 calories; 9 g fat (2 g sat, 4 g mono); 212 mg cholesterol; 14 g carbohydrate; 11 g protein; 4 g fiber; 328 mg sodium; 226 mg potassium

Dietary exchanges: 2 vegetable, 1 medium-fat meat, 1 fat

Beef & Bean Chile Verde

4 servings, about 1½ cups each. Active time 20 minutes; Total 30 minutes.

- | | |
|---------------------------------------|---|
| 1 pound 93%-lean ground beef | 1 16-ounce jar green salsa, green enchilada sauce or taco sauce |
| 1 large red bell pepper, chopped | ¼ cup water |
| 1 large onion, chopped | 1 15-ounce can pinto or kidney beans, rinsed |
| 6 cloves garlic, chopped | |
| 1 tablespoon chili powder | |
| 2 teaspoons ground cumin | |
| ¼ teaspoon cayenne pepper or to taste | |



Moroccan Vegetable Soup (Chorba)

6 servings, about 2 cups each. Active time 35 minutes; Total 90 minutes.

- | | |
|--|---|
| 2 tablespoons extra-virgin olive oil | Pinch of saffron threads |
| 1 medium onion, finely diced | 12 sprigs flat-leaf parsley, plus more leaves for garnish |
| 2 teaspoons ground turmeric | 8 sprigs fresh cilantro, plus more leaves for garnish |
| 1 pound beef stew meat, (such as chuck) or lamb stew meat (shoulder or leg), trimmed and cut into ½-inch cubes | 1 large zucchini, peeled and cut into ¼-inch dice |
| 6 cups reduced-sodium beef broth or water | 2 ounces angel hair pasta, (capellini), broken into small pieces (about ½ cup), or orzo, preferably whole-wheat |
| 1 14-ounce can diced tomatoes | ¼-2 teaspoons salt |
| 2 small turnips, peeled and diced | ½ teaspoon freshly ground pepper |
| 2 carrots, diced | |
| 2 stalks celery, leaves included, thinly sliced | |

1. Heat oil in a Dutch oven over medium-high heat. Add onion and turmeric; stir to coat. Add meat and cook, stirring occasionally, until the onion is tender, 4 to 5 minutes. Add broth (or water), tomatoes and their juice, turnips, carrots, celery and saffron. Tie parsley and cilantro sprigs together with kitchen string and add to the pot. Bring the soup to a boil. Cover and reduce to a simmer. Cook until the meat is tender, 45 to 50 minutes.

2. Stir in zucchini and cook, covered, until soft, 8 to 10 minutes. Add pasta and cook until soft, 4 to 10 minutes, depending on the type of pasta. Discard the parsley and cilantro sprigs. Season with salt (start with ¼ teaspoon if you're using beef broth; add more if you're using water) and pepper. Serve sprinkled with parsley and/or cilantro leaves, if desired.



NUTRITION INFORMATION

Per serving:

237 calories; 8 g fat (2 g sat, 5 g mono); 37 mg cholesterol; 19 g carbohydrate; 21 g protein; 4 g fiber; 713 mg sodium; 767 mg potassium

Dietary exchanges: ½ starch, 1½ vegetable, 2 lean meat, ½ fat



1. Cook beef, bell pepper and onion in a large saucepan over medium heat, crumbling the meat with a wooden spoon, until the meat is browned, 8 to 10 minutes. Add garlic, chili powder, cumin and cayenne; cook until fragrant, about 15 seconds. Stir in salsa (or sauce) and water; bring to a simmer.
2. Reduce heat to medium-low, cover and cook, stirring occasionally, until the vegetables are tender, 10 to 15 minutes. Stir in beans and cook until heated through, about 1 minute.

NUTRITION INFORMATION Per serving:

309 calories; 8 g fat (3 g sat, 3 g mono); 64 mg cholesterol; 29 g carbohydrate; 27 g protein; 6 g fiber; 516 mg sodium; 641 mg potassium

Dietary exchanges: 1 starch, 2 vegetable, 3 lean meat

Indian-Spiced Chicken Pitas

4 servings. Active time 30 minutes; Total 30 minutes.

- | | |
|--|------------------------------------|
| 1 pound boneless, skinless chicken breasts, trimmed | 2 teaspoons lemon juice |
| 1½ teaspoons garam masala (an Indian spice blend), divided | Freshly ground pepper, to taste |
| ¾ teaspoon kosher salt, divided | 4 6-inch whole-wheat pitas, warmed |
| 1 cup thinly sliced seeded cucumber | 1 cup shredded romaine lettuce |
| ¾ cup nonfat plain yogurt | 2 small or 1 large tomato, sliced |
| 1 tablespoon chopped fresh cilantro, or mint | ¼ cup thinly sliced red onion |

1. Preheat grill to medium-high or position rack in upper third of oven and preheat broiler. If grilling, oil the grill rack. If broiling, coat a broiler pan with cooking spray.

2. Sprinkle chicken with 1 teaspoon garam masala and ½ teaspoon salt. Place the chicken on the grill rack or prepared pan and cook until no longer pink in the center, and an instant-read thermometer inserted into the thickest part registers 165°F, 4 to 8 minutes per side, depending on the size of the breast. Transfer the chicken to a clean cutting board and let rest for 5 minutes.

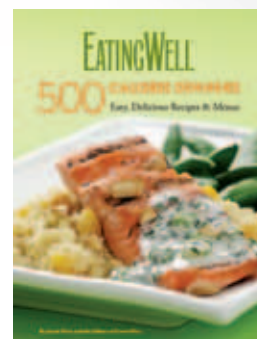
3. Meanwhile, combine cucumber, yogurt, cilantro (or mint), lemon juice, the remaining ½ teaspoon garam masala and ¼ teaspoon salt and pepper in a small bowl. Thinly slice the chicken. Split open the warm pitas and fill with the chicken, yogurt sauce, lettuce, tomato and onion.



NUTRITION INFORMATION Per serving:

333 calories; 5 g fat (1 g sat, 1 g mono); 64 mg cholesterol; 44 g carbohydrate; 32 g protein; 6 g fiber; 637 mg sodium; 485 mg potassium

Dietary exchanges: 3 starch, 1 vegetable, 3 lean meat



Adapted from *EatingWell 500-Calorie Dinners* by Jessie Price, Nicci Micco & the Editors of EatingWell (© 2010 by Eating Well, Inc., published by The Countryman Press). Available at your local bookstore, online at EatingWell.com or www.countrymanpress.com, or by calling 1-800-233-4830.

Dwight Howard

**NBA STAR AND
DIABETES ADVOCATE**

By Jonathan Jarashow

The National Basketball Association (NBA) has teamed up with sanofi-aventis U.S. and the American Diabetes Association to promote the importance of healthy, active lifestyles, as well as diabetes awareness, prevention and management through a new campaign called Dribble to Stop Diabetes (dribbletostopdiabetes.com). Orlando Magic center Dwight Howard, 25, a perennial NBA all-star, is a campaign ambassador for the program.

Dwight has a personal connection with diabetes, having grown up in a tight-knit family affected by the disease. His grandfather, great-grandfather and great-grandmother died from complications caused by diabetes, or “the sugars,” as they called it.


Helping others prevent their fate motivated Dwight to get involved. Also, Dwight was born and raised in Atlanta, Georgia, in the heart of the South. Since the South has a very high rate of diabetes, he saw how it made an impact on many

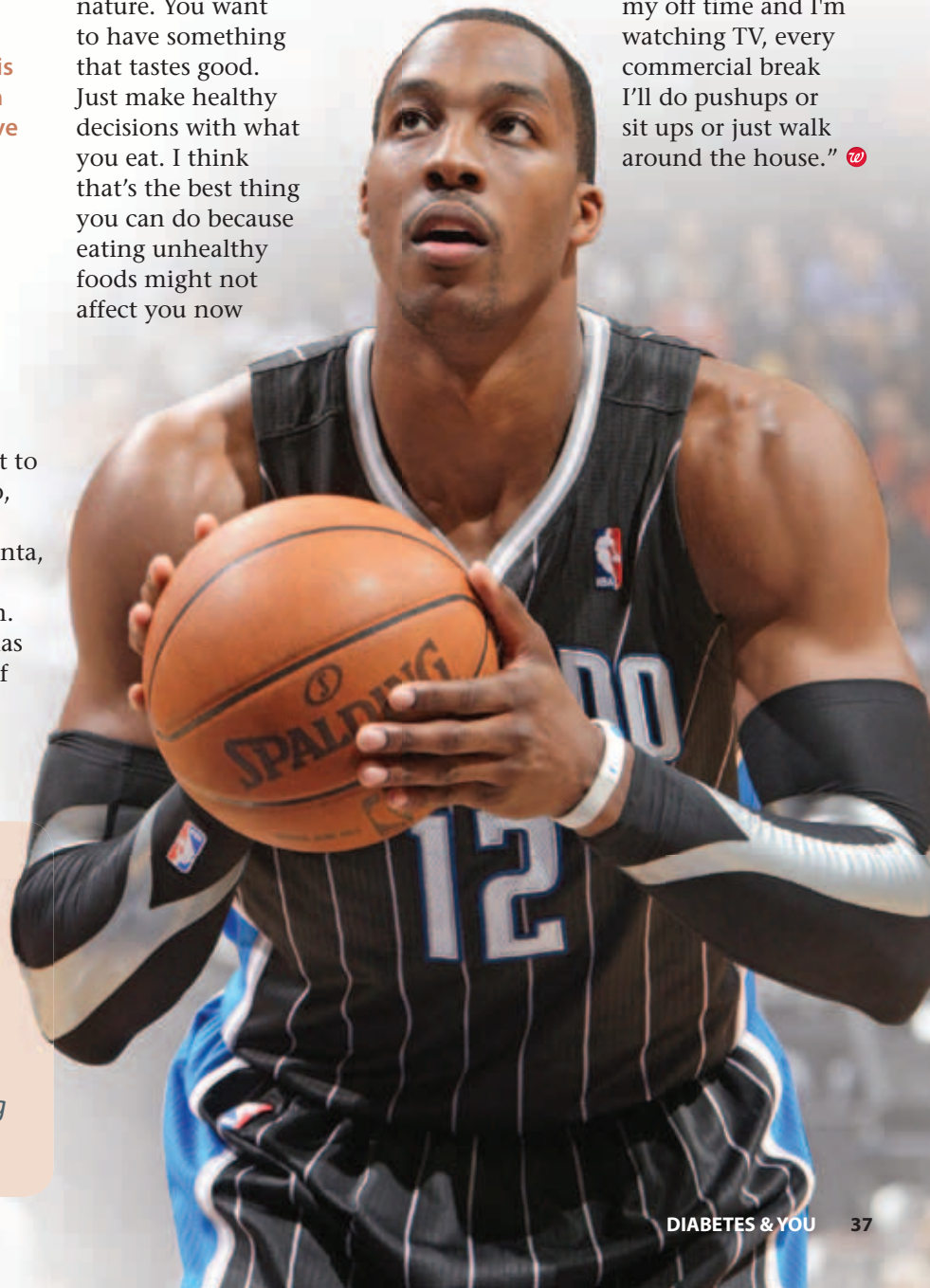
other friends and their families, as well.

Dwight’s advice to those who are tempted by less-than-healthy foods is to enjoy them in moderation to improve their chances for a long, healthy life, “We all like snacks, we all like fast food, that’s just human nature. You want to have something that tastes good. Just make healthy decisions with what you eat. I think that’s the best thing you can do because eating unhealthy foods might not affect you now

but it can come back to haunt you.”

It’s also important to get active, and Dwight encourages people with diabetes to take up walking, running or any activity that involves movement. As Dwight points out, even video games now allow you to get fit right

at home. As he says, “It’s really simple. Just do something. If you don’t want to run or work out like that, you can just walk around the house, walk up and down some staircases. While you’re watching your favorite show, you can do some pushups. During the summer, when I’m having my off time and I’m watching TV, every commercial break I’ll do pushups or sit ups or just walk around the house.” 



NBA all-star Dwight Howard says: “26 million Americans have diabetes and whatever I can do—whatever we can all do—to slow that number down, I want to be a part of it. I want people to understand the importance of eating right and living a healthy lifestyle.”



KEEP
halloween
fun and
safe

 Joslin Diabetes Center

By Pamela Blackmer MA, RD, CDN
The Joslin Diabetes Center Affiliate,
Upstate Syracuse, New York

For many children, trick-or-treating is the highlight of Halloween and every piece of candy placed in their bag gives them a sense of achievement. But for parents of children with diabetes, Halloween can be a stressful event, and the task of balancing blood glucose levels without ruining the fun and excitement of the holiday can be overwhelming. However, with some thought, planning and a little creativity it can all be managed.

It's important to let kids be kids and have fun. An occasional piece of candy can fit into any eating plan, but handling the volumes of candy from trick-or-treating is a challenge for all parents. Children with diabetes need careful planning of their food

intake and close monitoring of blood glucose levels every day of the year. Too many treats or carbohydrates without enough insulin can lead to high blood glucose levels. Balancing carbohydrates, physical activity and insulin is needed

for good control. Planning ahead and learning to fit in a small amount of Halloween candy into your child's meal plan can keep everyone happy.

BE AWARE OF CARBOHYDRATES

If your child uses advanced carbohydrate counting (using an insulin-to-carbohydrate ratio), the right dose of insulin can offset the carbohydrates eaten and prevent too much of a rise in blood glucose. But this type of meal planning isn't a green light to overdo the candy. Following a healthy eating plan and aiming for a reasonable body weight are important for everyone's overall good health, so as the saying goes, "Everything in moderation."


Some children with diabetes follow a consistent carbohydrate eating plan. With consistent carb counting your child has a certain amount of carb to aim for at each meal and snack. This type of a plan may mean that your child has to cut back on other sources of carbohydrate in order to enjoy some Halloween candy. Working with your child's doctor and diabetes educators can help determine the best meal planning method for your child. Either way, it helps to be aware of the amount of carbohydrates in all foods, including candy.

HANDLING HALLOWEEN CANDY

Planning ahead for Halloween and any holiday is very important. Including your child in the decision-making process will make things easier and can lessen conflict. The tips below can be helpful for any child who needs to limit their intake of Halloween candy.

Allow your child to keep

a few pieces of their favorite candies (fun size or mini-size work best) and include one piece in their meal plan each day for three days following Halloween. Be sure to note the grams of carbohydrate in the candy and fit the treat in with lunch or dinner, or as a snack. Use your child's insulin-to-carbohydrate

ratio, or substitute the treat for another carbohydrate food if using a consistent carbohydrate plan. For example, decrease the portion of potatoes at dinner, add more low-carbohydrate non-starchy vegetables and then fit in a piece of candy. 

7 ways to cope with too much candy

- 1 Suggest that your child trade in the bulk of his candy for a new toy or an outing.
- 2 Offer to buy your child's candy. Make it a fun after trick-or-treat activity for kids to figure out how much money they will receive for the candy they've just collected.
- 3 Let your kids "buy" their way out of chores with candy. Giving up the candy means they don't have to clean their room this weekend.
- 4 Suggest donating the candy to charities. This also teaches the concept of giving.
- 5 Plan Halloween activities that focus on fun and games rather than candy and treats. Traditions with family and friends of haunted hayrides, haunted houses, carving pumpkins, watching scary movies or navigating a corn maze can be fun.
- 6 Host a Halloween party for your child and his friends. Offer Halloween stickers, glow-in-the-dark bracelets and other non-food items. Play games and provide toys or a DVD as prizes.
- 7 Decide as a family how to handle Halloween candy. If you have other children, it helps to keep the "rules" similar for all of them in order to avoid conflict and having your child with diabetes feel singled out or different from other kids. Children with diabetes need to manage their blood glucose levels in any situation, not just Halloween. Helping them to do this and making it fun in the process will enable your child to enjoy any holiday. Teaching all children the value of nutrition and moderation can help in making wise food choices as they grow and contribute to living a healthy life.





new to **diabetes?**

**some
important
things
to know**

By Joy Pape, RN, BSN,
CDE, WOCN, CFNC

***Be cautious.
Hold on to your
money when you
hear the words
Quick, Fast,
Easy or Cure.***

Many people who are diagnosed with diabetes

are not offered the education they need to manage their diabetes. They may have never heard of Certified Diabetes Educators, or CDEs.

WORK WITH A CDE


CDEs are health care professionals who have passed a certification exam and have years of experience working with people who have diabetes. They provide hours of diabetes education to people who have diabetes, in group classes and one on one. Many insurance companies, including Medicare, will pay for this service because they understand the importance of diabetes education to help people prevent complications of diabetes. If you have not been referred to a CDE or a diabetes education program, ask your health care provider to point you in the right direction. Find a CDE near you by contacting the American Association of Diabetes Educators toll-free at 800-338-3633 or online at diabeteseducator.org.

MAKE CHANGES THAT LAST

Having diabetes means you should live a healthy lifestyle. You may think this means you need to make a lot of changes at one time, such as choosing healthier foods, eating less, being more active, losing weight and many other changes. You may be like many people who have made changes, but the changes didn't last for long. It's easy

to fall back into old habits. It's best to work on one change at a time. So make one change and continue it for at least three weeks. By this time it should be a new habit for you. Then add something new. For example, perhaps you weigh more than you should, you avoid eating breakfast every day and live a sedentary lifestyle. Change by choosing to eat breakfast every day. Do it every day for 21 days, and by then it should be a habit. Now, add one more change, such as taking a half-hour walk every day. Continue that and having breakfast for 21 days, then add another change. In time you'll truly be living a healthier lifestyle.

KNOW YOUR ABCS

Managing your diabetes is more than knowing and managing your blood glucose. It is just as important for you to also know and manage your **A1C**, **Blood pressure** and **Cholesterol** levels. 

Recommended ABC Targets*

A=A1C	<7 %
B=Blood Pressure	<130/80
C=Total Cholesterol	<200
HDL	
Men	>40
Women	>50
Triglycerides	<150
LDL	<100
If heart disease	<70

**These are generally recommended targets. Discuss your personal goals with your health care provider.*

BE CAREFUL when you hear ...

1 No finger sticks to check your blood glucose

At this time, the only way to check your blood glucose is with a blood glucose meter or a continuous glucose monitor. Either way, you will need to stick yourself. The commercials that say you don't need to prick your finger are right—it doesn't have to be your finger. That can be misleading. What they don't tell you is that you still need to stick yourself somewhere on your body. Places other than your fingers are not always as accurate, and are not necessarily painless.

2 Quick fixes and cures

There are lots of books and information on the Internet that tell you of quick fixes to cure your diabetes. And there are people who want to sell you a diet or supplement and say it will cure your diabetes. That can be misleading. At this time, there is no cure for diabetes, but diabetes can be managed. Be cautious. Hold on to your money when you hear the words *Quick, Fast, Easy* and *Cure*. There is no quick, fast, easy way to manage your diabetes, nor at this time is there a cure.