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SUMMER 2013

diabetes & you[®]

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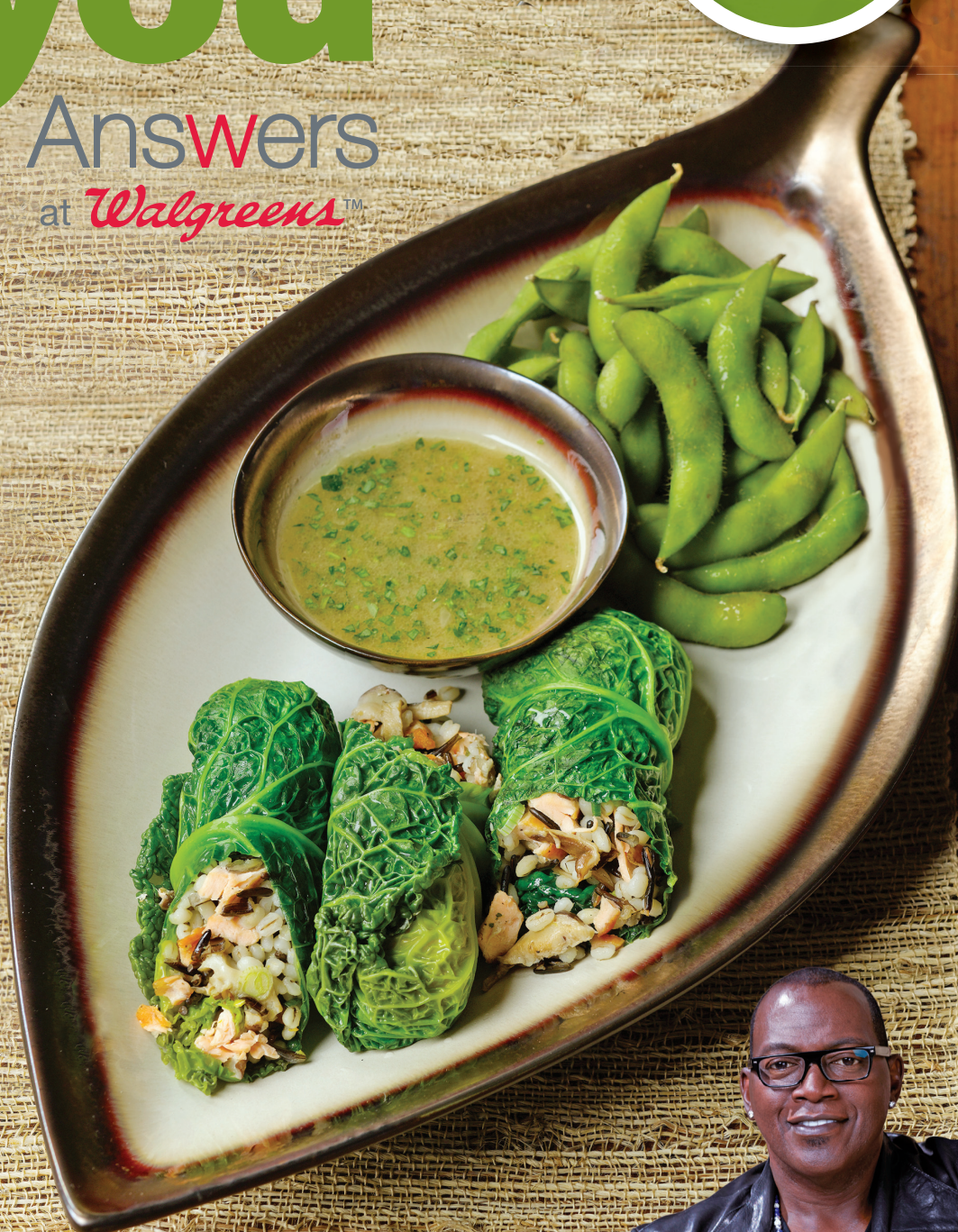
WALGREENS
MAKES IT EASY

DIABETES-FRIENDLY

RECIPES

FROM THE CULINARY
INSTITUTE OF AMERICA

SALMON & WILD RICE-
STUFFED CABBAGE
WITH EDAMAME AND
TARRAGON DIPPING SAUCE



AMERICAN IDOL JUDGE
RANDY JACKSON
ON HIS DIABETES JOURNEY





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who want to do more



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*IRI data 52-week period ending 12/2/2012. †Limitations and Restrictions apply.



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Dear Readers:

Welcome to the 2013 *Walgreens Diabetes & You* Summer issue, with expert views and tips on diabetes and healthy living. We also keep you updated on diabetes-related news, including our article "Walgreens Makes Medicare Part B Easier," about some of the important changes happening for seniors with diabetes who have Medicare Part B for their diabetes testing supplies.

Our feature article is on music industry veteran, award-winning producer, author and television personality Randy Jackson, who is well known as a judge on FOX's "American Idol." In 2003, he was diagnosed with type 2 diabetes. Even though it was a disease his father had, Randy was still caught by surprise. And his diabetes journey began.

Try the Salmon and Wild Rice-Stuffed Cabbage with Edamame and Tarragon Dipping Sauce recipe featured on the cover, in addition to our other mouthwatering, diabetes-friendly recipes from The Culinary Institute of America: Cheese Blintzes with Clementines Poached in Red Wine and Multigrain Pasta with Broccolini, Crab Meat, and Orange, Sesame and Ginger Dressing.

If you are a healthcare provider, we'd be happy to send you additional complimentary copies for your offices (U.S. addresses only, no P.O. Boxes; one shipment per address). Walgreens customers can contact us at info@diabetesandyoumagazine.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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or scan this QR code for past issues of *Diabetes & You*.



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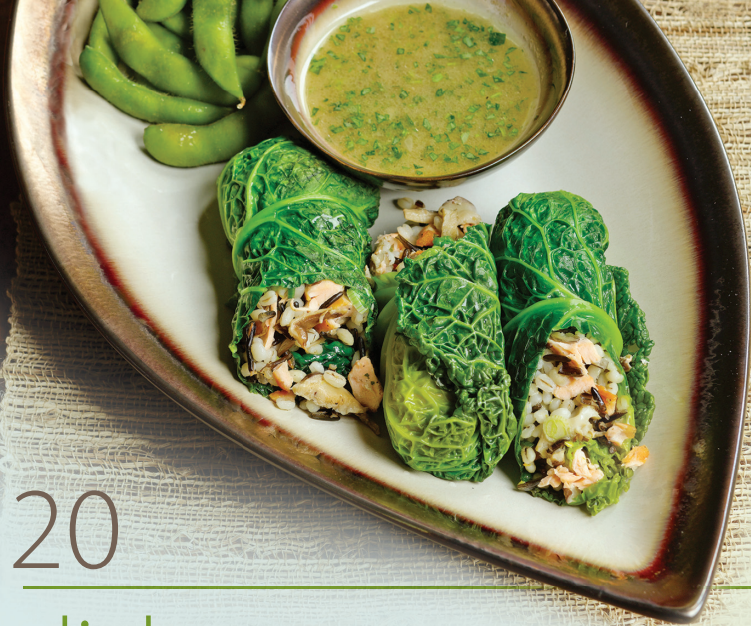
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diabetes & you

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There's a way to stay well.

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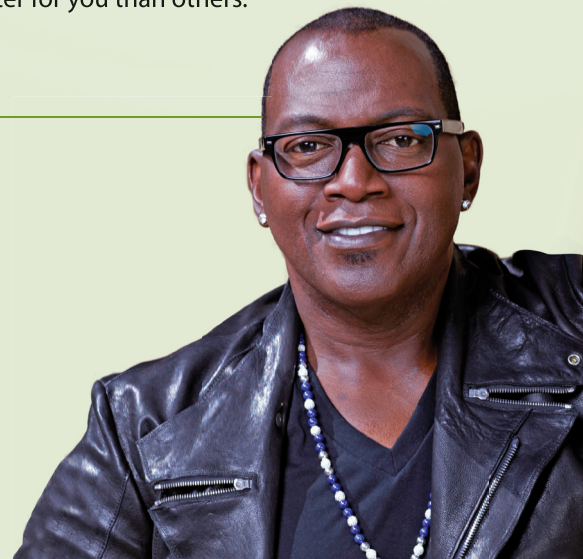
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Music industry veteran, award-winning producer, author and television personality Randy Jackson is well known as a judge on FOX's "American Idol." In 2003, he was diagnosed with type 2 diabetes. Even though it was a disease his father had, Randy was still caught by surprise. And his diabetes journey began.



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†Ocuvite is not intended to treat or prevent diabetic ocular conditions. Questions? Ask your doctor.

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what's new at Walgreens

By Jonathan Jarashow



EARN POINTS FOR TRACKING HEALTHY BEHAVIOR WITH BALANCE® REWARDS¹

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¹ Due to state and federal laws, points cannot be earned on some items, and points will not be earned in a transaction where Redemption Dollars are used.

² Limit 20 points per mile, 1,000 points per month. For terms and conditions, visit Walgreens.com/Balance.

³ Limit 20 points per log, one log per day. For terms and conditions, visit Walgreens.com/Balance.



MEDICARE PART B CHANGES

Medicare Part B will launch a National Mail Order Program, beginning on July 1, 2013. This new program may limit where you can get your diabetes testing supplies. If you've been getting them from certain mail service

providers, you'll likely need to find another option. You can still get your diabetes testing supplies at your local pharmacy, and Walgreens offers the service and convenience you need in a diabetes testing supplies provider. To learn more, see our article on page 23.

PRODUCT SHOWCASE

Important News Regarding Your Eye Health[†]

Ocuvite®, from the eye care experts at Bausch + Lomb, is uniquely formulated to help replenish vital eye nutrients to help protect your eye health.*



* This statement has not been evaluated by the food and drug administration. This product is not intended to diagnose, treat, cure or prevent any disease.

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• **Easy to achieve accurate results.**

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(IRI data ending 12/2/12)



Werther's Original Sugar Free

Looking for a satisfying treat with rich caramel taste? Werther's Original Sugar Free caramels are rich, smooth and creamy. Each caramel has 8 calories and 3g carbs. Like us on Facebook by visiting WerthersCandyJar.com.

Paula Deen and Luscetta

Managing type 2 diabetes
with Victoza®

“I’ve made changes to better manage my diabetes. I’m eating right and staying active. I also asked my doctor about non-insulin Victoza®.”

Luscetta

Both Paula Deen and I have started eating smaller meals and taking walks. It’s made a difference. So has Victoza®.

- ✓ **Victoza® starts to lower blood sugar in as soon as two weeks, lowers A1C,* and keeps it down†**
- ✓ Victoza® comes in a prefilled Pen I use just once a day, any time, so it fits into my busy life
- ✓ While not a weight-loss product, Victoza® may help me lose some weight

Ask your doctor how Victoza® can help you better manage your diabetes, too.

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call 1-866-821-7406 to learn more.



Non-insulin • Once-daily

*Victoza® 1.8 mg, taken alone or in combination with diabetes pills, lowered A1C by 1.0 to 1.5 points, on average, as shown in medical studies.

†Victoza® has been shown to keep A1C down in a 2-year medical study.

Individual results may vary.

Indications and Usage

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

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

Important Safety Information

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

Do not use Victoza® if you are allergic to liraglutide or any of the ingredients in Victoza®. Serious allergic reactions can happen with Victoza®. If symptoms of serious allergic reactions occur, stop taking Victoza® and seek medical attention. Inflammation of the pancreas (pancreatitis) may be severe and lead to death. Before taking Victoza®, tell your doctor if you have had pancreatitis, gallstones, a history of alcoholism, or high blood triglyceride levels since these medical conditions make you more likely to get pancreatitis.

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

Before using Victoza®, tell your doctor about all the medicines you take, especially sulfonylurea medicines or insulin, as taking them with Victoza® may affect how each medicine works. If you use Victoza® with insulin, you may give both injections in the same body area (for example, your stomach area), but not right next to each other.

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

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

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

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

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

If you need assistance with prescription drug costs, help may be available. Visit pparx.org or call 1-888-4PPA-NOW.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

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VICTOZA®
liraglutide (rDNA origin) injection

VICTOZA®

liraglutide (rDNA origin) injection

Important Patient Information

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

WARNING

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

What is Victoza® used for?

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

Who should not use Victoza®?

- Victoza® should not be used in people with a personal or family history of MTC or in patients with MEN2.
- Victoza® should not be used in people with a severe allergy to Victoza® or any of its ingredients.

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

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

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

What are the side effects of Victoza®?

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

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

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

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

- Victoza® studies contain limited data in people with kidney or liver problems.

Still have questions?

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

- Call 1-877-4VICTOZA (1-877-484-2869)
- visit victoza.com

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Version 5

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0213-00013368-1 2/2013



planning FOR THE golden years

By Martha Funnell, MS, RN, CDE



When people reach middle age, they often think about how to spend their Golden Years. Most of us picture those years as a time when we get to do all the things we enjoy but don't have time to do when work, family and other day-to-day tasks keep us busy.

Planning for your Golden Years is something you can do when you are having a bad day or you are feeling overwhelmed by all you need to get done. One of the ways most people plan for their senior years is by saving money so they can be secure and have financial resources to do what they want. While having the resources you need is

important, most people dream about being healthy enough to do what they want to do in their Golden Years. Just like you need to start saving your money well before retirement, there are also steps you can take now to ensure your good health in the future.

THE FOUR STEPS TO STAYING HEALTHY AS YOU AGE

A large study showed that there are four steps to help middle aged people stay healthy as they get older.

1. Eat fruits and vegetables.
2. Exercise.
3. Drink alcohol moderately.
4. Don't smoke.

You've heard about these four steps for

many years. What's new is that this study showed how the more you stick to the four steps, the greater the benefit in terms of staying healthier, longer.

LIVE LONGER WITH DIABETES

Although this study was not specifically about people with diabetes, the good news is that the four steps to staying healthy as you age can also help you manage your diabetes and avoid diabetes problems over the long term.

OVERCOMING OBSTACLES


As part of your diabetes care, you and your healthcare provider probably set an A1C goal—often less than 7 percent. But it can be hard to reach your target A1C

because obstacles can get in the way. For example: maybe you are not able to take the medicines you need, or you

have side effects from your medicines. Or, maybe you have other health problems. In addition, try not to get discouraged if you are taking steps to staying healthy and you don't see immediate improvements in your A1C level. It can take time for the changes in your A1C level to catch up with your healthy-living efforts.

If your A1C is not at your target, talk to your healthcare provider about changes you can make in your treatment plan to help you get there.

THE GOLDEN YEARS

So what do these studies mean for you and your Golden Years? Working to manage your diabetes and keeping yourself healthy today will pay off in the future, making your Golden Years as good as gold. 

be *i*nformed

50%

A study of adults with an average age of 62, showed that people with type 2 diabetes who were able to lower their A1C levels by about 1% over five years were 50% less likely to die during that time than people whose A1C did not improve. They were also 50% less likely to have heart disease.

Have you upgraded to a shorter insulin needle yet?

Leading diabetes experts recommend the use of shorter needle lengths for their patients.

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BD Insulin Syringes with BD Ultra-Fine™ 6mm Needle - 1/2mL x 31G

WIC#	UPC#	NDC#
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BD Insulin Syringes with BD Ultra-Fine™ 6mm Needle - 3/10mL x 31G

WIC#	UPC#	NDC#
N/A	3-8290-324909-1	08290-3249-09



www.bd.com/us/diabetes

Needles are shown at actual size.

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3. How many times a day do you inject? _____
4. Which retail location did you find this offer? _____ (Store Name)
5. Where did you first hear about this rebate offer? ☐ Pharmacist/Endo ☐ Diabetes Nurse ☐ Family Member ☐ Other (please explain) _____

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Helping all people
live healthy lives

ENJOY workout success

By Susan Weiner, RD, MS, CDE, CDN



Just because you have diabetes doesn't mean you can't tap into your inner athlete. Exercise is a healthy thing to do: It helps control blood glucose, helps your body react better to insulin, reduces stress and helps keep weight under control. Follow these tips for workout success.

1 Discuss your target blood glucose range with your healthcare provider. Take steps to bring down your blood glucose level if it is over 300 mg/dL before you start to exercise. Your healthcare provider might suggest you change your medicine or insulin dosage. You may also need to change your diet to help prevent high or low blood glucose swings. Meet with a registered dietitian who is also a certified diabetes educator to improve your eating plan.

2 Make a plan to exercise.

Look at your plans for each day of the week. Figure out the best time to fit in some exercise. Try to stick to your exercise schedule.

3 Find an exercise you enjoy. Walk your dog in a park, or dance in front of a mirror. Arrange a walking group with friends who live nearby. Change your workout so you don't get bored. Figure out what type of physical activity you enjoy and start moving. Call a friend who likes to take walks or go for a bike ride. Help motivate each other to stay active. Invite your friends and family to exercise with you. Choose a time to meet that will fit both of your schedules.

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Start your new and improved physical fitness routine now. Don't make any more excuses to avoid exercise. Working out every day helps you manage your blood glucose levels and your diabetes.

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satisfaction
or your
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back.



Guaranteed

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diabetes care

4 Push yourself a little more every day.

Work out a little bit longer every day. If you are already exercising 30 minutes a day, try to increase your workout to 40 minutes. Try something out of your comfort zone. For example, hike with a friend or take a dance or kickboxing class.


5 Check your blood glucose levels often.

Make sure you stay in your target range, usually between 100 mg–200 mg/dL. Check your blood glucose levels 30 minutes before you exercise and again every 30 minutes while you work out. Also check your levels after exercising. Make sure your blood glucose levels don't go too far up or down when you are very physically active. If you take medicine or insulin to help control your diabetes, your blood glucose levels may go down when you work out and they may drop within 24 hours after exercising.

6 Eat a snack with about 15 grams of carbohydrates.

For example, eat a small apple, ½ cup of grapes or 4 ounces of 100 percent fruit juice if your blood glucose level is under 100 mg/dL before you work out. Recheck your blood glucose again in 15 minutes. Repeat the above treatment every 15 minutes until your blood glucose is within your target range.

7 Drink plenty of water and eat healthy.

Remind yourself to drink plenty of water when you work out. You should drink between 48 and 64 ounces of water per day—and even more if you exercise in warm weather. Try adding lemon wedges or sliced cucumber to your water. Don't skip meals or snacks, but do adjust your carbohydrate intake on the days you are physically active. Discuss your fitness routine with your health-care provider to figure out if you need to adjust your meal schedule. 

Avoid blood glucose swings

Check with your healthcare provider before starting any exercise program.



Check your blood glucose levels before, during and after working out. Your blood glucose level may change when you work out harder, longer or more often.



You may need to adjust your diabetes medicine or insulin dose and carbohydrate intake if your blood glucose level changes.



You may need to adjust your food intake on the days you work out, as blood glucose can vary with exercise.



You may need to drink more water or fluids when you exercise.



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losing weight

IS IT WORTH THE EFFORT?

By Martha Funnell, MS, RN, CDE

THE LOOK-AHEAD STUDY


More than 5,000 people with type 2 diabetes from around the country took part in the government study, called “Look-AHEAD” (Action for Health in Diabetes). They were randomly assigned to one of two groups. One group was assigned to a very intensive lifestyle program, while the other group was assigned to a standard diabetes education and support group program. Each group received the intervention for three years and was monitored for weight and other measures of blood glucose control, heart health and fitness. At the end of 11 years, the rate of heart attacks and strokes was the same in the two groups, and the study was stopped because it was felt that the question had been answered.

What does this mean for you? Does it mean that all of your hard work has been for nothing? Well, like most things in the news, there is more to the story than meets the eye.

THE CLEARER PICTURE

The good news from the *Look-AHEAD* study is that the rate of heart attacks, strokes, hospital stays and deaths from these events was lower in both groups than expected. Being more aware and being closely monitored appears to have some benefit.

However, researchers have only compared the people in the intensive intervention group with those in the education group so far. And while the intensive group, lost weight on average, it is likely that not everyone in that group lost weight. They have not yet compared people who lost weight with those who did not lose weight. It is possible those in the intensive lifestyle group who had heart attacks and strokes were those who did not lose weight. So stay tuned as the researchers more closely examine a lot of additional information.

Remember that headlines are written to entice you to read more. Going beyond the headlines to get the facts helps you to make informed decisions—especially when it comes to your health. 

LOOK-AHEAD study summary

1

The average weight loss for people in the intensive lifestyle intervention group was about 10 percent of their body weight at one year and 5 percent at the end of the study.

2

There were benefits—even with this modest amount of weight loss.

People had better blood glucose levels, as measured by A1C, along with lower blood pressure and cholesterol levels. They were able to take fewer diabetes and blood pressure medicines, as well. As you know, keeping your blood glucose and blood pressure closer to normal helps to reduce your risk for the other long-term complications of diabetes.

3

The people in the intensive lifestyle group also had less sleep apnea, were more fit, more mobile and had a better quality of life.

be nformed

People with diabetes who only lost a modest amount of weight still had better blood glucose levels, lower blood pressure and cholesterol levels, and were able to take fewer diabetes and blood pressure medicines.



**METFORMIN HYDROCHLORIDE
TABLETS, USP 500 mg, 850 mg
and 1000 mg**

Rx only

Important Safety Information

Metformin hydrochloride tablets are used to control blood sugar levels in people with type-2 (non-insulin-dependent) diabetes.

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

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

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

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

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

Signs of lactic acidosis are:

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

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

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

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



Tablet is not actual size.

Effective diabetes control
has never smelled so sweet.

Proven benefits. No fishy smell. Blackberry-scented METFORMIN from Mylan provides all the proven benefits of Glucophage®* brand metformin without the “fishy smell” associated with it and other brands.¹

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

Please see Patient Information leaflet on the reverse side.

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

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

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METFORMIN HYDROCHLORIDE TABLETS, USP

500 mg, 850 mg and 1000 mg

Rx Only

PATIENT INFORMATION

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

What are metformin hydrochloride tablets?

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

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

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

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

Who should not take metformin hydrochloride tablets?

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

Do not take metformin hydrochloride tablets if you:

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

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

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

Can metformin hydrochloride tablets be used in children?

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

How should I take metformin hydrochloride tablets?

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

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

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

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

Tell your doctor if you:

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

What should I avoid while taking metformin hydrochloride tablets?

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

What are the side effects of metformin hydrochloride tablets?

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

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

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

Signs of lactic acidosis are:

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

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

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

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

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

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

General advice about prescription medicines

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

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

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Mylan Pharmaceuticals Inc.
Morgantown, WV 26505 U.S.A.

REVISED JANUARY 2010
MX:PL:METB:R1

road trip

eating for good health and diabetes

Your bags are packed and your road map is good to go. You've got your blood glucose meter and log book close at hand, along with your medicines and treatments for low blood glucose. But what plan do you have in place for what you'll eat on your summer road trip to fuel your body with nutrients and to keep your blood glucose in check?

By Amanda Celine Longoria, RD, LD, Joslin Diabetes Center Affiliate, Doctors Hospital at Renaissance, Edinburg, TX



Joslin Diabetes Center

Everyone needs a vacation. But when you have diabetes, it's important to plan ahead and be prepared. Before you hit the road, be sure you have plenty of water and some snacks packed in a cooler. It's important to drink enough water to avoid dehydration and to prevent high blood glucose. As much as you can, stick to your regular eating schedule to lessen the chances of having low blood glucose.

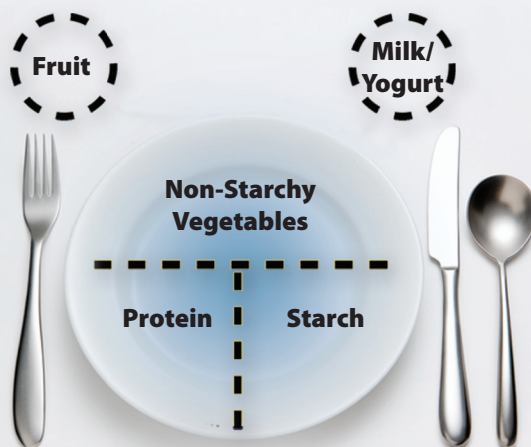
TIPS FOR fast food RESTAURANTS

Breakfast

- Try a breakfast sandwich that includes Canadian bacon and egg instead of higher saturated-fat protein foods like sausage, bacon and cheese that can raise cholesterol.
- Choose oatmeal topped with fresh fruit. Ask for it to be prepared without cream and sugar.
- Skip the fried hash browns that are high in calories and low in nutrients. Include a cup or a piece of fresh fruit with your breakfast instead.
- Enjoy your coffee with skim or 1% milk instead of with cream and sugar.

Lunch & Dinner

- Choose a grilled chicken sandwich or hamburger on a whole wheat bun instead of on a white bun.
- Ask for extra lettuce, spinach, tomato, onions and cucumbers on your sandwich.
- Skip the French fries or chips that are high in calories and fat. Add a nutrient-rich side salad instead with lower-calorie salad dressing or oil and vinegar.
- Pick a fresh fruit cup or small dish of low-fat frozen yogurt instead of cake, pie or ice cream.




Map out where you'll be on your driving route around meal times. If you know restaurants will be few and far between, be sure to pack a balanced and easy-to-eat lunch so you can stop and eat on time.

Keep a balance between higher-carb and lower-carb foods to help manage your blood glucose. Before you leave for your trip, talk with your dietitian about how to control your carbohydrate intake and for a meal plan that includes the amount of carbohydrates you need.

When planning a meal, keep in mind a balanced plate, like the one pictured above. The balanced plate

method is healthy for you and for the whole family, regardless if they have diabetes. Encourage your family to join you in eating healthy on summer vacation. Once you reach your vacation destination, don't forget about healthy eating. Restock your cooler with healthy items from each food group. Why not take a hike or walk at a historical site and enjoy a picnic under the shade of a tree?

Remember, what you eat affects your diabetes. The more controlled your diabetes is, the more energized you'll feel and the better you'll be able to enjoy your vacation. 

be *i*nformed

LOAD YOUR COOLER WITH:

- | | |
|---|--|
| • fresh fruit and applesauce | • lower-fat cheese |
| • cut-up vegetables | • 100% whole grain breads and crackers |
| • lower-sodium, lean sandwich meats | • light popcorn or unsalted pretzels |
| • small cans of tuna | • unsalted nuts and seeds |
| • nonfat or low-fat plain or light-style yogurt | • peanut butter |
| • low-fat cottage cheese | • energy and granola bars |

TIPS FOR sit-down RESTAURANTS

Breakfast

- Limit eggs to no more than 1 per day to prevent high cholesterol. Ask for nonstarchy vegetables like onions, tomatoes, bell peppers, spinach and mushrooms to be added to your eggs for extra nutrition.
- Choose whole wheat or whole grain toast instead of white toast.
- Try oatmeal prepared with skim or 1% milk and topped with fresh fruit and unsalted nuts.

Lunch & Dinner

- Start your meal with a garden salad without cheese or bacon bits, which are high in saturated fat. Ask for the dressing on the side.
- Choose clear-broth vegetable, bean or lentil soups.
- Order grilled, broiled or baked chicken, fish or lean steaks, instead of breaded and deep fried or pan fried.
- Include at least 1 to 2 cups of vegetables.
- Limit starchy foods to stay within your carbohydrate range. Watch the portion of potatoes, sweet potatoes, rice, beans, peas, corn, pasta and bread you eat.

Control your blood sugar, **naturally.**



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All-natural **KONSYL Original Formula®** goes a long way to improve your health. It's made from pure and soluble psyllium fiber which helps lower your cholesterol, reducing your risk of heart disease.* Plus, studies show that soluble fiber helps decrease insulin levels after you eat, helping you to manage your diabetes easily and effectively. Just one serving of **Konsyl Original Formula** is packed with **75% more psyllium fiber** than the leading brand – that's why doctors have recommended Konsyl products for over 50 years!

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diabetes-friendly recipes

FROM THE
Culinary Institute
OF America

Salmon & Wild Rice-Stuffed Cabbage

WITH EDAMAME AND
TARRAGON DIPPING SAUCE

Serves 4

- 1 cup water
- 1/2 cup dried shiitake or porcini mushrooms
- 3/4 teaspoon kosher salt
- 1/2 cup pearly barley
- 3/4 cup cooked wild rice
- 2 teaspoons olive oil
- 12 ounces salmon fillet
- 1/4 teaspoon freshly ground black pepper, plus more as needed
- 8 ounces sliced fresh shiitake mushrooms
- 1/2 cup white wine
- 3/4 cup chopped green onions
- 1 1/4 teaspoons dried tarragon
- 1 1/2 teaspoons lemon zest
- 8 large cabbage leaves, blanched
- 1/2 cup low-sodium chicken broth

1. Preheat the oven to 350° F.

2. Bring the water to a boil and remove from the heat. Steep the dried mushrooms for 10 minutes. Strain the mushrooms and reserve the steeping liquid. Chop the mushrooms and set aside.

3. Add enough water to the reserved mushroom liquid to make 1 cup. Add 1/8 teaspoon of the salt and bring it to a boil. Stir in the barley and reduce the heat to a simmer. Cover and cook until the barley is soft, about 25 minutes.

4. Stir the chopped, soaked mushrooms into the barley. Mix the cooked barley with the wild rice and set aside.

5. Heat the olive oil in a heavy skillet over medium high heat. Season the salmon fillet with 1/8 teaspoon each salt and pepper. Sear the salmon fillet just until cooked, about 2 minutes per side. Remove the skin from the salmon if still on and flake the fish into the barley mixture. Brown the fresh mushrooms in the same pan. Remove the mushrooms and deglaze the pan with 1/4 cup of the wine.

6. Add the skillet liquids and mushrooms to the barley mixture. Add the green onions, tarragon, remaining 1/2 teaspoon salt, pepper and lemon zest.

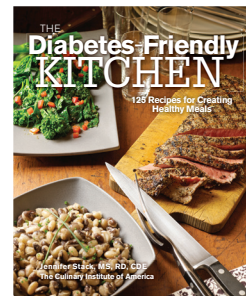
7. Fill the cabbage leaves with the barley mixture and roll the leaves up tightly. Place the rolls seam side down in a baking dish.

8. Bring the chicken broth and the remaining 1/4 cup of wine to a boil and pour over the cabbage rolls. Cover with foil and bake until cabbage is soft and the broth is steaming, 20 to 25 minutes.

PER SERVING:

Calories 384, **Total Fat** 15 g (Sat. Fat 3 g), **Sodium** 326 mg, **Carbohydrates** 24 g, **Fiber** 8 g, **Protein** 24 g
Exchanges:
1 starch, 2 vegetable,
2 lean meat, 2 fat

(EDAMAME RECIPE ON PAGE 22)



Adapted with permission from *The Diabetes-Friendly Kitchen* from The Culinary Institute of America (Houghton Mifflin Harcourt). Copyright © 2012.





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Julie
taking Lantus®
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Lantus® in the easy-to-use SoloSTAR® pen is the most prescribed* once-daily insulin available, and can help provide 24-hour blood sugar control with just one dose a day. If you have type 2 diabetes, and pills, diet and exercise aren't enough, you have options. Insulin is an effective way to help control blood sugar. Talk to your doctor to see if Lantus® SoloSTAR® is right for you.

Call 1.877.561.4617 or go to DiscoverLantus.com.

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

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

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

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

The most common side effect of insulin, including Lantus®, is low blood sugar (hypoglycemia), which may be serious.

Some people may experience symptoms such as shaking, sweating, fast heartbeat, and blurred vision. Severe hypoglycemia may be serious and life threatening. It may cause harm to your heart or brain. Other possible side effects may include injection site reactions, including changes in fat tissue at the injection site, and allergic reactions, including itching and rash. In rare cases, some allergic reactions may be life threatening.

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

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

Indications and Usage for Lantus® (insulin glargine [rDNA origin] injection)

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

Do not use Lantus® to treat diabetic ketoacidosis.

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

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

*IMS National Prescription Audit™, TRxs. November 2012

US.GLA.13.01.004

SANOFI DIABETES 

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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

(CONTINUED FROM PAGE 20)

Edamame

WITH TARRAGON DIPPING SAUCE

Serves 4

1 EDAMAME

- 6 cups water
- ½ teaspoon kosher salt
- 4 cups edamame in pods (frozen or fresh)
- ½ cup Tarragon Dipping Sauce

2 TARRAGON DIPPING SAUCE

Makes ¾ cup

- ¾ teaspoon arrowroot
- ½ cup low-sodium chicken broth
- ¼ cup white wine vinegar
- ½ teaspoon Dijon mustard
- ¼ teaspoon kosher salt
- ¼ teaspoon freshly ground black pepper
- 1 teaspoon minced tarragon
- 1 teaspoon minced shallot
- 1 teaspoon minced garlic
- ¼ cup olive oil



EDAMAME

1. Bring the water to a boil and add the salt.
2. Boil the edamame until beans are tender, 4 to 5 minutes. Drain and serve with the dipping sauce.

TARRAGON DIPPING SAUCE

1. Dissolve the arrowroot in 1 tablespoon of the chicken broth to make a paste. Bring the remaining broth to a boil.
2. Stir the paste into the broth and allow the broth to thicken slightly. Remove from the heat and add the vinegar, mustard, salt, pepper, tarragon, shallot and garlic.
3. Whisk in the olive oil.

RECIPES CONTINUED ON PAGE 24)

PER SERVING (EDAMAME):

Calories 238, **Total Fat** 10 g (Sat. Fat 0.5 g), **Sodium** 154 mg, **Carbohydrates** 18 g, **Fiber** 8 g, **Protein** 16 g
Exchanges: 1 starch, 2 lean meat, 1 fat

PER TABLESPOON SERVING (TARRAGON DIPPING SAUCE):

Calories 38, **Total Fat** 4.5 g (Sat. Fat 0.5 g), **Sodium** 25 mg, **Carbohydrates** 0 g, **Fiber** 0 g, **Protein** 0 g **Exchanges:** 1 fat

Walgreens
Makes

Medicare Part B Easy

By Michael Wolf, PharmD



If you are on Medicare Part B and have diabetes, Walgreens offers the service and convenience you need in a diabetes testing supplies provider. Walgreens can directly bill Medicare for your Part B-covered diabetes supplies, with little or no out-of-pocket cost to you*.

What diabetes testing supplies are covered by Medicare Part B?

Medicare Part B covers:

- Blood glucose testing monitors
- Blood glucose test strips
- Lancet devices
- Lancets
- Glucose control solutions

How can Walgreens help me with Medicare Part B?

It's easy to switch to Walgreens for your Medicare Part B diabetes testing supplies:

- We help keep your out-of-pocket costs low with direct billing to Medicare and your supplemental insurance.
- All Walgreens pharmacies are accredited to sell products like diabetes testing supplies
- You can purchase 90 days worth of diabetes supplies at a time.
- Medicare generally pays 80 percent of your covered diabetes testing supplies. Your qualified supplemental insurance typically covers

the remaining 20 percent of your costs.


- There's no paper-work to fill out
- You'll have 24 hour access to trained pharmacists who can answer any questions you may have about your diabetes testing supplies.

What are some of the upcoming changes to Medicare Part B?

Medicare Part B will launch a National Mail Order Program, beginning on July 1, 2013. This new program may limit where you can get your

diabetes testing supplies. If you've been getting them from certain mail service providers, you'll likely need to find another option.

Can I still get my diabetes testing supplies at my local Walgreens pharmacy after July 1, 2013?

Yes. You can still get your diabetes testing supplies at your local pharmacy. The benefit of getting your supplies at your local Walgreens pharmacy is that most pharmacies carry a greater selection of brands than those approved through mail order. 

*With qualified supplemental insurance

(CONTINUED FROM PAGE 22)

Cheese Blintzes

WITH CLEMENTINES POACHED
IN RED WINE

Serves 6

1 WHOLE WHEAT CREPES

- ¾ cup plus 1 table-
spoon whole
wheat pastry flour
- 1 cup plus 1 table-
spoon 1% milk
- 1 egg
- 1 teaspoon
agave syrup
- ½ teaspoon
vanilla extract
- ⅛ teaspoon
kosher salt

2 CHEESE BLINTZ FILLING

- ½ cup nonfat
cottage cheese
- ½ cup nonfat
ricotta
- ½ cup light
cream cheese
- 2 tablespoons
sucralose-
brown sugar
blend
- ½ teaspoon
vanilla extract
- ½ teaspoon orange
zest
- ¼ teaspoon
kosher salt
- 1 egg, lightly beaten
- Ground cinnamon
for dusting

3 RED WINE-TEA POACHING LIQUID

- 1 cup red wine
- 2 cups brewed chai
spice tea
- 1 cinnamon stick
- 2 cloves
- 1 star anise

- 3 black peppercorns
- 1 tablespoon
sucralose-brown
sugar blend
sweetener
- 2 tablespoons
sugar-free, vanilla-
flavored syrup
- 2 tablespoons
agave syrup
- ¼ teaspoon orange
zest
- 4 clementines,
peeled

1. Preheat the oven to 350° F.

2. For the whole wheat crepes: Mix all the ingredients well with a whisk until no lumps remain.

3. Heat a small, nonstick frying pan or a nonstick crepe pan over medium-high

heat. Using about 3 to 4 tablespoons batter for each crepe, ladle the batter into the pan and swirl to coat the pan evenly. Cook until the edges of the crepe are lightly browned, 2 to 3 minutes. Flip the crepe over and cook until the second side is golden.

4. Stack the crepes between parchment paper and chill until ready to fill.

5. For the filling: Combine all the ingredients and blend until smooth. Keep chilled until ready to fill the crepes.

6. Fill each crepe with 3 tablespoons of the cheese filling. Fold in the edges and roll up like a burrito to form a sealed package. Bake until the center of a filled crepe reads 145° F on an instant-read thermometer, about 40 minutes. Dust finished blintzes with the cinnamon. Set aside and keep warm.



Multigrain Pasta

WITH BROCCOLINI, CRAB
MEAT, AND ORANGE, SESAME
AND GINGER DRESSING

Serves 4

- 7.** For the poaching liquid: Combine all ingredients, except the clementines, in a tall, narrow saucepan. Bring to a simmer.
- 8.** Rub the peeled whole clementines with a dry towel to remove any pith on the outside of the fruit.
- 9.** Add them to the poaching liquid and simmer for 10 minutes turning the fruit as needed so all of it is exposed to the poaching liquid. Remove from heat and allow to cool.
- 10.** Remove the clementines and slice into 3 sections horizontally. Strain the poaching liquid and bring to a boil. Reduce by at least half until it is the consistency of a syrup. Drizzle the syrup over the blintzes and serve with 2 clementine slices.

PER SERVING:

Calories 274, **Total Fat** 5 g (Sat. Fat 2.5 g), **Sodium** 315 mg, **Carbohydrates** 37 g, **Fiber** 3 g, **Protein** 11 g
Exchanges: 1½ starch, 1 other carb, 1 lean meat, 1 fat

- 1 tablespoon pure sesame oil
- 3 teaspoons orange zest
- 1 teaspoon arrowroot
- 1 cup low-sodium chicken broth
- 1 tablespoon reduced-sodium soy sauce
- ⅓ cup fresh orange juice
- ¾ teaspoon kosher salt
- ½ teaspoon freshly ground black pepper
- 8 ounces whole grain spaghetti
- 1¼ cups cooked crab meat
- 2 tablespoons peanut oil
- 1½ tablespoons minced ginger
- 1½ tablespoons minced garlic
- ¼ cup finely chopped green onions
- 1 bunch baby broccolini, sliced on the diagonal (about 2 cups), blanched
- 1 large red bell pepper, sliced
- 4 teaspoons sesame seeds, toasted



1. Warm the sesame oil in a small saucepan and stir in the orange zest. Set aside.

2. Mix the arrowroot and 1 teaspoon of broth together to form a paste.

3. Bring the remaining broth to a boil. Add the soy sauce and arrowroot paste. Allow the broth to boil until thickened slightly, stirring constantly.

4. Remove from the heat and add the orange juice, ¼ teaspoon of the salt, and the black pepper and whisk in the sesame oil mixture. Keep the dressing warm.

5. Cook the pasta in boiling water with the remaining ½ teaspoon salt until al dente. Drain and toss with the crab meat and half the dressing.

6. Heat the peanut oil in a sauté pan over medium heat. Add the ginger, garlic and green onion and sauté until fragrant. Add the broccolini and red pepper and sauté until soft. Add the pasta mixture and the remaining dressing and toss to coat the pasta evenly. Garnish with the sesame seeds.

PER SERVING:

Calories 464, **Total Fat** 15 g (Sat. Fat 2 g), **Sodium** 621 mg, **Carbohydrates** 53 g, **Fiber** 7 g, **Protein** 28 g
Exchanges: 3 starch, 2 vegetable, 3 lean meat, 2 fat

(CONTINUED ON PAGE 25)



be *i*nformed

Your Walgreens Pharmacist is an important member of your healthcare team that can help you to manage your diabetes. Think of him/her as a “coach” who can guide you to make the right choices to achieve your blood glucose goals.

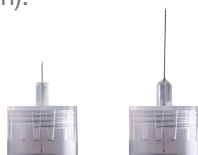
Shorter, Thinner, and Safer Insulin Needles

Written by Jerry Meece, RPH, FACA, CDE

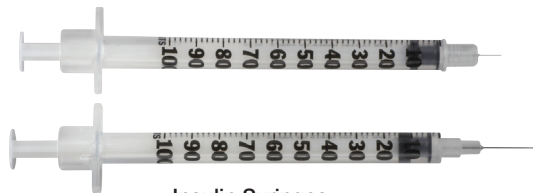
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Some people with diabetes put off beginning insulin because they have many fears. High on this list is the fear of the injection or having to take a shot. There has been much research conducted recently that should quiet your fears.

It is interesting to look at how the lengths of insulin needles have changed over the years. The newer insulin needles are shorter, thinner and sharper than those in the past. Today, pen needles are as short as 0.16 of an inch (4mm) and extremely thin. If you choose to use a syringe, the needles are as short as 0.24 of an inch (6mm).



Pen Needles
(not at actual size)



Insulin Syringes
(not at actual size)

Many people feel or may have been told that because they have thicker skin or may be heavier than normal that they may need longer needles. The latest research has shown that skin thickness does not vary much among people who are heavy or thin, old or young, men or women or members of different ethnic groups. So the good news is that almost everyone can use the shortest needle available! The short needles are just as effective in keeping your blood glucose under control as the longer needles used in the past.

If your doctor recommends insulin for you, you should not be concerned about the pain of injection. Most people have found that they like these shorter needles and prefer them to the needles they were using before. They feel that they are more comfortable as compared to the longer needles and easier to use. Insulin will make you feel more energetic and feel better in general as your blood sugar stays under better control. Ask your Walgreens Pharmacist about the newer shorter insulin pen needles and insulin syringes. He/she can guide you to the most comfortable needle for you. You're in for a pleasant surprise!

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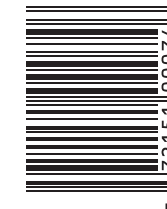
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DRINK TO better health

By Janis Roszler, MSFT, RD, CDE, LD/N

Choosing healthy beverages can help prevent weight gain and higher blood glucose levels, so it's important to know that some drinks are better for you than others. Read on to learn more about some common drinks to help you make better choices.

WATER AND SELTZER

Your body needs water to stay healthy. Water helps flush toxins out, transports food to your cells and keeps

your nasal tissues and other areas of your body moist. If you don't have enough water in your system, you can become dehydrated. Even mild dehydration can drain your energy and make you tired. Water and seltzer are great drink choices because they don't contain calories, carbs or fat and won't affect your blood glucose levels. Water is an important part of all of our lives, but don't believe the myth that drinking large amounts of water speeds up metabolism, flushes out extra calories or helps to increase weight loss.

VEGETABLE JUICE

If you aren't a veggies fan or don't have time to prepare them each day, enjoy some vegetable or tomato juice. Each is rich in vitamins and minerals that can help your body grow and stay strong. Vegetable and tomato juices are very low in calories and don't contain many carbs.

MILK

Milk contains calcium, vitamin D and protein—nutrients your body and bones need to stay strong. When it comes to milk, go for fat-free because it has fewer calories. If you don't like the taste of fat-

free, then opt for the next best choice: 1%. You can also try low-fat chocolate milk, but limit your intake because it has more carbs than regular milk. If you can't drink milk, try enriched soy, rice, seven-grain, almond or oat milk. Check the label for the serving size and carbohydrate amounts.

FRUIT JUICE


Pure fruit juice gets its sweetness from natural fruit sugars. It provides a variety of vitamins and minerals but can raise your blood glucose level, so be sure to include the juice amount in your meal plan. An 8-ounce glass of orange juice has as many carbs as two small oranges. You also can buy light juice, which has fewer carbs and calories.

SODA AND OTHER SOFT DRINKS

Regular soda, fruit punch, fruit juice blends and other fruit drinks often contain large amounts of sugar or high fructose corn syrup that can make you gain weight. They also offer little nutrition.

Most sports drinks contain high fructose corn syrup, so if you drink them, be sure to count the carbs.

DIET SOFT DRINKS

These drinks have few or no calories, so they can be a good choice once in a while. But they may not be the best option for weight loss. A recent study showed that older people who drank two or more diet soft drinks each day gained more weight in their waist area than those who didn't drink them. 

HIGH CARBS

- Fruit smoothies
- Chocolate milk
- Lemonade
- More than 1 cup of juice, fruit punch or sports drinks

SOME CARBS

- Light juice
- Diet fruit juice drinks
- Vegetable juice
- Skim/low-fat milk
- Nonfat/low-fat soy milk
- Sugar-free hot cocoa

NO CARBS

- Water/seltzer
- Flavored water
- Diet iced tea
- Diet soda
- Other diet soft drinks



ON MEDICARE PART B AND HAVE DIABETES?



New Medicare changes may limit where you can get your diabetes testing supplies. The good news is that diabetes testing supplies are available at every Walgreens along with:

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WHAT TO EXPECT IN THE hospital

By Karen McAvoy RN, MSN, CDE
Joslin Diabetes Center Affiliate at
The Hospital of Central Connecticut,
New Britain, CT



No one ever plans to be admitted to the hospital, unless it is for an expected event, such as in some cases of surgery or when giving birth. Hopefully you won't ever have to go to the hospital unexpectedly, but if you do, it's important to know what to expect and to plan for it accordingly—ahead of time.

THINGS TO KEEP IN MIND

People with diabetes have a higher chance than those without diabetes of being admitted to the hospital and staying in the hospital for a longer period of time. They also have a higher risk for getting an infection and tend to heal more slowly while in the hospital. Diabetes educators often ask their patients, "Who is in charge of your diabetes?" The answer is: You are! Today more than ever, with diabetes or without, you need to take charge of your own health and be an active member of your healthcare team.

a detailed history of all of your health issues should include:

your type of diabetes

when you were diagnosed with diabetes

diabetes-related issues, like eye disease, heart disease or nerve damage

symptoms of low blood glucose (hypoglycemia) and how often they occur

other issues, such as high blood pressure, high cholesterol, asthma, etc.

STEPS TO TAKE

If you know ahead of time that you'll be going to the hospital, one of the first steps is to prepare a detailed list of all of the medicines you take.

Your list should include:

- the name of your medicine
- the dose you take
- when you take it
- any over-the-counter medicines
- any vitamins, herbs or dietary supplements

You should also:

- Get a wallet card to keep track of your medicines and keep them up to date.
- Write down any allergies you have, including any allergies to medicines. Be prepared to provide a detailed history of all of your health issues.
- Include recent lab work, such as your A1C, cholesterol and any other results that you may have.

EXPECT THE UNEXPECTED

A general rule for being in the hospital with diabetes is to stop diabetes pills and take insulin, if necessary, to control blood glucose levels. If you are in the hospital because of an illness, due to infection or to have surgery, your blood glucose levels are likely to be higher than usual. And the stress of being in the hospital can raise blood glucose levels, as well. For these reasons, insulin is often needed to control your blood glucose during your hospital stay. In many cases, though, the use of insulin is temporary, and you can resume your usual diabetes medicine when you leave the hospital.

NUTRITION

If you are able to eat food, you may find the hospital's meals to be very different from the foods you eat at home. And there may be times when you will not be able to eat or drink anything, such as the night before surgery or because of your medical condition. These factors can affect your blood glucose, and your diabetes medication or insulin will likely need to be changed or adjusted. If you have questions about your eating plan, ask to speak to the hospital's dietitian or ask a family member or friend to speak to the dietitian on your behalf. Make sure you have a diabetes treatment plan in writing, including an eating plan with your nutritional goals, so you can refer to it when you get home.

GOING HOME


You may or may not leave the hospital on insulin. If your hospital team determines that insulin is needed to keep your blood glucose levels in a safe range, you will learn how to inject insulin before you are discharged. A nurse or diabetes educator will teach you about insulin and other important parts of diabetes self-care, such as sick day management. If you do go home on insulin, you will need to check your blood glucose more often than you may have been doing.

Although you may not feel like it in the hospital, try to be active in your care and learning more about diabetes. Your family members can also help by being a second set of ears to absorb new information. This can be an opportunity to learn more about diabetes and to connect with resources in your community—and to help keep your diabetes on track.

FOLLOWING UP

Some resources to help keep you on track with your diabetes care after you leave the hospital include:

- diabetes education classes
- individual education sessions
- support groups
- exercise programs

Make sure you leave with a follow-up appointment to see your healthcare provider. 

be *i*nformed

Target blood glucose range during your hospital stay:*

- for people staying in the intensive care unit: **140 to 180 mg/dL**
- for people staying on the floor units: **110 to 180 mg/dL**

Blood glucose levels in this range will help your incisions to heal and reduce your risk for infection.

* 2013 American Diabetes Association recommendations

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randy jackson's diabetes journey

By Jonathan Jarashow

Randy Jackson is a 20-year music industry veteran, award-winning producer, author and television personality. But Randy is probably best known as a judge on FOX's "American Idol," currently in its 11th season. In 2003, while at the top of his career, Randy was at a record weight of more than 350 pounds. He experienced what he thought were flu symptoms, feeling tired and dehydrated. His blood glucose levels were off the charts, and he was diagnosed with type 2 diabetes. Even though it was a disease his father had, Randy was still caught by surprise. And his diabetes journey began.

(CONTINUED ON PAGE 37)



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(CONTINUED FROM PAGE 35)

LIVING HEALTHIER WITH DIABETES

His diagnosis had not only a physical but an emotional impact as well, and Randy realized he needed to take control of his health. He worked with his doctor to create a plan of diet and exercise to help control his blood glucose levels. Losing weight wasn't easy for Randy, and it's something he continues to struggle with. But he knows that even a small amount of weight loss can help reduce risks for diabetes complications. Gastric bypass surgery in 2004 helped him to shed more than 100 pounds, which he has managed to keep off.

EATING RIGHT

Randy understands how hard it may be for people to make the changes to their lifestyle. In order to change his diet several years ago, he worked with a nutritionist and a chef, but now he has it down to a science. Randy grew up in Baton Rouge, LA, and he was used to eating rich, Southern foods most of his life. They were delicious, comfort foods, but they were far from healthy. Randy had to make some major changes. "What I learned is that you don't have to give up all the foods you love, you just have to expand your food universe. Learn the right foods. Cut out fried foods. Fill up on fresh fruits and vegetables, and keep track of your carbs. It's all about portion control."

DIABETES AND HEART DISEASE

Soon after his diagnosis, Randy learned that having type 2 diabetes increased his risk for heart disease. In an effort to help others manage heart disease and other possible diabetes complications, Randy became a spokesman for the Merck education campaign,


'What I learned is that you don't have to give up all the foods you love, you just have to expand your food universe.'

"Taking Diabetes to Heart," a program to help people living with type 2 diabetes learn more about how to manage their diabetes by taking better care of their health. One of the main points of the campaign is to work with your doctor to come up with a treatment plan that works for you and set goals for your ABCs. As Randy says, "It's important to know your diabetes ABCs. A for A1C, a test of blood glucose. B for Blood Pressure and C for Cholesterol. And make friends with your doctor. For me, I must say I had to learn to check my blood glucose levels regularly throughout the day. But this is one of the things you need to do to keep your diabetes under control." Randy has his diabetes under control thanks to the changes he made to his lifestyle and by having regular appointments with his doctor to keep tabs on his diabetes ABCs.

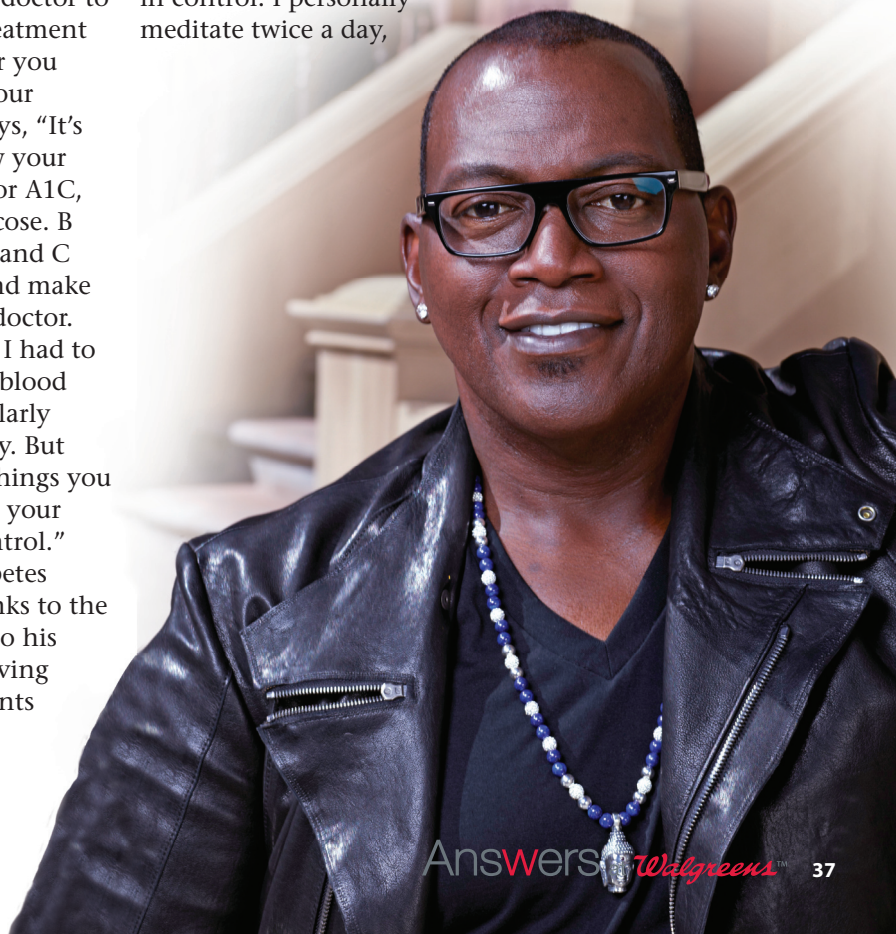
MOVING YOUR BODY AND SOUL

Randy has made other major lifestyle changes in the last few years, including finding activities that he enjoys. "For me, I love tennis, so that's my exercise. Morning is best, usually 8-9 a.m. I also do the treadmill and yoga on occasion. But even if you can't exercise,

in the morning and at night. And try to look at the brighter side. Uplift your spirits. Meditation works for me, but some people pray. Do what works for you. Music is key to motivating you to exercise, and it can also be a great reliever of stress. I listen to spa music in my car to relax."

Randy regularly offers encouraging words to people with diabetes, and as he says, "There is no cure for diabetes, but it can be managed." To help people manage their diabetes and heart health, Randy offers practical advice at TakingDiabetestoHeart.com. "It's a great awareness campaign and has informational videos, recipes and tips. It's updated often, so give it a try." 

just move 45 minutes a day." Randy, author of the inspirational book *Body with Soul*, also emphasizes the importance of keeping a positive attitude for a healthier life. "Stress relief can help keep your diabetes in control. I personally meditate twice a day,



reach your target blood pressure

By Martha Funnell, MS, RN, CDE

Have you ever wondered how your doctor knows what to do, or why treatments change over time? Most healthcare providers today use “Standards of Care” to guide their decisions. In diabetes, the standards from the American Diabetes Association (ADA) are commonly used. Each year, the ADA reviews findings from all of the diabetes studies and revises its guidelines based on the results. The 2013 guidelines were recently published. One of the changes in this year’s guidelines is in the blood pressure target.

1 BLOOD PRESSURE FACTS
Blood pressure is the amount of pressure on your blood vessel walls when your heart is pumping (top number) and between beats (bottom number). Along with high blood glucose levels, high blood pressure increases your risk for strokes, heart attacks, kidney damage and eye disease. If you have been told you have high blood pressure (hypertension), it means the top (systolic) number is too high, the bottom (diastolic) number is too high or both are too high.

2 NEW TARGETS FOR BLOOD PRESSURE
The new target blood pressure guideline for people with diabetes is less than 140/80 mmHg. The previous target was less than 130/80 mmHg. This change was made because studies have shown that there is no benefit to lowering the blood pressure from 140/80 to 130/80 mmHg. The risk for a heart attack, stroke, kidney damage and death is about the same at less than 140/80 or 130/80 mmHg.

To help reach your target blood pressure you can:

lose weight and keep it off

take your blood pressure medicine regularly

change the dose or type of blood pressure medicine

eat more vegetables, fruits, whole grains and low-fat dairy products


stop smoking

eat less salt and salty foods

exercise more

3 KEYS TO SUCCESS

Although this may seem like a change from the past target of 130/80 mmHg, it is only part of the picture. Normal blood pressure for everyone, including people with diabetes, is still 120/80 mmHg.

- If your blood pressure is between 120/80 and 140/80 mmHg, lifestyle changes, such as weight loss, physical activity or a DASH eating plan, are recommended.
- If your blood pressure is 140/80 mmHg or higher, your healthcare provider is likely to prescribe medicine to help you reach your target.
- If your blood pressure is less than 140/80 mmHg, if you have no other health problems and can reach the less than 130/80 mmHg target without any “undue burden” (such as cost or side effects from blood pressure medicines), your target may still be lower than 130/80 mmHg. Talk with your provider about your blood pressure and the best target for you. 



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