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SUMMER 2010

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WEIGHT?

DIABETES-FRIENDLY
RECIPES
FOR YOUR
WHOLE FAMILY

TENNIS LEGEND
BILLIE JEAN KING
BOUNCING BACK FROM DIABETES





Dear Readers:

Welcome to the Summer 2010 issue of *Walgreens Diabetes & You*. In our feature article, we speak with tennis legend Billie Jean King. As accomplished as she is in her tennis career, it's her off-the-court achievements Billie Jean is most proud of—including receiving the Presidential Medal of Freedom last year for her efforts toward social justice and gender equality. Billie Jean was diagnosed with type 2 diabetes two years ago and takes her diabetes in stride. She focuses on the positives of her condition and has no intention of slowing down at age 66. As she says, "I'm not finished. I feel really young, and I've got a lot I want to do."

Eating right is a big part of keeping healthy with diabetes. Your whole family can enjoy healthy recipes like the Grilled Portobello Mushroom Quesadillas on the cover as well as Chicken Chaat, Seafood Stew and Strawberry Cobbler.

And as with every issue, we bring you great information on managing your diabetes day-to-day, including articles from Joslin Diabetes Center in Boston.

And why not subscribe to the Quarterly Diabetes Newsletter from Walgreens? It's free and delivered right to your inbox. It has recipes, advice and self-management tips, among many other helpful offerings.

As always, we invite you to share your questions or comments. 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):

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Billie Jean King's tennis career is unmatched, and her life since she retired in 1983 is equally impressive. Diagnosed with type 2 diabetes two years ago, she takes her diabetes in stride and tries to focus on the positives of her condition. As Billie Jean says, "Diabetes is like a wake-up call to take good care of yourself. It's like you get a second chance."



what's new

By Jonathan Jarashow



double-teaming high blood pressure

Doctor-pharmacist teams working together to control high blood pressure are more effective than doctors and pharmacists working alone, according to a study in the *Archives of Internal Medicine*.

More than 400 people with high blood pressure were divided into two groups.

- The first group got the traditional high blood pressure treatment, in which a prescription was written based on the doctor's measurement of blood pressure and a pharmacist filled the prescription.
- The second group was treated by a doctor-pharmacist team, in which the pharmacists were trained to assess blood pressure and adjust both the medicines and dosage prescribed.

After six months, only 30% of the participants in the traditional treatment group reached their blood pressure goals, while 64% of those treated by a pharmacist-physician team achieved them.

For more information about managing your high blood pressure, talk to your Walgreens pharmacist.

NEW at Walgreens

• Walgreens now offers a 90-day prescription supply for many chronic care conditions, including diabetes. You'll save time with fewer visits to the pharmacy, while still being able to talk in person with a pharmacist whenever you need to. Plus, depending on your insurance plan, you may pay less for one 90-day supply compared to three 30-day supplies. For more details, talk to your Walgreens pharmacist.

• **The OneTouch® Delica™ Lancing Device and Lancet system** offers people with diabetes more comfortable testing. It is easy to use, with less vibration and more control than traditional systems.



• **Bayer's DIDGET™ blood glucose meter** gives children reward points for testing. When they plug the meter into a Nintendo DS™ and DS Lite



System, reward points transfer to let children play different games and unlock game features. The DIDGET™ also provides the same easy accuracy as Bayer's CONTOUR® meter.

coffee lowers diabetes risk

Drinking more coffee or tea may lower one's risk of developing type 2 diabetes, according to a large analysis of previous studies in the *Annals of Internal Medicine*.

Researchers found that each additional cup of regular coffee consumed daily was associated with a 7% reduction in diabetes risk. In addition, those who drank more than three or four cups per day of decaf coffee had about a 33% lower diabetes risk than those who drank none. Tea also lowered diabetes risk. Those who drank more than three or four cups of tea had a 20% lower risk than those who drank no tea.

It's not just the caffeine in coffee and tea that reduces diabetes risk, since decaf coffee also was effective. Researchers believe that the magnesium and antioxidants found in coffee and tea may also be contributing factors.

women taking TZDs are more likely to have a bone fracture

Women with type 2 diabetes who take diabetes medicines in a class called TZDs may be at a higher risk for developing bone fractures. Researchers at Henry Ford Hospital analyzed previous studies involving over 19,000 people with diabetes. They found that after taking a TZD for one year, women are 50% more likely to have a bone fracture than people with diabetes not taking TZDs. In addition, the study results published in *The Journal of Clinical Endocrinology & Metabolism* showed that women older than 65 are at the highest risk for fractures from TZD use.

WHAT WE eat may be the key

By Janis Roszler, RD, CDE, LD/N



For years, experts have urged people with a family history of type 2 diabetes to maintain a healthy weight and activity level. Being overweight and inactive were thought to be the main reasons why people developed this type of diabetes. But we now see that some people will still develop type 2 diabetes even if they are not overweight.

The question is: Why does this happen? Some experts believe it happens because of the foods we choose. A recent study in *Diabetes Care* looked at the ways different groups respond to diet changes. The researchers focused on two ethnic groups that are at a higher risk for type 2 diabetes—Native Hawaiians and Japanese Americans. Those in the Native Hawaiian group are often obese, but experts suspect their weight is not the only reason they get diabetes. Japanese Americans tend to stay slimmer, so why is their diabetes risk higher? What is the missing piece of the puzzle for both of these groups?

The researchers who did the study found that people in these two groups who ate a lot of fats, meats, eggs and refined grains, had a higher risk of developing type 2 diabetes. The study also showed that vegetables help protect some people from getting type 2 diabetes. Diets rich in fruit, milk and yogurt also were found to be very helpful, especially in women.

* Fats

The lesson of this research is moderation. It is true that there are healthy fats, such as olive and grape seed oils, but too much fat, of any type, is not a good thing. Before you prepare any food item, see if there is a way you can cook it with less fat. Bake, broil or lightly stir fry your meats and vegetables rather than deep frying. If you enjoy the flavor of cheeses that are high in fat, try a sprinkle of shredded cheese on your foods in place of sliced cheeses. You will get the flavor and cut back on the total amount of fat you consume.

* Eggs

If you enjoy eggs each morning, try something else such as hot cereal or yogurt as your breakfast choice a few days each week.

We still have a great deal to learn about diabetes and its causes, but cutting down on your intake of fat, red and processed meats, cheese, eggs and refined grains are steps that can take you in a healthier direction. Add regular physical activity to your day and you are well on your way to enjoying a healthier life.


* Meats

Members of these two groups ate a lot of red and processed meats. Choose poultry in place of some of the red meat you enjoy. Ground turkey can be mixed into ground beef to make healthier meatballs or a meat loaf. Limit your intake of processed meats such as salami and bologna.

* Fruits and vegetables

As children, we often develop strong feelings about certain vegetables. Perhaps you still cringe when you think of Brussels sprouts or broccoli. As we age, our taste buds and feelings about different foods often mature. If you ate overcooked vegetables when you were small, you probably disliked the bitter taste. No foods taste good if they are not prepared well. Try different vegetables made in new ways. You may find that you like stir-fried veggies or raw carrots; many people do.

* Grains

Refined grains have had their fiber portion removed. White flour and some white rices are two examples of refined grain products. In place of these items, choose brown rice and products that are made from whole wheat flour. 

TENNIS LEGEND

Billie Jean King

*bouncing
back from
diabetes*

By Jonathan Jarashow

PHOTO BY JONATHAN EXLEY

Even after her retirement almost 30 years ago, tennis legend Billie Jean King has a list of accomplishments that continue to impress. In her unmatched career, she won six individual Wimbledon and four U.S. Open titles, and overall she won 39 Grand Slam singles, doubles and mixed doubles tennis titles, including a record 20 titles at Wimbledon. She also founded the Women's Tennis Association, the Women's Sports Foundation and co-founded World Team Tennis, the groundbreaking co-ed professional tennis league.

As accomplished as she is in her tennis career, Billie Jean takes the most pride in her off-the-court achievements. She was named one of the "100 Most Important Americans of the 20th Century" by *Life* magazine in 1990. In 2006, the National Tennis Center, home of the U.S. Open, was renamed the USTA Billie Jean King National Tennis Center. And last year, Billie Jean was the first female athlete to be awarded the Presidential Medal of Freedom, the nation's highest civilian honor, for her lifetime efforts toward social justice and gender equality. Now 66 years old, she isn't finished. As she says: "I've had such a great life. I'm one of the lucky ones and I know it. I'm not finished. I feel really young, and I've got a lot I want to do."

DIABETES DIAGNOSIS

For someone who has taken on so many challenges and achieved so much, it's no wonder she took her type 2 diabetes diagnosis in stride. She was diagnosed two years ago, but her diagnosis was not a surprise. Every six months, she had her blood glucose levels checked and her doctors said her numbers were starting to get higher. In addition, she has a history of diabetes in her family. But now that Billie Jean is living with diabetes, she has made some positive life changes to stay healthy. She usually checks her blood glucose twice a day. Her A1C is in range. She has long admired people with diabetes who make the effort to take good care of themselves, and she tries to do so now. "I didn't take care of myself in my 40s, really, after I retired. I got very heavy and I'm sure that didn't help. I do think, sometimes, diabetes is like a wake-up call to take good care of yourself. It's like you get a second chance."

KEEPING ACTIVE

"Being a former professional athlete, I know there are no shortcuts in life—just like on the tennis court. My brother, Randy, was a major league baseball player. My parents were very good about teaching us great values: You really have to earn it and learn your craft. You can't buy it." Her parents brought them up to exercise for good health and to have fun doing it. So when Billie Jean realized that keeping active was such an important part of keeping her blood glucose levels under control, she had little problem adjusting to a regular fitness routine. "I realized exercising can help me stay healthier longer," she says.

Having just gone through double knee replacements, Billie Jean's goal now is much simpler than ever: "to walk onto a tennis court and hit one ball." But in general, her goal is to have fun: "I don't have to keep the ball on the court like I used to—I have no pressures. All I have to do is try to get to the ball and hit it and have fun. So if I can hit one ball and even come close to the feeling I used to have when I was at the top, then I'm all excited."

Her outlook change applies to other areas of her life, as well. Everyone ages, she says, "but the important thing is how you look at it. Getting older is very difficult physically on all of us. We have more complications as we get older. Like my cardiologist says, you are like a classic car that needs to come in and get repaired a little more often than a new one, that's all."

EATING RIGHT

In addition to keeping active, Billie Jean knows that emotions play a big role in diabetes control. They also can influence the choices you make when it comes to food. She has had to cut down on some of her favorites, like bagels. Billie Jean knows that with diabetes you have to keep calories and carbs under control.

"I love to eat, so I'm always going to have to deal with the fact that I'm a big eater." She gets support from her health care team, as well as from her nutrition team at Nutrisystem, which has helped her to lose a lot of weight through portion control and meal planning.

A DIABETES AWARD FOR KIDS

Billie Jean's diabetes role models are two long-time World Team Tennis executives and tennis champions, Diane Donnelly Stone and Tracey Donnelly Maltby, sisters who have had diabetes since childhood. Diane, who has been her assistant for over twenty years, is an invaluable diabetes information resource for her. Billie Jean has received awards too numerous to list, but it's no surprise that someone who has given so much wanted to pass along some honors, too. She was instrumental in creating an award for children with diabetes in honor of Dianne and Tracy called the Novo Nordisk Donnelly Awards, which provide college scholarships to young tennis players living with type I diabetes.

Recently, a boy named Jordan Cox received the award and won the 16-and-under U.S. national tennis title two weeks later. Billie Jean has a special admiration for kids with diabetes: "Already, they are disciplined so much better than most young people their age because of it. And in some ways, I think it's made them improve their lives. It's like they turn what an adult might consider a negative into a positive."

Turning things around is what typifies Billie Jean, as well, in both tennis and in life: dealing with difficult shots, finding a way to volley back and, ultimately, coming out with victories. 🎾

Tennis legend Billie Jean King at Wimbledon in 1973 where she won the Women's Singles, Women's Doubles and Mixed Doubles titles



PHOTO BY MICHAEL COLE



summer

THE BEST SEASON FOR HEALTHY EATING

By Catherine Brown, MS, RD, CDE
Joslin Affiliate at University of Maryland Medical Center



Joslin Diabetes Center

Many people consider summer a time to relax, slow down, get outside and really enjoy themselves. The way we eat during the summer should match the season: easy and enjoyable.

SIMPLE COOKING

Preparing nutritious meals seems simpler during the summer. Turn off the oven, put away the crockpot and heat up the grill. Forget about heavy sauces or gravies, which typically include more fat, and focus on whole foods and light flavors. Chicken or fish in a citrus marinade can be paired with corn on the cob and sliced tomatoes to make a simple, healthy and balanced meal. Or enjoy a salad with some grilled shrimp and a popsicle or serving of ice cream for dessert. Even a summer barbecue can include a healthy menu like grilled chicken, vegetable kebobs and a fruit salad. Breakfast can be updated from winter's oatmeal to a smoothie with light yogurt and fresh berries.

AIM FOR **9** PER DAY

Eating 9 servings of fruits and vegetables per day may seem difficult during the winter, but during the summer it's much easier to achieve.

**Each serving of fruit =
15 grams of carbohydrate**

1¼ cups watermelon, 1¼ cups strawberries,
1 cup cantaloupe or honeydew, 1 cup raspberries,
¾ cup black/ blueberries, 12 cherries, ½ cup pineapple,
½ cup mango, 1 medium peach, 2 small plums, 17 grapes

**Each serving of vegetables =
5 grams of carbohydrate**

1 cup of raw non-starchy vegetables
½ cup cooked non-starchy vegetables
Choices include: spinach, lettuce, carrot, cucumber,
bell pepper, broccoli, cabbage, tomatoes,
zucchini, mushrooms



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—Alana Burns
Power Forward,
type 1 diabetes



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Small Changes, Big Rewards

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1 Association of glycaemia with macrovascular and microvascular complications of type 2 diabetes (UKPDS 35): prospective observational study BMJ 2000;321:405-412.

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HEALTHIER CHOICES


Because we tend to enjoy more fresh foods in the summer, we automatically consume more nutritious foods. Anytime we choose fresh meats or produce instead of canned or pre-seasoned foods, we eliminate added sodium. By increasing our intake of fruits and vegetables, we increase our intake of fiber, vitamins and phytochemicals. A good goal is to aim for 5–9 servings of fruits and vegetables per day, which most experts agree may help prevent cancer and heart disease. Families can make summer more adventurous by allowing children to choose new fruits and vegetables and finding recipes for them. Our skin also benefits from the summer sunshine, producing vitamin D through as little as 15 minutes of sun exposure per day. Research shows that getting enough vitamin D protects our bones and may decrease certain cancer risks.

ENVIRONMENTALLY FRIENDLY

For those conscious of the environmental impact of food choices, summer also allows us to eat more local foods. Farmers' markets and roadside stands are easy to access during the summer. Buying from a local farmer means your food did not have to travel hundreds of miles to arrive at your local grocery store. That saves on fuel, and the produce itself is generally a few days fresher when you buy local. For a fun summer activity, visit a farm and pick your own strawberries, cherries or peaches. Or better yet, start your own garden in the yard, or even in pots, to cut down on cost and allow you to enjoy the freshest produce possible. When you eat out in the summer, choose restaurants that support local farmers and look for specials on the menu that include those items. For the more ambitious, canning or freezing summer produce allows you to enjoy it year round.

SPECIAL CONSIDERATIONS

If you have diabetes, it is important to realize that summer eating and activities may impact your blood glucose control. If you are more active in the summer, discuss with your diabetes team how that might impact your food choices or medication. Having a different work schedule during the summer—or taking vacations—may require meal plan adjustments and a visit to your dietitian.

In general, summer gives us many opportunities to break the nutritional rut of the winter months and fill our diet with seasonal flavors, scents and colors. With a focus on whole, fresh foods, we can enjoy doing something good for ourselves as much as we enjoy eating. 

Citrus Marinade

1 orange
1 lime
½ lemon
1 Tbsp honey
½ Tbsp cumin
1 tsp red pepper flakes
Handful of fresh cilantro
Dash of salt and black pepper

1. Squeeze the juice from the fruits into a bowl.
2. Add all other ingredients and whisk together.
3. Keep chilled and marinate your choice of 4 chicken breasts, 4 salmon filets or 1 lb shrimp for up to 30 minutes.
4. Best when grilled, but stovetop or oven cooking will work as well.
5. Serve as main entrée or use in tacos, kabobs or salads.

Nutrition Facts (5 oz)

122 calories,
0 g fat,
10 mg sodium,
32 g carbs,
1 g protein

SHOULD I join a gym?

By Martha Funnell, MS, RN, CDE

*A gym can help you stay motivated
when the going gets tough.*

If you have diabetes, you have probably heard about the many benefits of exercise. Exercise helps to lower your blood glucose, blood pressure and cholesterol levels, helps you burn calories, cope with stress and look and feel better. Many people find walking is a form of exercise that easily fits into their lives. But if you have been walking for a while and want to increase the intensity of your exercise program or if you find walking is not working for you, you may want to join a gym, class or other program that offers exercise.

IS JOINING A GYM, CLASS OR PROGRAM A GOOD IDEA?

Some of the **BENEFITS** are that they:

- offer structure.
- inspire you to work harder.
- come with expert advice.
- add support from others who are members.
- help you stay motivated and stick with it.

Some of the **DRAWBACKS** are that they:


- can be too structured.
- can be costly.
- have hours that may not fit your schedule.
- require more planning.
- take more time.

HOW CAN I CHOOSE THE RIGHT GYM, CLASS OR PROGRAM?

There are four things to consider before you make a choice.

- 1** What do you want to gain from exercise? Being aware of your personal goals will help you choose a program that will be a good fit for you.
- 2** What is your daily routine and schedule? What time will work best for you to go to the gym, class or program? Knowing the answer to that question will help you choose a program that fits with your life.
- 3** What is available in your area? Choosing a gym, class or program that is conveniently located will make it easier for you to go and harder to come up with reasons not to go. If cost is an issue, there are often free or low-cost programs available, particularly for older adults.
- 4** What type of exercise do you want to do? If you like to dance, you may find an aerobics class appealing. If you have pain, water aerobics may be your exercise of choice. If you want a lot of different options, joining a gym that has a pool, exercise machines and a walking track may be the right thing for you. Once you know what you want to do, it is easier to narrow down the list of possible options.

SOME OTHER THINGS TO THINK ABOUT ARE:

- What kind of staff or trainer support is available?
- What support is available if you have a medical emergency?
- Are most of the people who go to the facility at about the same age and fitness level as you?
- Are there special programs for older adults or people with chronic illnesses?
- What do the fees cover, and what happens if you want to end your membership before the end of the year or program? 

Most gyms, programs and classes will allow you to attend at least once free of charge to get a sense of what they offer. Don't feel pressured to join until you have had time to think through your decision. Although you don't have to join a gym, class or program, many people with diabetes find it does help them to stick with their exercise plan. Choosing a program that fits with your life and goals will make it even more likely that you can start to exercise and keep it up.

CAN sweeteners HELP YOU lose weight?

By Amy Campbell, MS, RD, CDE

If you're like many people, you may be struggling to lose a few pounds. And if you also have diabetes, you know how important it is to balance your food, activity and medicine with your blood glucose levels. Losing weight and keeping it off is hard work. Sometimes the hardest part is keeping the weight off. Whether your goal is to lose weight or to better manage your diabetes—or both—chances are you're either using a non-calorie sweetener (sugar substitute) or want to try one. But can those little packets really help you lose weight or help you with your diabetes?

SWEETENERS: A CLOSER LOOK

If you've had diabetes for a long time, you might recall that years ago there weren't a lot of sweeteners to choose from. Most people used saccharin (used in Sweet'N Low), which was discovered back in the 1800s, to sweeten their tea or coffee. Even as recently as the 1970s, Tab was one of the only diet sodas available. Today there are many different types of sweeteners to choose from, including sugar. That's right: People with diabetes can use sugar in moderate amounts, as long as it's counted as part of the total carbohydrate amount they eat for the day.

Sweeteners fall into two basic groups: those with or without calories.

Sweeteners with calories include:

- white and brown sugar
- fructose
- honey
- maple syrup
- sugar alcohols (sorbitol, mannitol, xylitol, maltitol)

Sugar alcohols contain about half the calories as regular sugar, but all of the sweeteners in this group contain some carbohydrates and can affect blood glucose levels.

Non-calorie sweeteners (sugar substitutes) have no calories or carbohydrates and do not affect blood glucose levels. But these sweeteners may be added to products that do have calories and carbs, such as sugar-free candy or ice cream. You should always read the nutrition label of any food item or drink. Here's a closer look at the sugar substitutes that are sold today:

✿ Saccharin (Sweet'N Low, SugarTwin)

This sweetener is one of the oldest on the market. It is 200 to 700 times sweeter than sugar and can be used in baking. Some people notice that saccharin has a bitter aftertaste. In the 1970s, research linked saccharin with bladder cancer in rats, but the warning was lifted as newer studies showed that it was safe to use.

Aspartame (Equal, NutraSweet, Natra Taste)

Aspartame is made from two amino acids and is about 200 times sweeter than sugar. This sweetener, which was approved for use in the United States in 1981, has been widely tested and is now used in more than 6,000 foods and drinks all over the world. Several years ago, Internet rumors accused aspartame of causing many health problems, such as headaches, cancer, seizures, epilepsy and Parkinson's disease, but no studies have ever linked this sweetener to any of these conditions. Aspartame does contain phenylalanine (an amino acid), so people who have a certain genetic disorder called phenylketonuria need to avoid aspartame. But for most people, aspartame is safe to use. Heat can lessen the sweetness of aspartame, so it's not ideal for cooking and baking.

Erythritol (Organic Zero, ZSweet)

Erythritol is a sugar alcohol and is found naturally in many plant foods. It's usually made from sugar cane juice. Erythritol is almost calorie-free, with 0.2 calories per gram, and does not affect blood glucose. Unlike other sugar alcohols, erythritol does not cause stomach cramping or diarrhea when used in moderate amounts. It comes in packets for use in beverages and in granular form for baking.

Stevia (PureVia, Truvia, Sweet Leaf, Stevia Extract In the Raw)

One of the latest sweeteners to be approved by the Food and Drug Administration (FDA) is stevia—but only a certain extract of the stevia plant, called rebiana—has been given an FDA nod. Stevia is safe for people with diabetes and is between 200 and 300 times sweeter than sugar. Several food and drink companies have added stevia to their products. Some people find that stevia has a licorice-like aftertaste. Stevia can be used in cooking and baking; follow the package directions on whichever brand you buy.

calories count: see how much

USING THIS	INSTEAD OF THIS	Saves this many calories	Saves this many carbs
12 oz. Diet Coke	12 oz. Coca-Cola Classic	140	39 grams
6 oz. Dannon Light & Fit Blueberry Yogurt	6 oz. Dannon Fruit on the Bottom Blueberry Yogurt	70	12 grams
1 No Sugar Added Fudgsicle	1 Original Fudgsicle	20	3 grams
1 packet Splenda	1 packet sugar	16	4 grams

Sucralose (Splenda, Nevella)

Sucralose, discovered in 1976, is 600 times sweeter than sugar and comes from real sugar. More than 100 studies done over 20 years have shown this sweetener is safe. Many people enjoy sucralose because it tastes a lot like sugar. It's used as a tabletop sweetener and can be found in thousands of foods and drinks worldwide. It can be used in place of sugar for baking and is available in both white and brown sugar versions.

Acesulfame-K (Sweet One, Sunett)

Discovered in 1967, this sweetener is 200 times sweeter than sugar and can be used in foods, drinks and as a tabletop sweetener. More than 90 studies have shown it is safe to use. Acesulfame-K can be used in cooking and baking.

CAN SUGAR SUBSTITUTES MAKE YOU THIN ... OR FAT?


If you're trying to lose weight, it makes sense to use non-calorie sweeteners as part of your meal plan, since 1 teaspoon of sugar contains 16 calories and 4 grams of carbohydrates. That may not seem like much, but if you like your coffee or tea on the sweet side and end up pouring in 3 teaspoons of sugar, you'll end up with almost 50 calories and 12 grams of carbs. Likewise, a 12-ounce can of regular cola has 140 calories and 40 grams of carbs. The same size diet cola has 0 calories and 0 grams of carbs.

However, research came out recently with some surprising results. Rats were

fed yogurt sweetened with either saccharin or sugar. After two weeks, the rats that ate the saccharin-sweetened yogurt took in more calories and gained more weight than the rats fed the sugar-sweetened yogurt. The scientists think non-calorie sweeteners may somehow affect the way the body uses calories. Another study from 2005 showed something dramatic: for every can of diet soda a person drinks, there is a 41% higher chance of his or her being overweight. It's possible sugar substitutes don't help produce a feeling of fullness, so some people end up eating more. Or maybe some people believe they can eat more or choose a higher-fat food, such as a cheeseburger, because they're drinking a diet cola instead of a regular cola.

SUGAR OR SUGAR SUBSTITUTE?

Despite some of the research findings, sugar substitutes can still be part of a diabetes or weight-loss eating plan. Most of the longer-term research shows that sugar substitutes may help people cut calories and lose weight. When used as part of a balanced, lower-calorie eating plan, sugar substitutes can provide sweetness without additional calories and carbs. Just be sure to check the food label—some foods containing these sweeteners still have calories, fat and carbohydrates. And try not to use sugar substitutes as a reason to eat more of other foods; doing so may cause you to take in more calories than you realize.

As for the best type of sweetener to use? It's up to you. Try a few or try them all to find the one that tastes good and fits best with your lifestyle. 

diabetes- friendly recipes for your whole family

grilled portobello mushroom quesadillas

Serves 4

- 4 large portobello mushroom caps
- 1 teaspoon extra-virgin olive oil
- Coarse salt
- 4 low-carb wraps (10 inches in diameter)
- 4 ounces fresh salt-free mozzarella, thinly sliced
- 8 fresh basil leaves, torn by hand
- 2 roasted red bell peppers, thinly sliced

1. Build a fire in a charcoal grill, letting the coals burn down until covered with white ash or preheat a gas grill to medium. If using a grill pan, preheat the pan briefly over medium-high heat.
2. Brush each mushroom cap with olive oil, season them with a pinch of salt, and grill until grill marks form and the mushrooms are tender, 4 to 5 minutes per side. Transfer the mushrooms to a plate and let cool. Leave the heat going. When cool enough to handle, thinly slice the mushrooms.
3. Arrange the mushroom slices over the bottom half of each wrap. Top with the mozzarella, basil and roasted pepper slices. Fold the top of the wraps over the filling.

4. Grill the wraps just long enough to warm the filling through and melt the cheese so it holds the wraps together, about 1 minute per side.
5. Put 1 quesadilla on each of 4 plates and serve.

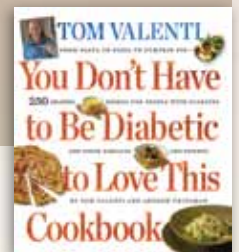
NUTRITION INFORMATION Per serving:

249 calories; 10 g fat (3 g sat, 0 g mono); 15 mg cholesterol; 23 g carbohydrate; 18 g protein; 11 g fiber; 158 mg sodium; 6 g sugars.

Dietary exchanges:

1½ fat, 1 starch,
1 meat, 1½ vegetables

Recipes adapted from *You Don't Have to Be Diabetic to Love This Cookbook*, by Tom Valenti and Andrew Friedman © 2009. Used with permission.



seafood stew

- ¼ cup olive oil
- 1 medium-size Spanish onion, cut into ½-inch dice
- 8 cloves garlic, thinly sliced
- 3 tablespoons tomato paste
- 1 teaspoon fresh thyme leaves
- ¼ teaspoon saffron threads
- ½ teaspoon crushed red pepper flakes
- 1¼ cups low-sodium vegetable broth diluted with
- 1¼ cups water
- 1½ cups dry white wine
- ¼ cup distilled white vinegar
- 3 medium-size plum tomatoes, coarsely chopped, with their juice
- 1 cup organic tomato juice
- ½ teaspoon coarse salt
- ½ teaspoon freshly ground black pepper
- 18 small clams, or 9 regular clams (about 1 lb.)*
- 12 mussels (about 12 oz.), bearded*
- 1½ pounds bass or snapper, cut in 1-inch cubes
- 6 medium-size to large shrimp (about 6 oz.), with tails, peeled, deveined and cut in half lengthwise
- 1 tablespoon extra-virgin olive oil
- 2 tablespoons chopped fresh flat-leaf parsley leaves



Serves 6

1. Heat the olive oil in a heavy-bottomed soup pot over medium heat. Add the onion and garlic and cook until softened but not browned, about 4 minutes.
2. Add the tomato paste, thyme, saffron, and red pepper flakes and cook, stirring to coat the other ingredients with the tomato paste, about 3 minutes.
3. Add the vegetable broth diluted with 1¼ cups water, wine, vinegar, tomatoes, tomato juice, ¼ teaspoon of the salt, and the black pepper and bring to a simmer, then lower the heat and let simmer for 15 minutes.
4. Add the clams and mussels, submerging them with a spoon, and cook, uncovered, until they open, about 5 minutes; discard any that do not open. Season the soup with the remaining ¼ teaspoon of salt and add the fish and shrimp to the pot, gently poaching them until the fish is opaque and the shrimp are firm and pink, 3 to 4 minutes.
5. Divide the stew among 6 wide, shallow bowls. Drizzle some olive oil and scatter some parsley over each serving.

* Scrubbed under cold running water

NUTRITION INFORMATION Per serving:

361 calories; 14 g fat (2 g sat, 0 g trans fat); 97 mg cholesterol; 11 g carbohydrate; 35 g protein; 1 g fiber; 541 mg sodium, 4 g sugars.

Dietary exchanges: 2½ fats, 4 lean meats

chicken chaat

- ¾ cup coarsely chopped Spanish onion
- 2 tablespoons fresh cilantro leaves, chopped
- medium-size garlic clove, minced
- 1 tablespoon olive oil
- 1 teaspoon freshly-squeezed lime juice, plus 4 lime halves for garnish
- 1 tablespoon freshly squeezed lemon juice
- 1 teaspoon garam masala (available at specialty food stores and Indian markets)
- 1 teaspoon hot green pepper, such as serrano, chopped
- 1 teaspoon red chile powder
- ¼ teaspoon coarse salt
- 1 pound skinless, boneless chicken breasts, steamed, sliced lengthwise, and cut into ¼-inch pieces
- 8 iceberg lettuce leaves

Put the onion, cilantro, garlic, olive oil, lime juice, lemon juice, garam masala, green pepper, chile powder and salt in a large bowl and mix to create a sauce. Add the chicken and toss well. Divide the chicken among 4 small plates and serve with iceberg lettuce leaves and lime halves. Use the lettuce to scoop up bites of the salad.



Serves 4

NUTRITION INFORMATION Per serving:
174 calories; 5 g fat (1 g sat, 0 g trans fat);
66 mg cholesterol; 4 g carbohydrate; 27 g
protein; 1 g fiber; 204 mg sodium; 2 g sugars.

Dietary exchanges: ½ fat, 3 lean meats



Serves 10

strawberry cobbler

- | | | | |
|---|--|---|--|
| 3 | cups strawberries, hulled,
larger berries cut in half | 2 | tablespoons (¼ stick)
unsalted butter |
| ⅓ | cup sugar, plus 2
tablespoons | 2 | tablespoons almond flour |
| 2 | teaspoons orange zest,
finely grated | 2 | tablespoons all-purpose
flour |
| 2 | teaspoons cornstarch | | Nonstick cooking spray |

1. Preheat the oven to 375°F.
2. Put the strawberries, ⅓ cup of the sugar, orange zest and cornstarch in a bowl and toss to combine. Let the berries stand while you make the crumble topping.
3. Put the butter, almond flour, all-purpose flour and remaining 2 tablespoons of sugar in a bowl, toss them together, and work the mixture with your fingers until it comes together in a loose dough.
4. Spray a 9 by 13-inch baking dish with nonstick cooking spray. Put the strawberries in the dish, using a rubber spatula to pat them gently down into an even layer. Sprinkle the crumble topping evenly over the strawberries.
5. Bake the cobbler until the topping is golden and the fruit is bubbling, about 45 minutes. Let cool slightly and serve warm.

NUTRITION INFORMATION Per serving:

97 calories; 3 g fat (2 g sat, 0 g trans fat); 6 mg cholesterol;
17 g carbohydrate; 1 g protein; 1 g fiber; 1 mg sodium,
14 g sugars.

Dietary exchanges: ½ fat, ½ other carbohydrates

an aspirin a day

FOR HEART HEALTH

By Martha Funnell, MS, RN, CDE

If you have had diabetes for some time, you may take an aspirin each day as a way to help prevent heart attacks and strokes. But the guidelines developed by the American Diabetes Association (ADA) and other organizations about who will benefit from aspirin have changed recently. Although it is frustrating when guidelines change, it is actually good news. It means that more and better studies are being done all the time and give people with diabetes the facts they need to make wise and informed decisions.

Q WHY TAKE ASPIRIN?

A Aspirin helps to prevent blood from clotting. While clotting is a good thing if you are bleeding, a clot that forms inside a blood vessel can block the flow of blood to the tissues it supplies. A clot in a blood vessel that supplies blood to the brain can cause a stroke. A clot in a blood vessel that supplies blood to the muscles of the heart can cause a heart attack. Aspirin can help to keep the blood flowing to where it is needed.


Q WHO SHOULD TAKE ASPIRIN?

A People with diabetes are more at risk for heart attacks and strokes than people who do not have diabetes. Because of this risk, people over 40, who had diabetes, were often advised to take an aspirin a day. However, new studies that included more people with diabetes have led to changes in this recommendation. The 2010 guidelines call for daily aspirin only for men with diabetes over the age of 50 and women with diabetes over the age of 60 who also have an additional major risk factor for heart disease. Additional major risk factors include high blood pressure, smoking, high cholesterol, albumin in the urine or a family history of heart disease. The guidelines have not changed for people who have had a heart attack or stroke in the past.

Q SHOULD I TAKE ASPIRIN?

A You and your health care provider are the best judges of whether aspirin will be helpful for you. You need to take into account your medical history, your family history and any allergies or side effects you have. If you taken aspirin now, talk with your provider before you decide to stop taking it.

Q HOW MUCH ASPIRIN SHOULD I TAKE?

A Although aspirin is thought of as a safe medicine, it can cause side effects such as upset stomach, ringing in the ears and bleeding. Therefore, the best advice is to take the smallest dose that can help without causing side effects. The usual dose to prevent clotting is between 75 and 162 mg per day. The standard dose of adult aspirin is 325 mg and “baby” aspirin is 81 mg., so it is common to take one baby aspirin or half of an adult aspirin. Ask your health care provider about the right dose for you. If aspirin upsets your stomach, you might try an enteric-coated form. 



The 2010 guidelines call for daily aspirin only for men with diabetes over the age of 50 and women with diabetes over the age of 60 who also have an additional major risk factor for heart disease.

MAKING SENSE OF

diabetes
research

By Jason L. Gaglia, MD



Joslin Diabetes Center

It's hard to believe the pace at which medical science is changing diabetes treatment. For people with diabetes, it's clear that keeping glucose, blood pressure and cholesterol within target levels greatly lowers complications and can slow or even stop complications from worsening. However, what these goals should be and how best to get there is rapidly changing. The good news is that using this new information may help you live a longer, healthier life.

WHAT DOES ALL OF THIS MEAN TO ME?

There are a number of resources available to help you sift through the medical evidence and find the pieces that apply to you, but you do not have to do it alone. A good place to turn to is your diabetes care team. Part of the team's job is to apply new research to day-to-day practice. With a little preparation, you can learn which questions to ask them to help guide your treatment.

WHERE TO FIND OUT MORE INFORMATION


Going to the source is always a good idea. While a sound bite on the news may make you aware of a new medical finding, that is usually not enough information to make a decision when it comes to your health. Instead, it is better to get the information first hand. Did you know that many original research articles are now available for free? You can try on the Web via Pubmed by going to pubmed.org.

Whether you have seen a news report, looked at the research report yourself or heard what the experts are saying about it, there are a few things to keep in mind. Be critical when reading or listening to reports of new medical findings.

Clinical trials are a very important part of the medical research and discovery process, and you may want to consider being part of a study. The ClinicalTrials.gov Web site lists many clinical trials done in the U.S.

and around the world.

Remember that progress in medical research takes many years, and the results of one study need to be repeated by other scientists

at different locations before they are accepted as general medical practice. Each result is just a step along the path—and may spark new questions, too. 

7 questions to help you evaluate health information

- * Was the study done in test tubes, cells, animals or people? The results of research in people are the most meaningful for medical treatment.
- * Did the study include people like yourself? Factors such as age, sex and ethnic background may determine whether the results apply to you.
- * Was it a randomized controlled clinical trial? Randomized controlled trials give the most reliable results.
- * If a new treatment was being tested, what were the side effects? Sometimes the side effects are almost as serious as the disease or could worsen another condition.
- * If a medication was studied, are the results applicable to just that particular medicine or related ones, as well?
- * Who paid for the research? If a drug is being tested, the study might be partly or fully paid for by the company that makes and sells the drug. Will the organizations funding the research make money from positive or negative results?
- * Who is reporting the results? Is the information coming from a reliable source of medical news?



FOOD, MEDICINE & DIABETES

quiz

By Linda Bernstein, PharmD

When you have diabetes, it is especially important to sort out fact from fiction when it comes to the foods you eat and the medicines you take. What and when you eat or drink can affect your blood glucose-lowering medicines, and this can impact the other medicines you take. So let's see how well you do in the following quiz.

TRUE OR FALSE?

Medicines that lower my blood glucose can be taken without regard to meal times.

FALSE. Some medicines that lower your blood glucose can be taken without regard to meals but many others cannot. Here's why: Medicines that lower your blood glucose—whether they are oral pills, insulin or other injectable medicines—work in different ways to manage your blood glucose throughout the day. They have different onsets of action, times to reach peak effect and/or durations of effect. You need to find out how your particular medicines work best for you. Following are some important questions you can ask your health care provider and Walgreens pharmacist about your medication regimen and meals to ensure its effectiveness and safety:

- * How many times a day should I take my medicine?
- * Should my dose vary depending upon how much food I eat and my exercise level?
- * Should my medicine be taken at the same time each day?
- * When is the best time to take my medicine: before meals (how long before), at the first bite of food, anytime during or right after a meal or snack? Between meals?
- * Which meals should I take it with: breakfast, lunch, dinner and/or snack times?
- * What should I do if I skip a meal or eat later?
- * How does taking a combination medicine affect the timing and frequency of my dosing regimen?
- * Should I still eat my next meal if I forgot to take my medicine?
- * May I take my medicine with food to reduce stomach upset?
- * Is it best to eat three large meals or five to six small meals each day?
- * Is it safe to drink alcohol? If so, how much?

TRUE OR FALSE?

Medicines that lower my blood glucose can be crushed and mixed with applesauce to ease swallowing.

FALSE. The general rule is do not crush or chew medicine or take capsules apart and stir them into food unless your physician or pharmacist has OK'ed it. This is particularly true if the medicine is a long-acting product, such as extended-release glipizide or metformin. Tablets that are sustained-, extended- or delayed-release should not be crushed or chewed. Similarly, capsules containing medicines with long-acting properties should not be opened and sprinkled over food, since they are designed to be released over an extended period of time. If you break the coating on an extended-release pill by crushing or chewing it or if you let out all the timed-release pellets in a capsule, you are essentially releasing all of the active product at once, which could cause an overdose of the medicine. If you have trouble swallowing medicines, ask your Walgreens pharmacist about other dosage forms, such as liquids, or other pills that are easier to swallow.

diabetes care

TRUE OR FALSE?

It is best to eat regular meals and avoid skipping a meal when taking medicines that lower my blood glucose.

TRUE. When it comes to medicines that lower your blood glucose, whether they're oral pills, insulin or other injectable medicines, it is best to keep your meal times as regularly scheduled as possible. If you take your medicine and do not eat, it could lead to hypoglycemia, or low blood glucose. On the other hand, if you skip your medicine and eat a meal, you may experience hyperglycemia, or high blood glucose. Our busy lifestyles often make it impossible to achieve a perfect medication-meal schedule. Your diabetes care team, with the help of regular blood glucose monitoring, will help you find the correct balance


of medicine, food and exercise to keep your blood glucose in your target range. With careful planning, you should be able to build some flexibility in to your diabetes regimen without sacrificing good management.

TRUE OR FALSE?

It is best to drink water when swallowing oral medicines that lower my blood glucose.

TRUE. Unless directed otherwise, you should take oral medicines that lower your blood glucose with at least one full glass (8 ounces) of plain water. Water helps dissolve the medicine and helps get it into the bloodstream so it can take effect. Do not mix your medicine into hot drinks. Be aware that alcohol can increase your risk of hypoglycemia when you take medicines that lower your blood

glucose, can cause a flushing reaction with some of these medicines and can contribute to other side effects with others. Avoid other beverages to wash down your medicines such as juices, milk and soda. These drinks can increase your blood glucose and can interact with some medicines. For example, milk reduces the effect of certain antibiotics. Grapefruit juice can result in higher drug blood levels with greater potential for side effects in some cases. Soft drinks or flavored beverages with high fructose corn syrup and other sweeteners also can increase blood glucose.

These are just a few of the important issues that come into play regarding food, medicine and diabetes. If you have any questions about your medicines, you can turn to your health care provider and Walgreens pharmacist for helpful answers. 

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