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HOLIDAY 2010/WINTER 2011

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RECIPES

SKILLET CHICKEN PARMESAN

ACTOR LOUIS ZORICH AND WIFE, ACADEMY AWARD[®] WINNER

OLYMPIA DUKAKIS

TEAM UP FOR DIABETES EDUCATION





Dear Readers:

Our *Walgreens Diabetes & You* Holiday 2010/Winter 2011 issue offers helpful tips for your daily diabetes care including two articles from the Joslin Diabetes Center in Boston focusing on the holiday season: "Physical Activity: The Gift That Keeps on Giving" and "Five Strategies for Healthy Holiday Eating." We also have delicious, low-fat chicken and turkey recipes like the Skillet Chicken Parmesan on the cover, as well as Quicker-Than-Take-Out Orange Chicken and Turkey Scaloppini and Creamy Mushroom Sauce. For a tasty side dish or an entree salad, try the Balsamic Salad with Pears, Blue Cheese and Pecans.

Our feature article is on Academy Award® winner Olympia Dukakis and her husband, actor Louis Zorich, who has type 2 diabetes. They discuss how their lives have changed since his diagnosis two years ago and the Ask.Screen.Know program that encourages adults 65 and older to ask about the Medicare diabetes test.

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

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

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For more information on diabetes and other health conditions, visit walgreens.com and click on health info

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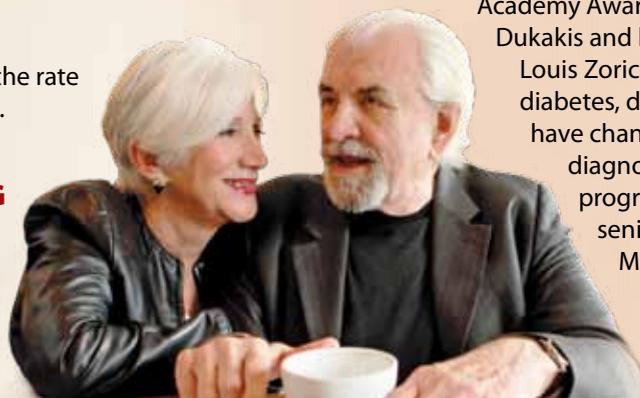
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19 ACTORS OLYMPIA DUKAKIS AND LOUIS ZORICH TEAM UP FOR DIABETES EDUCATION

Academy Award[®] winner Olympia Dukakis and her husband, actor Louis Zorich, who has type 2 diabetes, discuss how their lives have changed since Louis' diagnosis and talk about a program that encourages seniors to ask about the Medicare diabetes test.



what's new

By Jonathan Jarashow

NEW at Walgreens

• Get a flu shot a Walgreens

Walgreens 7,500 stores now offer flu vaccines to walk-in customers during nearly all pharmacy and clinic hours. Immunizations are available at Walgreens pharmacies and Take Care Clinics. Walgreens also will allow direct medical billing through several insurance providers, including UnitedHealthcare, Cigna and some regional providers. The Centers for Disease Control and Prevention recommend the vaccine for everyone over the age of 6 months. The 2010–2011 flu vaccine protects against H1N1 influenza as well as the seasonal viruses. The price for a flu shot at Walgreens is \$29.99, and the price of a nasal spray vaccine, available at most locations, is \$34.99.

• New lancets offer safety, convenience

Walgreens Advanced Travel Lancets are pre-set, single-use safety lancets that make testing virtually pain free. They are easy to use and allow discreet sampling in just three easy steps. The compact size makes the lancets easy to carry for safe and convenient sampling in almost any situation. The lancets automatically retract to avoid the possibility of injury or accidental reuse.



Solving the Fad Diet Mystery

We know that no diet works for everyone and that diets should be tailored to an individual. A scientific basis for this was reported by researchers from North Carolina State University in the journal *Genetics*. They found that our genetic makeup plus our diet, rather than our diet alone, is the main cause of variation in body weight. The scientists studied 146 different types of fruit flies that were fed four different diets (nutritionally balanced, low calorie, high sugar and high fat). Researchers measured several metabolic traits, including body weight. Some flies were highly sensitive to changes in their diets, as reflected by changes in body weight, while others showed no change in weight no matter what their diet. This study strongly suggests that some people can benefit from changing their diets, while the same changes for others will have virtually no effect.

Vegetables May Lower Type 2 Diabetes Risk

Eating more green, leafy vegetables may reduce the risk of people developing type 2 diabetes. In a review of six previous studies linking diet and the incidence of type 2 diabetes, British researchers compared people who ate the least amount of green, leafy vegetables (0.2 servings daily) to people who ate the most (1.35 servings daily). They found the better “green eaters” decreased their risk of developing type 2 diabetes by 14 percent. The researchers’ review fits with current recommendations for people looking to reduce their risk of type 2 diabetes to include green, leafy vegetables in their diet. And, more broadly, eating right is an important factor in preventing type 2 diabetes. 

Sugar Substitutes Reduce Your Appetite

As reported in the journal *Appetite*, people who include low-calorie sweeteners in their diets can reduce the number of calories they take in each day without it leading to overeating. A study was conducted with 19 healthy and 12 overweight adults 18–50 years old. Participants were given a “pre-meal” before lunch and dinner containing either sugar or low-calorie sweeteners aspartame or stevia. Researchers found the participants did not compensate for the absence of sugar in their diet by eating more at either meal. Participants also claimed to be equally satisfied whether they ate sweeteners or sugar.



TYPE 1 AND TYPE 2 DIABETES:

understand THE difference

By Joy Pape,
RN, BSN, CDE, WOCN



Susan and Mary both have diabetes.

Susan manages her diabetes by eating healthy, being active and taking the diabetes medicine metformin every day. Mary manages her diabetes by eating healthy, being active and taking insulin before she eats and at bedtime.

Most experts agree that everyone's diabetes is different. Different doesn't have to mean good or bad, better or worse.

Type 1 diabetes is considered a disorder related to the immune system. These types of disorders are called autoimmune diseases. Type 2 diabetes is not considered an autoimmune disorder.

Some might think that Mary's diabetes is worse than Susan's because Mary takes insulin. Some may even think Mary has to take insulin because she has done something wrong. The truth, however, is that Susan and Mary have different types of diabetes that need different types of treatment.

Most experts agree that everyone's diabetes is different. Different doesn't have to mean good or bad, better or worse. Some people manage their diabetes just by eating healthy and being active; some also take pills and some also take injections. Diabetes treatment depends on the type of diabetes you have.

THE IMMUNE SYSTEM

Your immune system, when working right, helps your body fight infections and certain diseases. It is a complex system that can tell the difference between what is part of you and what isn't, what's good for you and what's not.

When your immune system is working right, it fights things such as infections. It also has a way of remembering types of infections and diseases that it fought off in the past, and will fight them off again if they return.

An autoimmune disorder occurs when your immune system is not working right. Instead of fighting something that is bad for you, it attacks part of your own body. This is what happens in a person who has type 1 diabetes: The immune system kills the beta cells (the insulin-producing cells) of the pancreas, which results in high blood glucose levels.

The attack on the beta cells doesn't happen all at once. Early on, most people go through a period when some beta cells still make insulin. This is called the "honeymoon period." During that time, a person needs to

take very little or no insulin.

If the attack is not stopped in time, all the beta cells will be destroyed, and a person will need to take insulin on a regular basis, either by shots, pens or an insulin pump.

OTHER AUTOIMMUNE CONDITIONS

Besides type 1 diabetes, the immune system is related to various conditions, such as rheumatoid arthritis, thyroid disease, multiple sclerosis, lupus, psoriasis and celiac disease. People who have type 1 diabetes have a high incidence of other autoimmune conditions such as thyroid disease and celiac disease. Emerging treatments for type 1 diabetes might also help other autoimmune conditions.

HOPE FOR THE FUTURE

Understanding that type 1 diabetes is an autoimmune disease has been a big step for scientists working toward finding new treatments, cures and even prevention.

According to some studies, there are promising treatment options for people who have recently been diagnosed with type 1 diabetes. These studies look at ways to preserve beta cell function and protect the beta cells from further damage. Early results have shown that this kind of treatment may result in better blood glucose control with less insulin. Some treatments have also been shown to lessen severe swings of low and high blood glucose levels. In time we'll know if this also means fewer complications and a better quality of life.

Learn more about clinical studies available for people who have autoimmune diseases at clinicaltrials.gov and for people who have autoimmune type 1 diabetes at the Juvenile Diabetes Research Foundation at trials.jdrf.org. 

Both type 1 and type 2 diabetes need to be taken seriously. Just because all people with type 1 diabetes need to take insulin doesn't mean type 1 diabetes is worse than type 2 diabetes. It's just different.

2 types of diabetes

Type 1 diabetes used to be called "juvenile onset diabetes." It was called this because, in the past, it was felt that most people who developed type 1 diabetes were children and young adults. However, type 1 diabetes can also occur in older age groups. It was, and sometimes still is, called "insulin-dependent diabetes mellitus" (IDDM) because all people who have this type of diabetes need to take insulin. The term IDDM was too general, though, because many people who have type 2 diabetes also take insulin.

Type 2 diabetes used to be called "mature onset diabetes." In the past, it was felt that most people who developed diabetes later in life (after age 40) had this type of diabetes. We now understand type 2 diabetes can and does occur in younger people. It was also called "non-insulin-dependent diabetes" (NIDDM) because, unlike type 1 diabetes, not all people with this type of diabetes need to take insulin. We now know, though, that many people who have this type of diabetes do need to take insulin.

10 KEYS TO less stress

By Janis Roszler, RD, CDE, LD/N

Do you get stressed when the winter holiday season comes around? Here are 10 keys to help reduce your stress level during this busy time of year.

1 CREATE A TO-DO LIST.

Jot down all the tasks you have to do in order of their importance. This will help you take care of the most pressing items first. If worrying about these details keeps you awake at night, place some paper and a pen on your nightstand and scribble down any concerns that come to mind. Once you've placed your thoughts on paper, you should have an easier time returning to sleep.

2 LISTEN TO A HAPPY TUNE.

Pull out a favorite CD and enjoy some relaxing music. It can help calm you when things become overwhelming.

3 GET MOVING.

Physical activity helps relieve stress. Search for ways to increase your movement throughout the day. While shopping at the local mall, stroll around an extra time. Wherever you go, park your car farther away from the door to get yourself to walk a bit more.

4 TAKE A BUBBLE BATH.

Put on some music and head to the tub for a brief soak. Be sure to get out before your toes "prune" up, as this can open the skin to bacteria that may cause infections.

5 SURF THE WEB.

Running in and out of stores can be stressful. Many people do their holiday shopping on the Internet. You can, too.

6 CALL A BUDDY.

A chat with a good friend or family member can brighten your day.

7 SPEND TIME WITH THOSE YOU LOVE.

When things get hectic, connect with the ones you love. Take a walk, go for a bike ride or enjoy a romantic dinner.

8 DELEGATE.

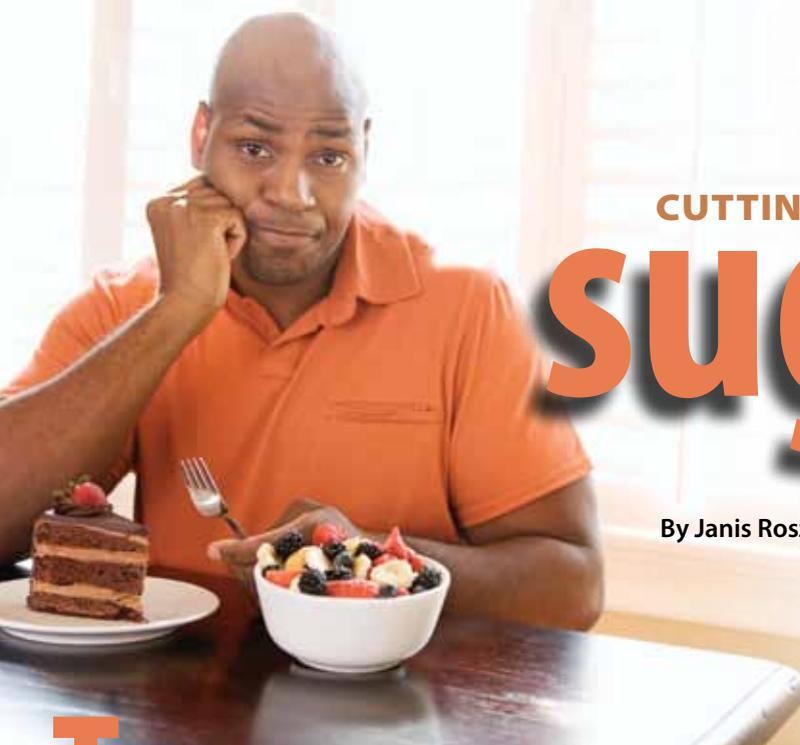
If you feel overwhelmed, share your duties with others around you. Most people like to do something meaningful, so invite your loved ones to help you out.

9 SCHEDULE A BREAK.

Set aside some time each day to sit and relax with a cup of hot tea, decaf coffee or low-calorie hot chocolate. Sip and enjoy.

10 TAKE A SIP.

If your doctor approves, enjoy a daily glass of heart-healthy red wine. Just remember alcohol can cause blood glucose levels to drop rapidly, so be sure to eat something along with your drink to slow the alcohol's glucose-lowering effect. If you do not drink alcohol, enjoy a non-alcoholic beverage. 



CUTTING BACK ON sugar

By Janis Roszler, RD, CDE, LD/N

fructose, high-fructose corn syrup, maltose and lactose. The natural sugars found in milk, fruit and vegetables are not empty calories, but are carbohydrates that provide the body with quick- and long-acting energy.

OTHER SWEETENERS

It is possible to cut back on sugar and still give in to your sweet tooth. There are many low-calorie and calorie-free sweeteners that are worth a try. Even though all of the artificial sweeteners on the market have been tested and are believed to be very safe, many experts still remind folks that everything is best in moderation; it is a good idea to limit your intake of artificially-sweetened drinks to two per day. While shopping, you may choose to buy a product that combines an artificial sweetener with a specific amount of sugar. Experts recently found that this mix may trigger the release of GLP-1, a substance in the body that tells the brain when it feels full. When the brain gets that message, it should curb your hunger so you stop eating.

If you take in a lot of sugar each day, try to cut back. Many natural foods, such as fruits and veggies, have a sweet taste that gets lost when buried in sweetened sauces and sugars. Give your health a boost and your taste buds a treat: Cut back on your sugar and still enjoy the sweet life. 🍷

The American Heart Association (AHA) has a very important message for all Americans: Eat less added sugar. Sugar added to different products gives us extra, unnecessary calories that don't offer any real nutritional value. If you eat more calories than you burn, you will gain weight. Obesity is linked to many health problems, including heart attacks, strokes and

our bodies to store fat. If you have more insulin in your blood than you need, you may gain weight more quickly and raise the level of certain fats (triglycerides) in your body. Both extra weight gain and high triglyceride levels contribute to heart disease.

HOW MUCH IS TOO MUCH?

The American sweet tooth has gotten worse. Over the past 30 years, we have

THE SEARCH FOR HIDDEN SUGAR

A lot of the added sugar found in our foods is easy to spot: Grocery store shelves are filled with sugar-frosted cereals, and many desserts are glazed and frosted. But sugar is not always easy to see. For example, a 6-ounce container of low-fat, fruit-flavored yogurt has 7 teaspoons of sugar, and 4 tablespoons of ketchup contains 4 teaspoons of sugar.

To find hidden sugars, look closely at each product's Nutrition Facts Label. The grams of sugar are listed under the Total Carbohydrates number. You can figure out how many teaspoons are found in that product if you have the gram amount because 4 grams of sugar equal one teaspoon.

Added sugars may go by different names that are listed on other products, such as sucrose, dextrose, glucose,

increased our total calorie intake by about 150–300 calories a day. The number-one source of those added calories comes from sugar-sweetened soft drinks. A 12-ounce can of regular soda contains the equivalent of 8 teaspoons of sugar.

The natural sugars found in milk, fruit and vegetables provide the body with quick- and long-acting energy.

certain forms of cancer. Sugar also raises the body's insulin level. When sugar enters the body, it triggers the release of insulin. Insulin levels that remain high over a long period of time can cause inflammation that prevents the hormones that regulate the immune system from doing their job. When these hormones don't function well, the risk of getting sick goes up. Insulin also encourages

The AHA recommends eating no more added sugar than listed here each day, but most Americans eat far more than this amount.

WOMEN: no more than 6 teaspoons of added sugar each day (about 100 calories)

MEN: no more than 9 teaspoons of added sugar each day (about 150 calories)

ACTORS

Olympia Dukakis AND Louis Zorich

**TEAM UP
FOR DIABETES EDUCATION**

By Jonathan Jarashow

PHOTO CREDIT: ANGELA BOATWRIGHT

Diabetes is a common condition for seniors. In fact, approximately 7-out-of-10 adults age 65 and older have diabetes or prediabetes. If the person diagnosed with diabetes is married, his or her spouse often plays a supporting role. But the script for Olympia Dukakis and her husband, actor Louis Zorich is unique. She is the Academy Award®-winning spouse of an accomplished actor and 1990s sitcom star who was diagnosed with diabetes two years ago. Olympia is well known for her roles in many movies, including playing Cher's mother in the movie "Moonstruck." Louis is best known for his role as Paul Reiser's father in the former NBC hit "Mad About You."

DIABETES IN THE FAMILY

Louis' mother and his three sisters were diagnosed with diabetes, and he recalls giving his mother insulin shots when he was younger. However, when Louis found out he has type 2 diabetes during a recent physical, he couldn't believe it. He thought only the women in his family were at risk. Olympia wasn't surprised by the diagnosis, though, because he was often tired, which is a symptom of diabetes. Now Louis has his diabetes under control by taking medication, exercising and eating right.

A TEAM EFFORT

Louis and Olympia have three children and have been married for more than 48 years, which is quite an accomplishment for any couple. While they give each other space and often work on projects in different parts of

yourself, if you do alter your life so you can handle this kind of situation, you can live a very good life. You don't have to be frightened. Diabetes can be managed. And there are a lot of good things you can continue to eat. And the idea of exercise is good whether or not you have diabetes. Keep the blood flowing and keep yourself energized."

STAYING ACTIVE

Olympia keeps in shape by doing yoga and Pilates and she uses a bike at home and walks when she is home in New York City. Louis tries to take walks at least four or five times a week for 30 to 45 minutes and says his diabetes has actually kept him in line. "I have had quite a few heart problems and problems with hips and knees. But, I am in great shape considering everything. The fact that I, at my age, am still working on stage is just

eating more healthfully. "I think he's feeling a lot better since he has changed his diet. He has made it his business to make sure that he eats proper vegetables and protein." The change in Louis' diet is an advantage for Olympia because he used to have snacks in the refrigerator, which she would try to avoid. It is a lot easier for her to avoid foods like white bread and sugar without having them around to tempt her anymore.

OFFERING SUPPORT

Olympia says: "It doesn't feel that diabetes is a huge burden since Louis has it really under control. He has his diet and exercise routine under control and he is disciplined with it. I am not a policeman. From time to time I may be a cheerleader, but he just gets up every day and does the things he needs to do." 

'Louis is a living testament that if you do take care of yourself, if you do alter your life so you can handle this kind of situation, you can live a very good life.'

the country (Olympia is currently in the play "Elektra" in Los Angeles, while Louis is preparing for the play "Three Sisters" in New York with actors Maggie Gyllenhaal and Peter Sarsgaard), they make great partners. So when Louis was diagnosed with diabetes, they decided to team up to make a difference by joining with the health care company Novo Nordisk on the Ask.Screen.Know program (AskScreenKnow.com). The program encourages at-risk adults 65 and older to ask their health care professional for the Medicare diabetes test.

Many people don't even know about these free Medicare screenings. Olympia says: "We've been going around the country telling people, 'Look, this is there for you. Get a screening and get about the business of protecting yourself and taking care of yourself,' and Louis is a living testament that if you do take care of

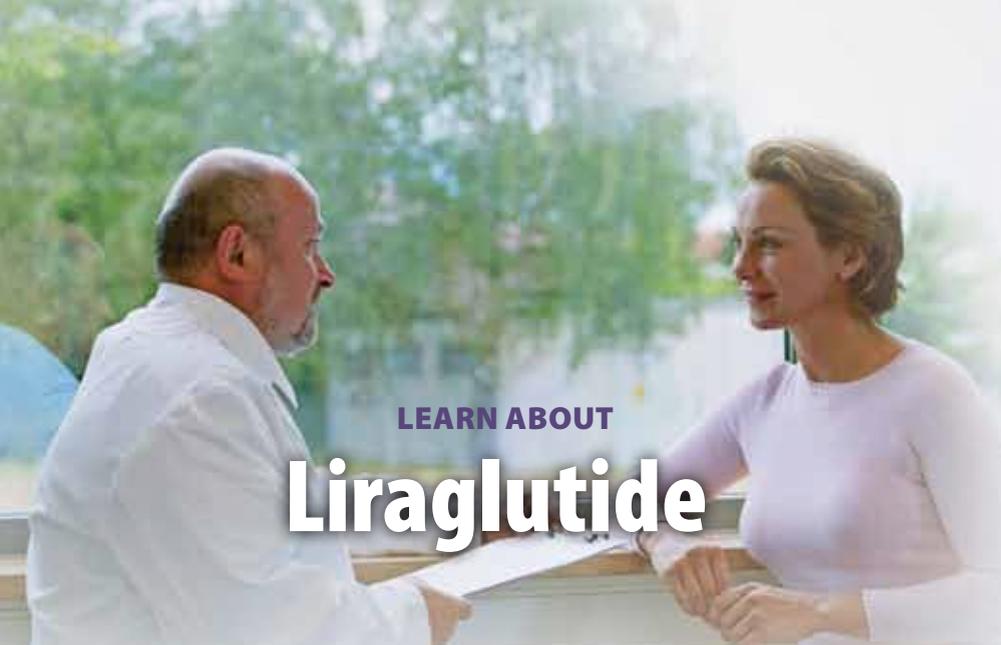
incredible because usually when they ask older actors and actresses, 'Are you retiring?' They usually say 'No, the business has retired me.' So I'm still going, thanks to taking care of myself with my diabetes. In fact, whenever I am honest with people about how old I am, 86 years old, they look at me and I see their jaws drop."

EATING RIGHT

Before learning he had diabetes, for breakfast, Louis would typically have a bagel or a scone with coffee. However, he has since stopped eating those types of foods and is taking better care of himself. Louis and Olympia adjust together. Greek food is still a favorite for the couple. They enjoy spanikopita, or spinach pie, but they stay away from other Greek staples like lamb because it is high in cholesterol.

Olympia sees the benefits of Louis





LEARN ABOUT

Liraglutide

By Sommer D. Zarbock, PharmD, and Richard E. Pratley, MD

Good blood glucose control helps prevent diabetes problems such as blindness, kidney failure and nerve damage. People with diabetes and their health care teams sometimes find it hard to reach blood glucose goals with the medications on the market today, so experts keep trying to find new ways to treat diabetes. In recent years, a few new products were approved by the FDA for treating type 2 diabetes. The newest one is called liraglutide. It is prescribed under the brand name Victoza®.

Q WHAT IS LIRAGLUTIDE?
Liraglutide is a once-daily, injectable medication for type 2 diabetes. Liraglutide is a lot like the hormone GLP-1 that is made by the body. GLP-1 helps control blood glucose levels after a meal by helping release insulin from the pancreas. Insulin is the main hormone that controls our blood glucose levels. GLP-1 also keeps the liver from making too much sugar. Liraglutide lasts for 24 hours, which is longer than natural GLP-1, and helps lower blood glucose in people with type 2 diabetes.

Q WHO SHOULD USE LIRAGLUTIDE?
Liraglutide is approved for treating adults with type 2 diabetes. Most often, liraglutide is given when other diabetes medications (such as metformin) are used but don't control your blood glucose well enough. Liraglutide is not for people with type 1 diabetes and should not be used to treat diabetic

ketoacidosis, a harmful diabetes problem that requires special care. It should also not be used by children or pregnant or nursing mothers.

Q HOW IS LIRAGLUTIDE USED?
Inject liraglutide into the skin of the stomach, thigh or upper arm once daily. It can be given at any time of day with or without food. Most people take a small dose of liraglutide for the first week and increase their dose over the next week or two. Liraglutide comes in an easy-to-use pen device. The needle in this pen is very small; most people say that it isn't painful. The pen should be stored in the refrigerator until use. Once a new pen is opened it can be used for 30 days. Liraglutide should be kept in an area that is safe from heat and should not be frozen.

Q HOW DO I KNOW LIRAGLUTIDE IS WORKING?
People with diabetes often check their blood glucose at least once a

day. If you start taking liraglutide, you may notice that your fasting blood glucose level (before breakfast) will start to fall within a week or two. Your doctor will also check your A1C level (a three-month blood glucose average) to make sure the medication is working. Research shows liraglutide helps some people lose weight, but it should not be used as a weight-loss product. If you need to lose weight, eat a healthy diet and stay active to achieve your weight loss goals while taking liraglutide.

Q WHAT ARE THE SIDE EFFECTS OF LIRAGLUTIDE?

Studies show that liraglutide is safe and has very few side effects. Some people may develop headaches, diarrhea, nausea or vomiting. The nausea often happens when people first begin taking liraglutide, but goes away as they keep using it. When used alone or with metformin, liraglutide should not cause low blood sugar (hypoglycemia). But it is possible to develop a mild low blood sugar reaction if you take liraglutide along with diabetes medications called sulfonylureas. If you or someone in your family has had thyroid cancer, tell your health care provider that also. Some mice and rats that took liraglutide grew a unique type of thyroid tumor. These tumors are very rare in humans. Experts do not know if liraglutide increases risk of these tumors in people.

Q WHAT TO DO BEFORE YOU START LIRAGLUTIDE?

Before you start liraglutide, let your health care team know if you have any problems with your pancreas, have stones in your gallbladder, drink more than moderate amounts of alcohol or have high levels of fat in your blood (high triglycerides). Stop taking liraglutide and call your health care provider if you begin to have severe vomiting or pain in the stomach area. 

**diabetes
search terms**

- Overview, facts, risk factors, statistics, forms of diabetes (type 1, type 2, gestational)
- Newly diagnosed
- At risk
- Prevention
- Symptoms, types, metabolic syndrome, pre-diabetes
- Diagnosis, tests
- Treatment, care
- Diet, nutrition, meal planning
- Exercise, physical activity
- Medicines, medications, injectable versus pills or other forms of treatment
- Monitoring, checking blood glucose levels
- Living, management
- Support, resources
- Clinical trials, guidelines, research reports
- Related conditions
- Latest news

FINDING YOUR WAY ON THE**internet**

By Linda Bernstein, PharmD

If you type the word *diabetes* into an Internet search engine, your screen will fill up with links to many Web sites that offer tips on every aspect of the disease: how to care for it, insurance and much more. The trick to finding what you need is to narrow your search enough so you don't have to wade through lots of useless sites. Then you can select only those sites that provide reliable, up-to-date information. This article will help you find the diabetes tips you want online.

NARROW YOUR SEARCH

Have you ever tried to find a house or business in your town by only knowing its neighborhood or just its street name? It is always best to have a specific address. So too is your challenge to find the diabetes tips you want on the ever-growing Internet with its seemingly limitless offerings. The more careful you are in choosing the terms you search, the better chance you will quickly find what you need. The table on the previous page gives you a list of common terms that can help narrow your search—but even some of these may be too broad. For example, you may want to look up “thirst” as a diabetes problem—or learn about a new medication that was just approved by the FDA. Again, the more narrow your search terms, the easier your search will be.

CHOOSE WISELY

Not all Web sites are alike in terms of the quality of information they offer. Some Web sites are not updated often, some will try to sell products and some are based upon one person’s health story, rather than using well-run research studies as the source of the tips they provide.

BEWARE OF ADS

Every diabetes product on the market has its own Web site created by the company that markets it. The information on these Web sites often includes some form of sales pitch, package insert details for health care experts and patients, and research data that highlight studies showing that the product works and is safe. These sites may not mention other products that may work for you, even if they are better, safer or cheaper. View these ad Web sites with care because the information they provide may be biased, may downplay the negative aspects of the treatment or device and, with the help of colorful graphics and pictures of happy people, may try to convince you to try their product, or at least ask your health care provider about it. 

1 GOVERNMENT WEB SITES

Government-sponsored Web sites can serve as a starting point for any search. For example, the National Diabetes Information Clearinghouse located at diabetes.niddk.nih.gov offers an A—Z list of topics: an introduction to diabetes; information on treatments, problems, statistics and clinical trials; guidelines; and research reports. The site links to the **National Diabetes Education Program**, located at ndep.nih.gov, which is a great resource for useful diabetes books, media products, facts and more. The program’s Awareness and Prevention Series offers brief reviews of diabetes and pre-diabetes that can be used for the public at health fairs and has products in Spanish, as well.

Another great health Web site that includes information and media products on diabetes is MedlinePlus, located at medlineplus.gov. The Web site is divided into three main areas: Health Topics, Drugs & Supplements and Videos & Cool Tools. Other features include games to boost your health knowledge, health check tools, a medical reference section and a listing of health groups.

2 ORGANIZATION WEB SITES

All the major diabetes organizations have their own Web sites, including the **American Diabetes Association's** diabetes.org, Joslin Diabetes Center's joslin.org, and the **Juvenile Diabetes Research Foundation International's** site at jdrf.org. There are many more that focus on specific aspects of diabetes, such as kidney and heart disease, foot care and diet. For a list of diabetes groups, log on to diabetes.niddk.nih.gov/resources/organizations.htm.

3 PRIVATE HEALTH WEB SITES

Another type of Web site to use when you search for diabetes information is the private health Web site. All of these sites have large sections on diabetes. Some good sources are:

- walgreens.com
- healthline.com
- health.yahoo.net
- drugs.com
- mayoclinic.com
- everydayhealth.com

Other Web sites in this group include those sponsored by hospital systems and smaller groups and vendors that want to reach out to people with diabetes. Be cautious about some of these Web sites, and make sure to watch out for any sponsor ads that may be hidden in what you read.

The next time you need to search for something about diabetes on the Internet, remember to narrow your search and choose your Web sites with care. Finally, keep in mind that the tips found on any site are for the general public and may not be for your specific medical needs. These sites do not replace the advice you receive from your diabetes health care team members and your Walgreens pharmacist. They know you best.

THE big

Making changes is one of the hardest things about living with diabetes. Things you used to do without thinking can start to feel like a chore. Hopefully, you have learned some ways to make changes more easily. You may have read some tips in this magazine or received some helpful advice from your diabetes educator. Perhaps you figured some things out on your own and learned what works for you. In addition, a recent study may give you some insights about how to make changes.

That study, published in the *Journal of Consumer Research*, was done among people whose goal was to save money. The researchers found that people who focused only on the concrete steps of how they would make a change did not do as well as people who were able to think more broadly about why they wanted to make that change. By understanding more about why they wanted to reach a goal, they were able to adapt more easily to situations in which their plan would not work.



picture

By Martha Funnell, MS, RN, CDE

HOW WILL I DO IT?

The study showed that creating a plan for how to make a change does help to make it easier. For example, if you want to lose weight, you need to create a specific plan to make this happen. You might decide to eat smaller portions at restaurants or order regular-sized items instead of the super-sized versions. Or you might decide to take your lunch to work. But what if the restaurant doesn't offer a smaller-sized portion? What if your co-workers invite you out for fast food at lunchtime? Even the best plans won't work all the time. When your plan doesn't work, it can leave you feeling down about yourself or like a failure.

WHY WILL I DO IT?

The study showed that it also helps to think about why you want to do something. If you know why you want to reach a goal, it may help you make better choices when things do not go as planned. For example, if you think about why losing weight is important to you, you will be more likely to make choices in every situation to reach your

goal. In the examples above, if the portions are all too large at a restaurant, you might choose to put half your food into a doggie bag before you start eating. If you decide to go out with your co-workers at lunchtime, you could choose to order a smaller portion or a healthier option from the menu. Even if your plan needs to change, you can still feel good about your decision because your actions will help you reach your overall goal.

WHY IS IT IMPORTANT TO ME?

As you think about the changes you want to make, ask yourself why you want to reach this goal. For most people, the answers need to go beyond feeling better, being healthier, preventing complications and managing their blood glucose levels. Your reasons need to be very personal to you. Your goal also needs to be important to you, not your spouse, health care provider or others. 

Making changes is hard, but thinking about why you want to make each change can help make it easier to reach your goals.

7

Questions to help you decide how important making a change is for you:

1

What is inspiring to me about caring better for my diabetes?

2

What problem do I want to solve?

3

How do I feel about this goal?

4

Is this goal a priority in my life right now?

5

How will I feel if I am not able to reach this goal?

6

Am I ready and motivated to work on this goal?

7

Why is this important to me?

LOW-FAT
**chicken
 & turkey**
RECIPES

Skillet Chicken Parmesan

Serves 4

- 1/3 cup breadcrumbs**
- 1/3 cup grated Parmesan cheese**
- 1/2 teaspoon dried oregano**
- 1/4 teaspoon garlic salt**
- 1 large egg**
- 4 boneless, skinless chicken breasts (about 1 pound)**
- 1 tablespoon olive oil**
- 3/4 cup marinara sauce**
- 3/4 cup shredded part-skim mozzarella cheese**

1. In a shallow bowl, mix together the breadcrumbs, Parmesan cheese, oregano and garlic salt. In another shallow bowl, beat the egg until frothy.
2. Wrap the chicken breasts in plastic wrap and place on a cutting board. Gently pound each breast with a mallet to an even thickness (about 1/2 inch). Dip each chicken breast into the beaten egg to coat and then roll in the breadcrumb mixture.
3. Heat the oil in a large nonstick skillet over medium-high heat. Add the chicken and cook for 4 to 5 minutes on each side, or until the chicken is well browned and just cooked through.
4. Spoon the marinara sauce evenly on top of the chicken, and sprinkle the mozzarella on top. Cover the pan, reduce heat to low, and cook for 3 more minutes or until the cheese melts.

NUTRITION INFORMATION
Per serving

(1 chicken breast):
 340 calories; 14 g fat (6 g sat fat); 135 mg cholesterol; 13 g carbohydrates; 39 g protein; 0 g fiber; 840 mg sodium; 1 g sugars.

Dietary exchanges:
 4 lean meat, 1 medium-fat meat, 2 vegetable, 1 fat, 1/2 starch



Serves 4

Quicker-Than-Take-Out Orange Chicken

SAUCE

- ½ cup water
- ⅓ cup light orange juice
- ½ cup SLENDA® Granulated Sweetener
- 2 tablespoons brown sugar
- 3 tablespoons rice vinegar
- 2 tablespoons reduced-sodium soy sauce
- 3 tablespoons lemon juice

- ¼ teaspoon ground ginger
- ⅛ teaspoon red pepper flakes
- 2 tablespoons cornstarch

CHICKEN

- 1¼ pounds boneless, skinless chicken breast, chopped
- 1 large egg, beaten
- ¼ cup all-purpose flour
- 2 tablespoons canola oil
- 1 small red pepper, chopped
- 1 small onion, chopped

1. To make the sauce, in a medium saucepan, whisk together the first nine ingredients (water through pepper flakes). Place the pan over medium-high heat and bring to a low simmer.

2. In a small bowl, mix together 2 tablespoons of water and the cornstarch to create a slurry and whisk into the sauce. Bring the sauce to a low boil and cook for 1 minute or until the sauce thickens and clears. Reduce the heat to low and allow to simmer.

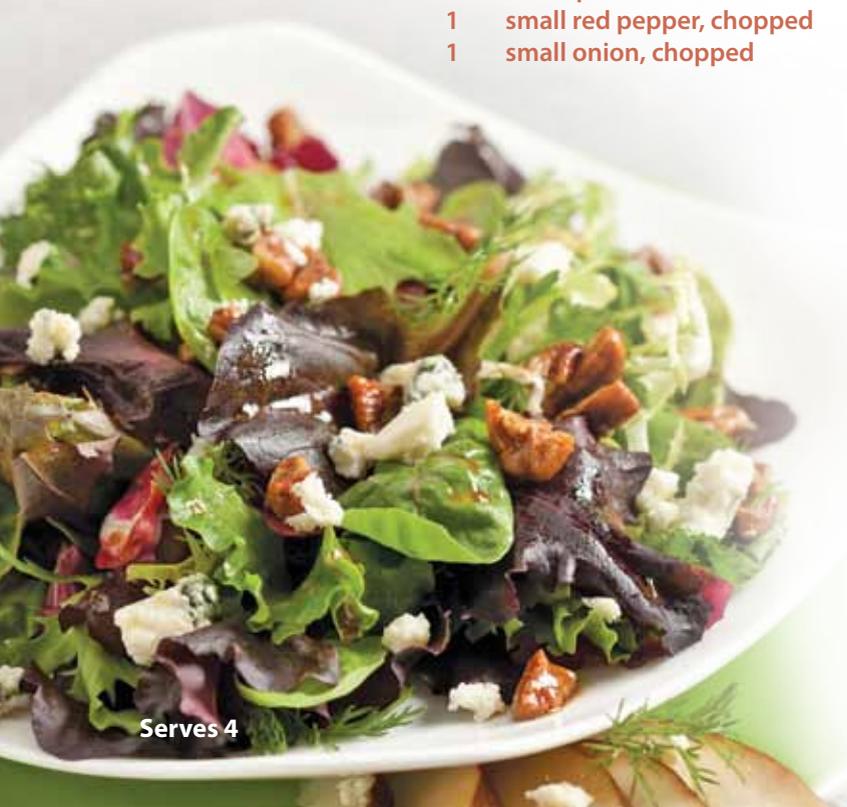
3. Roll the chicken pieces in the egg and toss with flour to coat. Heat 1 tablespoon of the oil in a large nonstick skillet over medium-high heat. Add half of the chicken and cook 4 to 5 minutes, or until well browned on all sides and chicken is cooked through. Transfer the chicken to a bowl and cover. Heat the remaining oil and cook the remaining chicken pieces. Add the chicken to the bowl and set aside.

4. Add the red pepper and onion to pan and cook for 4 to 5 minutes, or until slightly softened. Add the chicken to the pan and then the orange sauce. Stir to coat and serve.

NUTRITION INFORMATION Per serving (1 cup):

290 calories; 9 g fat (1 g sat fat); 100 mg cholesterol; 18 g carbohydrates; 32 g protein; 0 g fiber; 360 mg sodium; 8 g sugars.

Dietary exchanges: 4 lean meat, 1 starch, ½ carbohydrate



Serves 4

Balsamic Salad with Pears, Blue Cheese and Pecans

DRESSING

- 3 tablespoons balsamic vinegar
- 2 tablespoons chicken broth
- 2 tablespoons extra-virgin olive oil
- 2 teaspoons Dijon mustard
- Pinch of salt
- Pepper to taste

Turkey Scaloppini and Creamy Mushroom Sauce

- 1¼ pounds boneless turkey breast cutlets
- 1 tablespoon olive oil
- 1 teaspoon plus 1/2 teaspoon crushed dried thyme
- 1 garlic clove, minced
- 1 (8-ounce) package sliced mushrooms
- ¼ cup sherry
- ⅓ cup water
- 1 (15-ounce) can reduced-fat, reduced-sodium cream of mushroom soup
- ½ teaspoon Worcestershire sauce

1. Wrap the turkey breasts in plastic wrap and place on a cutting board. With a mallet gently pound each cutlet until thin (about 1/8-inch thick).
2. In a large skillet, heat the oil over medium-high heat. Sprinkle 1 teaspoon of the thyme over the turkey and place in the skillet. Cook for 3 to 4 minutes on each side, until browned and barely cooked through. Transfer the turkey to a plate and cover.

3. Add the garlic and mushrooms to the skillet and sauté for 1 minute. Add the sherry, water, soup, Worcestershire sauce and remaining 1/2 teaspoon of the thyme to the skillet. Whisk together and simmer on low for 5 minutes, or until slightly thickened.
4. Return the turkey to the pan and coat with the sauce. Simmer the turkey in the sauce for 5 more minutes before serving.

3. Arrange the greens on plates. Divide the blue cheese and pecans evenly among the plates, sprinkling on top of the greens. Garnish plates with the pear slices and serve.

- SALAD**
- 4 cups packed mixed greens
 - 6 tablespoons blue cheese crumbles
 - ⅓ cup chopped pecans
 - 1 large pear, cored and cut into thin slices (or 1 large apple)

1. To make the dressing, in a small bowl whisk together the vinegar, chicken broth, oil, mustard, salt and pepper.
2. For the salad, place the greens in a large bowl. Pour the dressing over the greens and toss lightly.

NUTRITION INFORMATION Per serving (1 salad):

210 calories; 16 g fat (3.5 g sat fat); 10 mg cholesterol; 12 g carbohydrates; 4 g protein; 3 g fiber; 260 mg sodium; 7 g sugars.

Dietary exchanges: 1 vegetable, ½ fruit, ½ high-fat meat, 2 fat



Serves 4

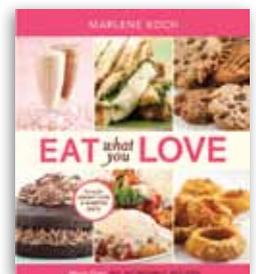
NUTRITION INFORMATION

Per serving (1 cutlet):

220 calories; 4 g fat (1 g sat fat); 85 mg cholesterol; 9 g carbohydrates; 33 g protein; 1 g fiber; 410 mg sodium; 3 g sugars.

Dietary exchanges:

4½ lean meat, 1½ carbohydrate



Recipes adapted from *Eat What You Love*, by Marlene Koch Running Press © 2010. Used with permission.

choosing your **blood glucose meter**

Accuracy. Make sure you understand how to use your meter properly in order to get an accurate result.

Alternate site testing. This allows you to take blood from a site other than your fingers, such as your palm, forearm, upper arm, calf or thigh.

Cost. Find out what meters and strips your health plan covers. Check the prices of both of these items before you make your purchase. Look for trade-in and rebate offers.

Ease of use. Can you easily handle the meter and strips? If not, consider a meter that uses cartridges instead

of strips. Does the meter have features such as automatic coding and a large, easy-to-read screen?

Portability. Is your meter small and light enough to carry with you?

Results upload. Most meters allow you to upload results to your computer and analyze them electronically.

Speed. Some meters provide results in as little as five seconds.

Sample size. Meters with a smaller sample size allow you to use a thinner lancet. This can mean less pain for your fingers.

BLOOD GLUCOSE TARGETS

Most people choose a target range for their blood glucose levels with advice from their health care provider. Not all of your blood glucose readings will fall into your target range. Keep in mind that it is what you do most of the time that counts. The American Diabetes Association recommends the following targets:

- Before meals:** 70-130 mg/dL
- 2 hours after meals:** less than 180 mg/dL
- Bedtime:** 90-150 mg/dL

No matter how many times you check, it is helpful to get an idea of your blood glucose levels over the course of a day.

METERS AVAILABLE AT WALGREENS

Meter Box	Meter	Memory	Test Time	Sample Size (µL)*	Features and Comments
		500 tests, 7-, 14- & 30-day avg.	As fast as 4 sec.	Very Small 0.5 µL	Advanced performance, no-coding system for easy, accurate testing. Strip release button eliminates handling of strips. Lifetime meter warranty.
Walgreens TRUEresult					
		365 tests, 14- & 30-day avg.	10 sec.	Small 1 µL	Easy two-step testing with fast results. Capillary-action test strips with small sample needed. Affordably priced. Data uploading capability. Alternate site testing.
Walgreens TRUEtrack					
		99 tests	As fast as 4 sec.	Very Small 0.5 µL	World's smallest meter. Meter easily attaches to the top of a vial of TRUEtest strips for true on-the-go convenience. No coding simplifies testing.
Walgreens TRUE2go					
		500 tests, 7-, 14- & 30-day avg.	5 sec.	Very Small 0.6 µL	Easy to handle and use, with two simple steps. Large, wide test strip fills quickly and easily. Over 150 quality checks to detect and prevent unreliable results. Alternate site testing.
Accu-Chek Aviva					
		500 tests, 7-, 14- & 30-day avg.	5 sec.	Small 1.5 µL	No strip handling. Seventeen strips are contained in a drum, which is loaded into the meter. Attachable lancet device that uses Softclix lancets. Automatic coding. Alternate site testing.
Accu-Chek Compact Plus					

* µL = microliters

(METER CHART CONTINUED ON NEXT PAGE)

METERS AVAILABLE AT WALGREENS

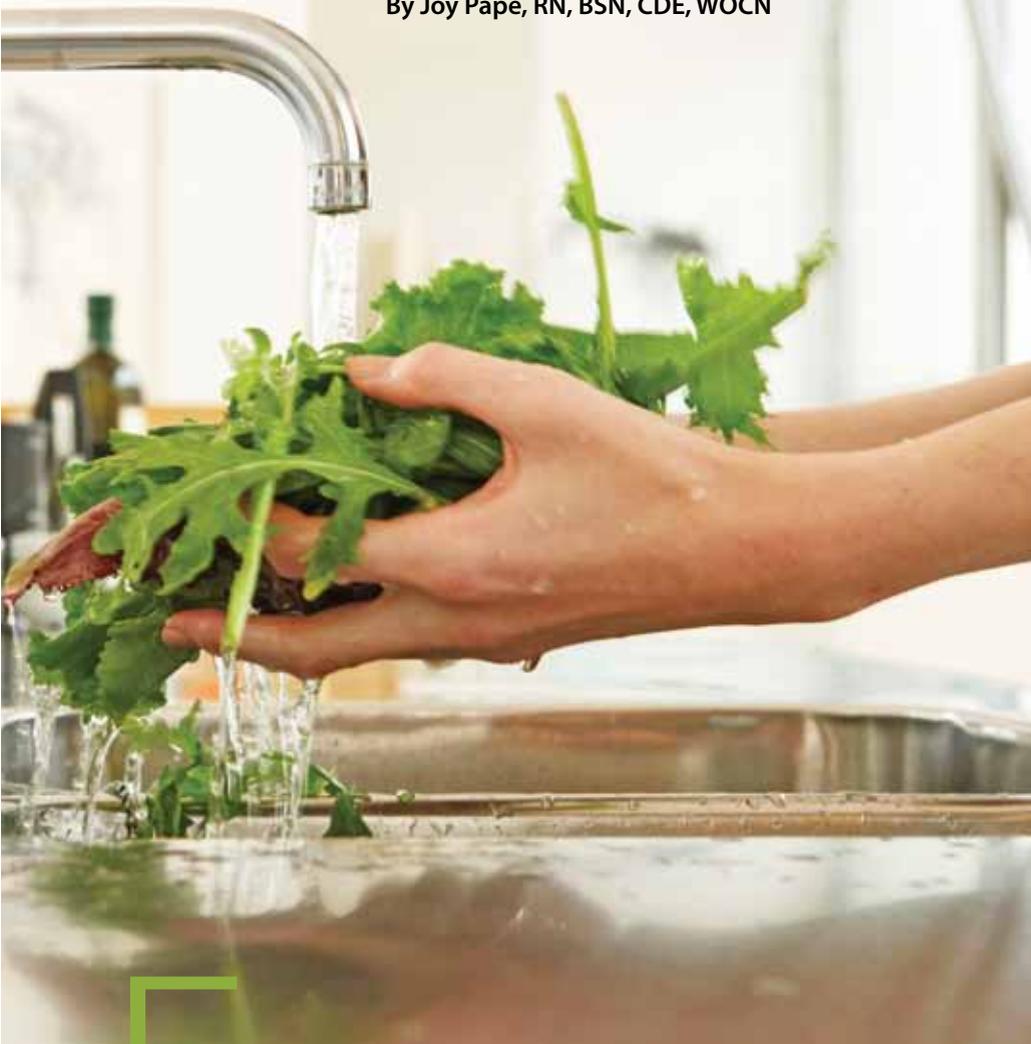
Meter Box	Meter	Memory	Test Time	Sample Size (µL)*	Features and Comments
		420 tests, 1-, 7-, 14- & 30-day avg.	5 sec.	Small 1 µL	10-Test Disc eliminates struggle with small, individual test strips. No Coding™ technology ensures accuracy every time you test. Ease-of-Use Commendation from Arthritis Foundation. Unaffected by maltose and galactose.
Bayer Breeze 2					
		480 tests, 7-, 14- & 30-day avg.	5 sec.	Very Small 0.6 µL	Simple testing, personalized for you. Easy to use, programmable HI/LO target range and test result summary to help identify trouble spots, Meal Markers with Test Reminder shows the effect of food on blood sugar. No Coding™ technology.
Bayer Contour					
		2000 tests, 7-, 14- & 30-day avg.	5 sec.	Very Small 0.6 µL	First blood glucose meter with plug-in technology. GLUCOFACTS® DELUXE software helps you discover valuable insights. Knowledge to take action that may help lower your A1C. Uses Bayer's CONTOUR® Test Strips. No Coding™ technology.
Bayer Contour USB					
		400 tests, 7-, 14- & 30-day avg.	5 sec.	Very Small 0.3 µL	Simplicity and accuracy in an easy-to-read, easy-to-hold meter with a large numeric display. No coding. World's smallest sample size. New and improved FreeStyle Lite® test strips with ZipWik tabs make blood application easier and faster.
FreeStyle Freedom Lite					
		400 tests, 7-, 14- & 30-day avg.	5 sec.	Very Small 0.3 µL	Simplicity and accuracy for busy people. No coding. World's smallest sample size. Small, compact meter with backlight display. New and improved FreeStyle Lite® test strips with ZipWik tabs make blood application easier and faster.
FreeStyle Lite					
		500 tests, 7-, 14- & 30-day avg.	5 sec.	Small 1 µL	Helps you see if your food and portion choices are working so you stay in range. Two-way scrolling buttons and a backlight make it easy to read and operate. Download ports for data management. Alternate site testing.
OneTouch Ultra2					
		500 tests	5 sec.	Small 1 µL	Testing made small and simple. Large, easy-to-read screen. Two-way scrolling buttons for simple navigation. Available in a variety of colors (colors vary by store). Download ports for data management. Alternate site testing.
OneTouch UltraMini					
		3,000+ tests, 7-, 14-, 30-, 60- & 90-day avg.	5 sec.	Small 1 µL	Only meter proven to help reduce A1C. Also ideal for people who make insulin adjustments because it automatically collects and organizes glucose results into useful charts. Download ports for data management. Alternate site testing.
OneTouch UltraSmart					
		450 tests, 7-, 14- & 30-day avg.	5 sec.	Very Small 0.6 µL	Intuitive setup, simple icon-driven menus. Automatically minimize the hassle from monitoring. Only leading system with the technology to test blood sugar and ketone.
Precision Xtra					

* µL = microliters

go green

WHILE TAKING CARE OF YOUR DIABETES

By Joy Pape, RN, BSN, CDE, WOCN



Everywhere you turn, it seems, you hear or read about some aspect of life going green. If you want to go green with your diabetes care, think about getting back to the basics while cutting down on things you don't need and recycling what you can. Turn the page for five "back to basics" tips—each with a green message to help you live your diabetes life while being sensitive to the environment.



“I refuse to let diabetes keep me on the bench.”

—Alana Burns
Power Forward,
type 1 diabetes



Bayer's CONTOUR® meter personalizes easily. So I can control my diabetes; it doesn't control me.

Programmable Hi/Low Settings
I can set my own target range and see what adjustments I need to make.

Pre and Post Meal Markers
Mark and save tests taken before & after meals, helping with my insulin dosing.



NO CODING ✓ I love not having to take extra steps to make sure my meter is accurately coded.

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1

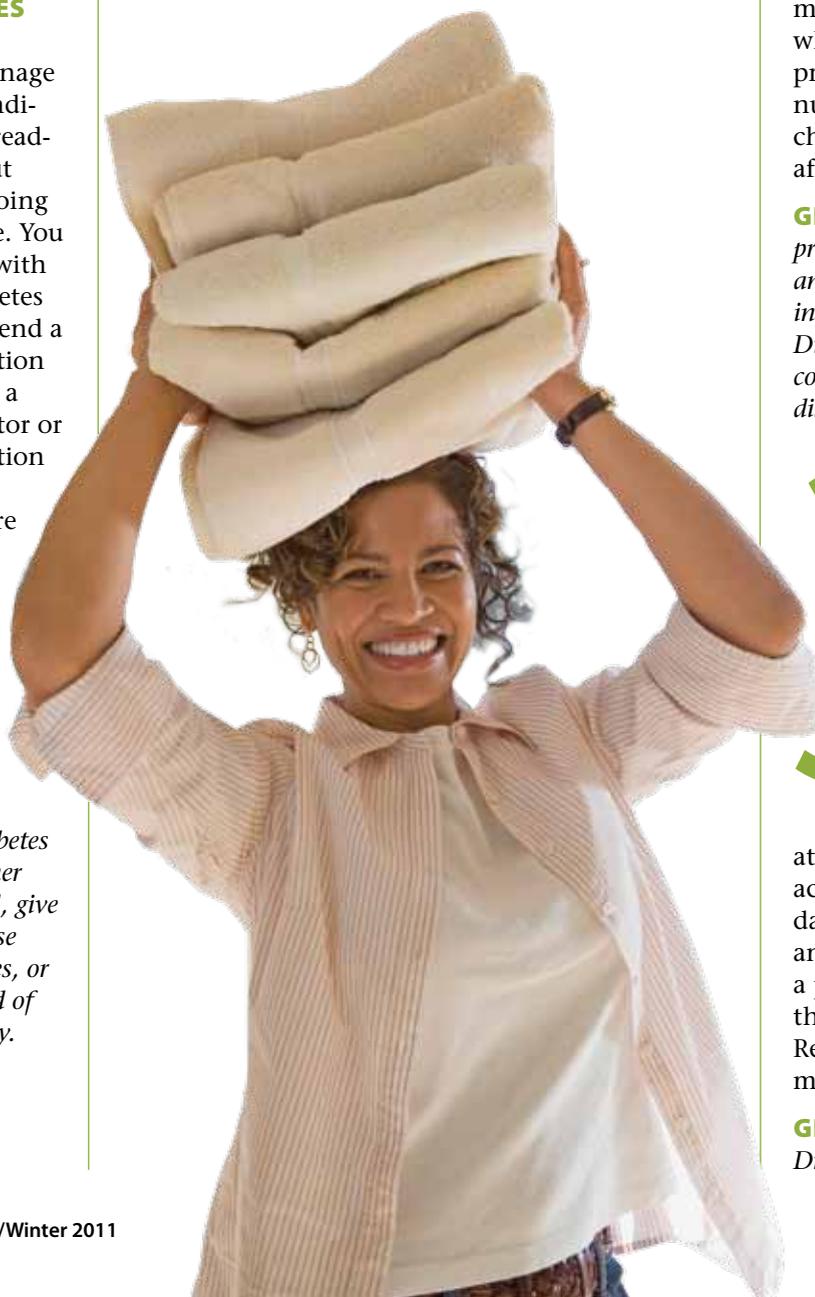
KEEP UP TO DATE ABOUT DIABETES CARE.

Help manage your condition by reading about

diabetes and doing research online. You can also meet with a certified diabetes educator or attend a diabetes education course. To find a diabetes educator or diabetes education program, ask your health care provider to refer you to one in your community.

GREEN MESSAGE:

Once you have finished reading this diabetes magazine or other written material, give it to someone else who has diabetes, or recycle it instead of throwing it away.



2

CHECK YOUR BLOOD GLUCOSE.

The only way to know your blood glucose level is to check it. Get a blood glucose monitor and learn how to use it correctly.

Learn what the readings mean and how you can change readings you don't like. Whether you have insurance or not, ask your Walgreens pharmacist what brand of meter and strips will cost you the least amount of money. Bring your meter with you when you visit your health care provider so you can review your numbers together. This is a great chance to learn more about what affects your blood glucose levels.

GREEN MESSAGE: *Recycle the printed paper in your box of strips and the box itself. If the strips come in a plastic container, recycle it. Dispose of your lancets in a sharps container. Learn more about safe needle disposal at safeneedledisposal.org.*

3

BE MORE ACTIVE.

Physical activity helps you manage your diabetes. It helps your body use the insulin you naturally make or it makes the insulin you take work better. You don't have to be an athlete, but you can increase your activity by walking, gardening, dancing while you clean or doing another activity you enjoy. Wear a pedometer, a device that counts the number of steps you take. Research shows pedometers help motivate people to be more active.

GREEN MESSAGE: *Drive less. Walk more.*

4

LEARN ABOUT FOOD.

Various carbohydrate-based foods and drinks affect your blood glucose. Get a carb-counting book online at nal.usda.gov or use a meter that has a carb-

counting feature. Once you know how, choose foods, portion sizes and carb-free drinks that don't cause your blood glucose to get too high.



GREEN MESSAGE: Purchase a stainless steel bottle. Fill it with water (a healthy carb-free drink), clean it and reuse it rather than using many plastic bottles of water. Bag your own snacks and reuse or recycle the bag.

5

TAKE YOUR MEDICINE.

Take your medicine as prescribed. Learn the names, dosages and times of day to take your medications. Learn how they work and what they do for you. You are likely to be taking medicine for your blood glucose, blood pressure, cholesterol and kidneys. Ask if your medicine can cause low blood glucose as a side effect. If it can, learn how to prevent and treat low blood glucose. Don't let the cost of your medicine stop you from taking it. If you can't afford the medicine, ask your health care provider about getting it for a reduced price.

GREEN MESSAGE: Walgreens allows you to order your medicine for 90 days at a time. This will save on the number of containers you use. When you finish your medicine bottles, scribble out your name with a marker so no one can read it and recycle the containers rather than throwing them away. 

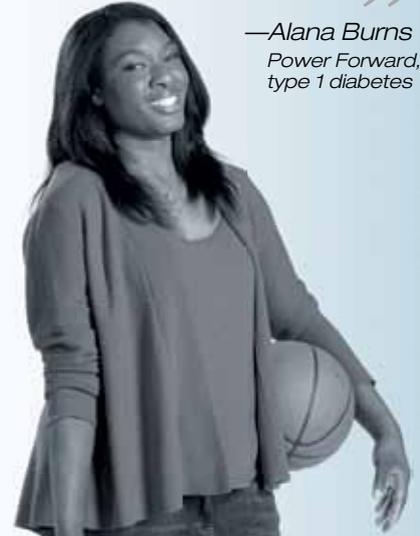


Try to improve on one item at a time—whether you are trying to take better care of your diabetes, to go green, or both. Make it a part of your life, then move on to another item. In time, this will lead to a better way of living.



“Knowing my A1C levels keeps me ahead of the game.”

—Alana Burns
Power Forward,
type 1 diabetes



Bayer's A1CNow™ SELF CHECK

It's the first and only way for me to check my A1C at home, with results in just 5 minutes.

A More Complete Picture

Along with my daily testing routine, it helps gauge my short- and long-term treatment.

Lab Accurate

Between doctor's visits, I can get accurate A1C results.



Small Changes, Big Rewards

A 1% point reduction in A1C could reduce complications by up to 40%¹

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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STRATEGIES FOR healthy holiday eating

By Linda Humphrey, MS, RD, CD, CDE, BC-ADM
Joslin Diabetes Center Affiliate at St. Mary's Medical Center, Indiana



It's that time of year again: the holiday season is here. Holidays are a challenging time in the life of someone with diabetes. No matter where you turn, calorie-laden, high-sugar and high-fat foods seem to be everywhere, making it hard to stick with your eating plan, let alone your physical activity plan. But there are ways to make the holidays more manageable. With a little bit of planning, you can enjoy the holidays and keep your diabetes and your weight on track. Let's look at some possible strategies you might try to help you make the most of the holiday season.

Strategy 1

First and foremost, plan ahead of time.

Don't forget the old saying, "If you fail to plan, you plan to fail." No doubt, there will be times when you will be off your eating schedule and your eating habits. As much as you can, try to eat your meals and snacks at your usual times. If that's just not possible, eat a snack at your regular mealtime so that, if you take insulin or diabetes medicines that lower your blood glucose, you won't be at risk for hypoglycemia (low blood glucose). The other benefit of eating snacks? It can help keep you from overeating if your meals are later than usual.

Strategy 2

Watch your weight.

It's easier said than done, but the fact is that most people tend to gain weight during the time between Halloween and New Year's. Losing weight over the holidays can be difficult and unrealistic. Set a goal to just maintain your weight instead of trying to lose weight. Remember that eating too much of even healthy choices may lead to weight gain. Extra calories are extra calories, no matter where they come from. Another good strategy is to write down what you eat

in a food logbook. You will probably find that you'll eat less if you do this because you'll be more aware of what you're eating and drinking. If you do overeat (and it's bound to happen), don't feel guilty. Try to get back on track with your eating plan, and pick up your activity level to help burn off those extra calories and keep your blood glucose from going too high. Try walking, running or using the stairs instead of your regular exercise routine if you are away from home. You may be able to use a guest pass at a local gym to work out, or make a trip to the local mall for some early morning walking. Take someone with you for support who could also enjoy the activity.

Strategy 3

Focus on your food choices.

Chances are, you'll have office or neighborhood holiday parties to attend. If you are at a party where there is a buffet, check out the food choices and decide which ones you will pick—before you take your plate. If appetizers are served, go with the lower-fat options, such as raw vegetables and salsa or shrimp cocktail. Avoid appetizers that are fried. Start your meal off with a salad and vegetables before choosing the starch and meat entrées. Try to use a smaller plate so you won't be tempted to overeat. When it comes to carbohydrate foods, such as potatoes, rice or pasta dishes, serve yourself the same amounts that you would usually eat at home, based on your meal plan or carbohydrate goals. Then, move away from the buffet table as quickly as possible and socialize. If you are bringing a dish to the buffet, bring something that's healthy—not too high in calories or fat. Suggestions might be a fruit salad, garden salad, fresh veggie platter or a hot vegetable dish. To avoid getting any food-related illness over the holidays, don't forget food safety. Remember to keep cold foods cold and hot foods hot. Don't



With a little bit of planning, you can enjoy the holidays and keep your diabetes and your weight on track.

are good substitutes for alcohol (and they're carb- and calorie-free, as well). Alcohol can affect blood glucose, so avoid drinking it if your blood glucose is very high or low. And remember to check your blood glucose more often than you usually do when you drink alcohol.

Strategy 5 *Take care of yourself.*

The holidays can be stressful and stress can raise your blood glucose. Reduce stress by making sure you take time for breakfast and lunch. Eating regularly scheduled meals can make it easier to stay with your meal plan. Also, healthy eating, regular activity and getting plenty of sleep will give you more energy throughout the day. Drop activities that aren't really necessary to allow for others that the holidays bring. It's OK to say *no* now and then. Don't let questions about your diabetes care go unanswered, which can add to your stress. If you have questions about your diabetes management over the holidays, contact your diabetes educator or a member of your health care team. They will be glad to help. Then get back to your regular routine of exercising, monitoring your blood glucose and your usual eating habits. 

eat foods that have been out of the refrigerator for more than two hours.

When you finally sit down to eat, relax and savor your food. Eat more slowly, enjoying every bite. It's a good idea to check your blood glucose after eating to see how high it went. For most people with diabetes, the goal is a glucose reading of no higher than 180 mg/dL two hours after the start of the meal.

Strategy 4 *Drink in moderation.*

If you drink alcohol, remember to eat food at the same time and limit the number of alcoholic drinks to one drink (serving) for women and two drinks for men. A serving of alcohol is 12 ounces of light beer, 5 ounces of red or white wine or 1 ½ ounces of distilled spirits, such as vodka or rum. Try to avoid sweet wines, liqueurs or mixed drinks that contain carbohydrates. Sparkling water, club soda or a diet soft drink



“I won't let diabetes take me away from my daughter.”

—John Fernandez
self-described Mr. Mom,
type 2 diabetes



Bayer's BREEZE[®]2 meter
Means fewer steps and easier testing, so I can get back to what I love most.

Unique 10-Test Disc
Frees me from the hassle of individual strips.

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I load it once every 10 tests—that's less stuff to carry.



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DON'T LET depression GET YOU down

By Martha Funnell, MS, RN, CDE

We know that people with diabetes have about twice the rate of clinical depression as those without diabetes. And depression seems to hit people with diabetes with a double-whammy. They miss more days from work and report a much poorer sense of everyday well-being and health than people with either depression alone or diabetes alone.

The fear of getting diabetes complications or living with them once they appear increases the risk for depression. The anger or guilt related to complications can cause a person to become depressed if he or she does not express these feelings or learn to cope with them.

We also know that people who are depressed have a harder time caring for their diabetes. It is

People with diabetes have about twice the rate of clinical depression as those without diabetes.



types of depression

There are several different types of depression, but the two main types are dysthymic disorder and clinical depression:

Dysthymic disorder, or dysthymia, is a very mild form of depression that lasts for at least two years. Symptoms include a poor appetite or overeating, difficulty sleeping or oversleeping, low energy, fatigue and feelings of hopelessness. Because this form of depression is so mild, family members or even the person affected with it may not realize it is there. Its symptoms may not be obvious, but can still make it hard to function.

Clinical depression occurs when a person feels so depressed that he or she loses interest or pleasure in daily activities most of the time. These feelings last for at least two weeks. The mood change must be severe enough to disrupt your usual tasks at work, home or school. Other symptoms include significant weight loss or gain or change in appetite, loss of energy, difficulty falling or staying asleep or sleeping more than usual, trouble concentrating, feelings of worthlessness or guilt and thoughts of suicide.

more of a struggle to pay attention to your diet and be active when you are clinically depressed.

HOW DO YOU KNOW IF YOU ARE DEPRESSED?

The diagnosis of depression is based on your symptoms. You may be asked to fill out a questionnaire or may be asked several questions by your health care provider. There also is a variety of self-tests for depression that give you an idea if you need further screening by a health professional.

WHAT HELPS DEPRESSION?

A lot of people think they should just be able to handle clinical depression. There are many things you can do to cope better with the burden of diabetes, but clinical depression is an illness just like diabetes or asthma. Telling yourself (or having others tell you) to “snap out of it” or “cheer up” usually is not helpful. For most people, clinical depression doesn’t get better without treatment.

The good news is that help is available. Medicine can work and so can counseling. Research shows that combining counseling and medicine works best.

One form of

CHOOSING A mental health professional

The first step is to choose a mental health professional. You can see a social worker, psychologist or a psychiatrist.

Social workers talk with people and their families about their emotional or physical needs and help find financial and other support services.

Psychologists have a doctoral degree in psychology. To achieve this, they spend about 6 to 10 years studying how people think, feel and behave. Their training usually is in clinical psychology, counseling psychology or educational psychology.

Psychiatrists are medical doctors who specialize in mental health and mental illness. They offer counseling and can use medication to help their patients manage their mental illnesses.

BEFORE YOU GO

Think about your goals for therapy. Decide what you hope to gain from your visits.

You may find it helpful to interview several mental health specialists before you choose one. In order for them to help you, you need to feel at ease and be able to relate to them and their style.

Questions to ask include:

- * Are you licensed in this state?
- * What insurances do you accept?
- * Do you prescribe medicines as part of treatment?
- * Do you work with people who have diabetes?

- * What should I do to prepare for my first visit?
- * What style or method of therapy do you use?

YOUR FIRST VISIT

It is perfectly natural to feel nervous before you go for your first visit. Unlike on TV and in movies, you will probably not lie on a couch but sit in a comfortable chair face-to-face with your therapist.

At the first visit, your therapist will ask you a series of questions about your background, family history of mental illness, family life and relationships. He or she will want to know how you have been feeling. You should let the therapist know about your diabetes and how it is treated. Be open and honest. The more information he or she has, the more help you will receive.

After your first visit, your therapist may give you a list of options for treatment. It is common to see the therapist on a weekly basis at first. You may be offered medicines, as well. If you do not feel comfortable with your therapist, ask him or her to refer you to someone else. Don't be shy about this. Therapists understand how important it is to find the right fit.



counseling that works well is called Cognitive Behavioral Therapy, or CBT. CBT is based on the idea that our thoughts cause our feelings and behaviors, not external things, like people, situations and events. CBT can help you change the way you think so you feel better, even if your situation does not change. So you can learn to think differently about having diabetes, even though it doesn't go away. One of the pluses of CBT is that it doesn't take years of therapy to enjoy its benefits. Real improvement can happen with 14 to 16 sessions plus homework between visits.

If you believe you may be depressed, a good place to begin your search for a mental health worker is to talk with your diabetes health care team. Ask if they know someone who works with people who have diabetes and understands the issues you face. You also need to check with your health insurance company to see if there are any therapists in your network.

If money is a concern, look for a low-cost mental health clinic that offers counseling and other services based on your ability to pay. 

MAKING THE pieces fit

When you open a new puzzle box from the store, you see a mix of colored pieces that don't appear to fit together. But, with time and patience, you can arrange those pieces into a lovely picture. Like a puzzle, our bodies need a mix of foods that don't always seem to fit together: calories, carbohydrates, protein and fat. Let's examine the four puzzle pieces our bodies need each day.



By Janis Roszler, RD, CDE, LD/N

Calories

Calorie is the term we use to describe the energy that food provides to our bodies. Calories come from the three main nutrients in food: carbohydrates, protein and fat. Foods that contain a lot of calories offer more energy to our bodies. Those with fewer calories, offer less. Like a car that does a great deal of traveling and requires more gas, people who are very active need to eat a larger amount of calories. Those who are less active need fewer calories. If you eat more calories than you need, your body will store them as fat that you can use for energy later. But if you eat too many calories too often, you will gain weight. If you are overweight and would like to lose weight, increase your activity level while eating fewer calories. A healthy weight loss goal is a loss of 1–2 pounds per week. Many people achieve this by moving more and eating 500 fewer calories each day.

Carbohydrates

Carbohydrates provide the type of fast-acting energy that our bodies prefer to use. Each gram of carbohydrate provides 4 calories. Foods that contain carbohydrates include bread, pasta, rice, starchy vegetables (like corn, peas and potatoes) milk, yogurt and fruit or fruit juices. The catch is that carbohydrate foods can raise blood glucose levels, so it is important to keep your intake of carbohydrate foods within a healthy amount.

One way to see if you are eating the right amount of carbohydrate is to check your blood glucose level after a meal. To do this, check your watch when you take the first bite of your meal. Then, check your blood 2 hours after that first bite. If your reading is within a healthy range, your carbohydrate portion was fine. For most people, a healthy post-meal blood glucose level is less than 180 mg/dL. Ask your health care team what post-meal glucose goal is right for you.



Proteins

Protein is made up of amino acids that are used by the body to build and repair tissue. Protein is also needed to make hormones and enzymes, and keeps the immune system working properly to help fight off infections and disease. There are many different types of foods that provide protein to the body. Animal sources of protein include meat, poultry, seafood, eggs, cheese, milk and yogurt. You can also get protein from plant foods, such as dried beans and peas, soy products (such as tofu and soy milk) and peanut butter. Like carbohydrates, a gram of protein also provides 4 calories.

Fats

Fats play a vital role in the health of our bodies. We don't need to consume a lot of fat each day but some is needed to keep our skin healthy, make certain hormones, carry fat-soluble vitamins A, D, E and K and help build cell membranes. Fat-based foods, such as oils, margarines, butter and nuts, also provide the body with calories. A gram of fat has 9 calories, which is a little more than double the amount of calories found in carbohydrates and protein. That's why foods high in fat are so "fattening."



how much should you weigh?

Here's an easy way to estimate using your height as a gauge:

Women: 100 pounds for your first 5 feet of height then add 5 pounds to your total for each added inch.

As an example, if your height is 5 foot 3 inches, then a healthy weight is about 115 pounds.

Men: 106 pounds for the first 5 feet of height then add 6 pounds for each added inch.

As an example, if your height is 5 foot 10 inches, then a healthy weight for you is about 166 pounds.



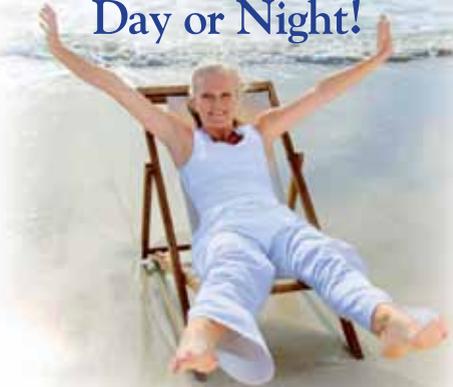
Let's put our diet puzzle together

It is important to eat a variety of foods each day. Each food group offers different vitamins and minerals your body needs to help it function well. No single group should be avoided. There are many weight loss diets that urge people to cut one of these food groups. Some weight loss plans advise you to avoid almost all carbohydrates while others tell people to stop eating all fats. These diets can be very harmful. Our bodies need the important nutrients that each type of food offers. A diet that cuts out one entire type of food is not going to help you stay healthy.

When you choose your foods for your meals and snacks, think of how you can include a variety of foods that contain carbohydrates, protein and fat. A dietitian can help you create a meal plan that meets your specific needs. There are also many dietitian and nutrition experts who have written books and articles that can help you decide how to plan your meals. Eating a variety of foods in the amounts that you need will help you feel well and fight off illness. The foods that you can choose from may seem confusing at first, but, with some careful planning, they can help you become a puzzle picture of good health. 

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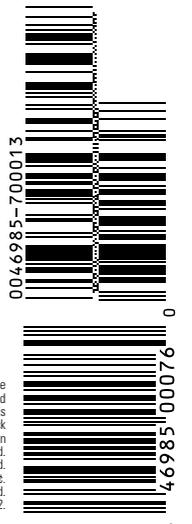
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DIABETES SNACK GUIDELINES

WHAT SHOULD I LOOK FOR?

FIBER helps fill you up during meals and lowers blood cholesterol levels. It can be found in whole grain breads and cereals, fruits and vegetables. Fiber does not change into blood glucose, so high-fiber foods break down much more slowly in the body, which helps to keep blood glucose levels stable. When you add high-fiber foods to your diet, you will improve your health and gain more control over your blood glucose levels. A good rule to follow when looking for fiber is to choose *snacks that have 3-5 grams of fiber for every 15-20 grams of carbohydrates.*

PROTEIN is used by the body for growth and energy. Protein is found in poultry, meats, fish, dairy products, eggs, beans, lentils and many high-protein bars and shakes. Lean meats, low-fat dairy products and protein snack bars and shakes are the best diet choices to help prevent high blood cholesterol levels. When you *eat protein with other foods, such as good fats and good carbohydrates, it can help reduce blood glucose swings.* So when you eat fruit, try to eat it with some low-fat cheese or yogurt. Energy bars that contain a mix of foods are great, too, but be sure to read their labels. Bars that have 300 calories and 25 grams of protein are meal replacement bars, not a snack.

WHAT SHOULD I TRY TO AVOID?

Stay away from **SATURATED "BAD" FATS**—found in meats, dairy products, lard and hard shortenings—as these fats can raise blood cholesterol levels. Look for monounsaturated and polyunsaturated “good” fats. These are good for you and improve your heart health. Sources of these

fats include seeds, nuts, fish, flax, avocados, olives and peanut and canola oils.

CARBOHYDRATES provide the body with the energy it needs to move. The best sources are whole grains, vegetables, beans and fruits. These are healthy because they contain vitamins, minerals and fiber. *Avoid white bread, white rice, sweets, sugary juices and sugary sodas*, as they can make it harder to lose weight and can cause blood glucose spikes. A good snack has between 15–30 grams of “good” carbohydrates. 

THE BOTTOM LINE ON DIABETES SNACKS

For people with diabetes, it makes sense to eat sugar-free snacks to try to keep their blood sugar, or blood glucose, from going too high. However, while these snacks are free of sugar, they may contain other bad carbohydrates which can cause blood glucose levels to spike.

An even better choice is a nutritionally balanced snack with good carbohydrates. Uncooked cornstarch is a good carbohydrate, used in ExtendSnacks, that is especially beneficial for people with diabetes. It takes a long time to break down in the digestive system and it converts to blood glucose slowly. This can help them control hunger, sustain energy and stay healthy.

snacking FOR balance

It's 10:30 in the morning, and you scan the vending machine, your home pantry or a desk drawer for something quick to eat. How do you make a smart diabetes snack choice? Should you look at the total fat, fiber, carbohydrate or protein grams? With just a few basic food facts found on the labels of your favorite snack foods, you can make a healthful choice.

By Dr. Francine Kaufman, a California-based pediatric endocrinologist and past president of the American Diabetes Association. Dr. Kaufman is also the inventor of ExtendSnacks products, available at Walgreens.

PHYSICAL ACTIVITY

THE gift that keeps on giving

By Michael See, MS, RCEP, CDE



The holiday season is a special time of the year for giving and receiving gifts. It's also a time when we're so busy and stressed that we often forget about the most special gift of all: our health. The best gift you can give yourself is exercise and being fit. It's free and provides so much in return, such as positive mental and physical health, energy, strength and stamina. Regular physical activity and a healthy diet reduce the risk of developing type 2 diabetes. They can also help people with diabetes better manage their condition. Physical activity also lowers blood pressure and triglycerides, and reduces the risk of heart disease, cancer, arthritis and osteoporosis.

Fitting physical activity into your day takes less time than you think. Combine aerobic exercise like brisk walking with strength training and you'll get even more benefit. You'll go a long way in building your bone and muscle mass and strength, which can also improve your balance. Top your exercise program off with stretching to relieve stiff muscles and improve posture. Here is a guide to help you get started.

MODERATE ACTIVITIES

Try to do at least 2 hours and 30 minutes a week.

Walking briskly

Gardening (raking, trimming shrubs)

Biking on level ground

Ballroom and line dancing

Playing sports in which you catch and throw (baseball, football, volleyball)

Slowly increase the amount of time you do physical activity.

VIGOROUS ACTIVITIES

Vigorous activities take more effort than moderate ones, so try to do at least 1 hour and 15 minutes a week.

Race walking, jogging or running

Hiking uphill

Biking faster than 10 miles per hour

Heavy gardening (digging, hoeing)

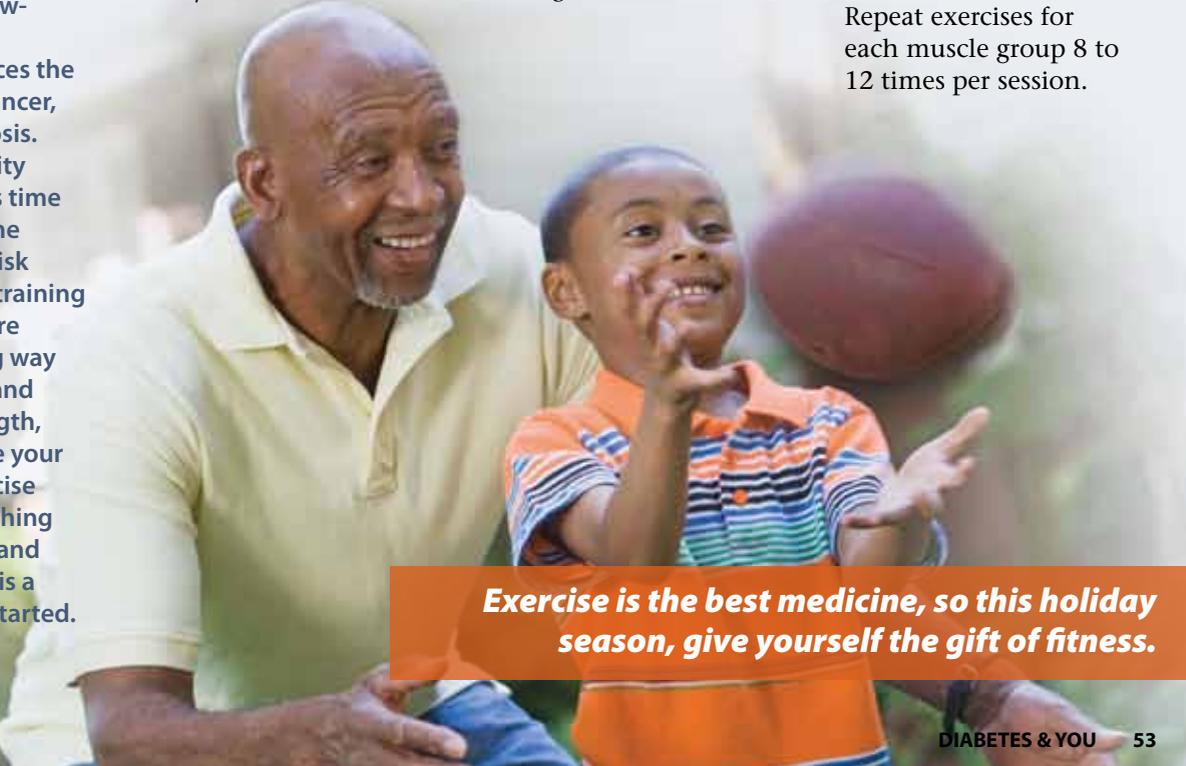
Fast dancing or aerobic dance

You can combine moderate and vigorous activities.

STRENGTH TRAINING ACTIVITIES

Strength training involves the use of free weights, your own body weight, resistance bands and tubing or weight machines to increase muscle strength and endurance. Strength training can also result in muscle growth.

Do these at least two days each week. Include all the major muscle groups, such as legs, hips, back, chest, stomach, shoulders and arms. Repeat exercises for each muscle group 8 to 12 times per session.



Exercise is the best medicine, so this holiday season, give yourself the gift of fitness.

diabetes care

Things to consider before starting an exercise program

Check off each box that applies to you:

- I have spoken to my provider about starting an exercise program and have the OK to get started
- I check my blood glucose before and after exercise with my meter
- I wear proper socks and footwear during exercise to prevent foot irritation
- I carry a drink or food containing carbohydrates (½ cup juice, small box of

raisins, glucose tabs, glucose gel) to avoid low blood glucose

- I carry or wear medical identification that lets people know I have diabetes in case I need help

What can physical activity do for you?

Check off the benefits you hope to get from physical activity:

- Lower my risk for diabetes or help lower my blood glucose if I have been told by my provider I have diabetes
- Help myself stay at or get to a

healthy weight

- Strengthen muscles and bones
- Improve my endurance
- Feel better about myself and decrease my chance of becoming depressed
- Lower the risk of heart disease as well as breast and colon cancer

How to stay active during the holidays

Check off what you could do over the holiday season:

- Take a brisk evening walk with friends and

family to enjoy the holiday lights

- If traveling, find a nearby gym that allows guests or bring resistance bands to use for quick strength training sessions
- Take an extra lap around the mall while shopping
- Get outside: shovel snow or go skating or sledding.
- Organize a game of tag or football. Just have fun and be active
- Play an exercise video or a game of Wii Fit, or partake in a fitness show on television

Give the gift of fitness

Check off a gift you could give or would like to receive:

- Membership to a gym or personal training sessions
- Exercise clothing or equipment: treadmill or elliptical, resistance bands, exercise ball or exercise video
- Give the gift of time and be an exercise partner (or ask a family member or friend to be your exercise pal) 

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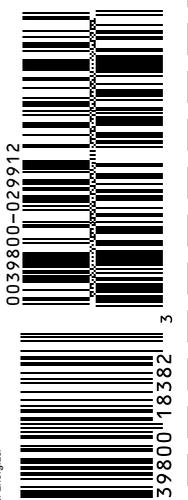
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