



Sweet Nothings

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Robeson County Highlighted

Submitted by Monica McVicker, Nutrition Program Director

Robeson County's population comprises approximately 65 percent minorities and 35 percent Caucasians. These minority populations carry with them a large diabetes burden. With cardiovascular disease and diabetes the leading causes of death in Robeson County, it is important to have programs targeting these health disparities. The Robeson County Health Department has been fortunate enough to pilot the ADA Recognition Program sponsored by the NC Diabetes Branch. A team of six individuals are involved with the program. Three are Registered Nurses (Sandra White, Sheila I. Herring, and Kimberly Moore) and three are Registered Dietitians (Josie Emunah, Deena Locklear and Monica McVicker). We are very fortunate to be able to have a staff this large work on such a great program!



From left to right: Cindy Haynes-Morgan, Debbe Langdon, Rep. Linda Coleman, Monica McVicker, Chris Bryant, and Health Director Bill Smith.

Despite the fact that the local hospital also has an ADA-recognized Diabetes Program, we felt that implementing a Diabetes Self-Management Program for patients with gestational diabetes was an important cause. Our Maternity Clinic currently has 404 patients, about 45 percent of whom are of Hispanic/Latino ethnicity. These individuals have a difficult time with transportation, and certainly having English as a second language also poses as a barrier to getting diabetes education. We at the Robeson County Health Department felt that these patients could be served during their maternity appointments and receive diabetes education, and thus, the idea and the diabetes education ensued!

Currently, we are also working on partnering with the local pediatricians on referring all pediatric patients with type 2 diabetes to the Diabetes Self-Management Program at the health department. At this time, those patients do not have other resources available to them.

Robeson County Health Department is also proud to announce their receipt of grant funding to expand WakeMed's Energize! Program in efforts to help prevent Type 2 diabetes among adolescents 10-18 years of age. We have received approximately \$36,000 to serve 20 adolescents and families and to partner with the local pediatric clinics and Lumberton City Parks and Recreation Department. The ENERGIZE! Robeson Program will commence Dec. 1.

CONGRATULATIONS!

Congratulations to Joanne and Jerimy Rinker on the birth of a beautiful daughter, Gracie Elizabeth. Gracie arrived on November 8, 2007 at 3:21 a.m., weighing 7 lbs. 15 oz. and was 20 inches long. Joanne and Jerimy have a 2 1/2 year old daughter, Eva.

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*Data reports
are due the 5th
of each month*

REMEMBER!

You must see and collect data on at least 15 patients by March 5 in order to be included on the application for recognition.

Treating Gestational Diabetes Mellitus (GDM) During Pregnancy May Reduce the Child's Risk of Becoming Obese

August 30, 2007 — Treating gestational diabetes mellitus (GDM) during pregnancy may reduce the child's risk of becoming obese, according to the results of a study in the September issue of *Diabetes Care*. The study was written by Teresa A. Hillier, MD, MS, from the Center for Health Research, Kaiser Permanente Northwest in Portland, Oregon, and colleagues.

"Diabetes in pregnancy is associated with an increased rate of offspring childhood obesity, impaired glucose tolerance, and type 2 diabetes," wrote Hillier. "We sought to determine whether increasing hyperglycemia in pregnancy, ranging from normal to GDM, is related to childhood obesity in offspring during the typical period of adiposity rebound in a diverse population."

Between 1995 and 2000, universal screening of GDM was performed with a 50-g glucose challenge test in two regions (Northwest and Hawaii) of a large, diverse health maintenance organization (HMO). Criteria from the National Diabetes Data Group were used to diagnose GDM with a 3-hour, 100-g oral glucose tolerance test (OGTT).

In this study, the children ($n = 9439$) showed a positive trend for increasing childhood obesity at 5 to 7 years of age ($P < .0001$; 85th and 95th percentiles). This trend remained after adjusting for potential confounders, such as maternal weight gain, maternal age, parity, ethnicity, and birth weight.

The offspring of mothers with GDM (per NDDG criteria) who were treated had a lower risk for childhood obesity than did those of mothers with lesser degrees of hyperglycemia that was untreated. The pattern was similar for whites and nonwhites, as well as in children of normal birth weight (≤ 4000 g).

"Our results in a multiethnic U.S. population suggest that increased hyperglycemia in pregnancy is associated with an increased risk of childhood obesity," the study authors write. "More research is needed to determine whether treatment of GDM may be a modifiable risk factor for childhood obesity."

"These results suggest that metabolic imprinting of the child for future obesity occurs in women with GDM (not only in those with preexisting diabetes), and, thus, GDM screening might have long-term benefits to offspring," the study authors conclude. "They also suggest that GDM treatment may decrease the risk of childhood obesity and provide an additional reason for screening for GDM in pregnancy."



— Adapted from *Diabetes Care*. 2007;30:2287-2292.

More About Gestational Diabetes

According to the Centers for Disease Control and Prevention (CDC), poor control of diabetes in a woman who is pregnant increases the chance for birth defects and other problems for the baby and might cause serious complications for the woman. Proper health care before and during pregnancy will help prevent birth defects and other poor outcomes, such as miscarriage and stillbirth. (www.cdc.gov/ncbddd/bd/diabetespregnancy.htm)



People Don't Die from Diabetes, but from Cardiovascular Disease

Heart disease and stroke account for about 65 percent of deaths in people with diabetes

More than 20 million adults in the United States are living with diabetes and are at increased risk of cardiovascular disease (CVD). But there are steps that they can take to reduce the complications associated with these two diseases. The National Diabetes Education Program (NDEP) has launched *Control Your Diabetes. For Life.*, a national campaign that will reach out through a network of 200 partners to health care professionals and their patients to emphasize the importance of comprehensive control of diabetes and CVD. The NDEP is jointly sponsored by the National Institutes of Health and the Centers for Disease Control and Prevention.

Public awareness of the link between diabetes and CVD is low, and many people with diabetes do not understand all they can do to manage their disease and reduce their risk for complications, including heart attack and stroke. Adults with diabetes have heart disease death rates about two to four times higher than adults without diabetes, and the risk for stroke is also two to four times higher among people with diabetes. *Control Your Diabetes. For Life.* campaign messages and materials help people with diabetes understand the importance of controlling their **ABCs** — as measured by the **A**IC test, **B**lood pressure, and **C**holesterol. People with diabetes need to ask their health care team what their ABC numbers are, what they should be, and how to reach their goal numbers.

Free educational materials include: *4 Steps to Control Your Diabetes. For Life.*, a brochure to help people with diabetes manage their disease; *Take Care of Your Heart. Manage Your Diabetes.*, a tip sheet about the link between diabetes and heart disease and tips on how to manage the ABCs of diabetes; *Guiding Principles for Diabetes Care*, a guide to help health care professionals learn more about essential components of diabetes care; *Diabetes Numbers At-a-Glance*, a handy laminated pocket guide with a list of current recommendations for health care professionals to diagnose and manage diabetes; and other free resources for people with diabetes, their families, and health care professionals.

Control Your Diabetes. For Life. campaign messages and materials are tailored to groups at high risk for the disease. For more information about the link between diabetes and heart disease or the [Control Your Diabetes. For Life](http://www.YourDiabetesInfo.org) campaign, visit www.YourDiabetesInfo.org or call 1-888-693-NDEP (6337).

— www.Diabetesincontrol.com

Continuing Education Resources

RD CEU CREDIT On-Line

This course can help you with your professional portfolio!!

Assess and Learn: Managing Type 2 Diabetes Using the Nutrition Care Process

5 CPEUs

Case scenario, self-assessment and learning tools, evidence-based nutrition information, current research literature to support course of action, feedback and explanations.

\$45.99 ADA members and/or RDs/DTRs

\$55.79 Nonmembers and/or Non RDS/DTRs

Course Description:

The Assess and Learn provides feedback on our performance to assist you in determining your current and future learning needs. After completion, you will be able to use your assessment results to help complete the learning needs assessment and establish your learning action plan for CDR's Professional Development Portfolio.

www.cdrnet.org/products/product007.htm

Professional Development Opportunity for Diabetes and Depression

The New Mexico Department of Health Diabetes Prevention and Control Program has launched their first attempt at web-based learning. Go to www.diabetesnm.org for a 1.5- to 3-hour course titled **Diabetes and Depression**. CEUs are available for Nurses, Docs, Pharmacists, Social Workers, Dietitians, and CHES. It's all free!



Recipe of the Month

Going to a cookie swap over the holidays? Try these great recipes.

Dark Chocolate Christmas Cookies

Ingredients:

- 6 oz dark chocolate (preferably 60% or greater)
- 2 large egg whites, at room temperature
- 1/8 tsp. cream of tartar
- 1/4 cup granulated white sugar
- 1/2 tsp. vanilla extract
- 3/4 cup finely ground almonds

Directions:

- Melt dark chocolate in microwave at 30-second intervals on 70% power until smooth. Set aside to cool slightly.
- Preheat oven to 350 degrees. Spray two large cookie sheets. Beat egg whites and cream of tartar until soft peaks form. Continue beating, adding in sugar and vanilla slowly, until mixture forms stiff peaks.
- Gently fold in chocolate and almonds until fully incorporated. Drop teaspoons of batter onto the prepared cookie sheets, leaving one inch between cookies.
- Bake 10-12 minutes, switching racks halfway through to ensure even browning. Cookies are done when there is a light crust on the outside, and they are soft on the inside. Makes 36 cookies.

Nutrition Facts: (1 cookie) 52 cal, 5g carbs, 3 g fat, 1 g fiber, 1 g. protein.

Peanut Butter Cookies

Ingredients:

- 2/3 cup packed brown sugar
- 1/2 cup peanut butter, chunky
- 2 Tbsp canola oil
- 1 slightly beaten egg white
- 1/2 cup whole wheat flour
- 1/4 tsp baking soda
- 1 cup bran flakes

Directions:

- Mix sugar, peanut butter and oil until smooth, add egg white.
- In a small bowl combine flour and soda, then stir mixtures together.
- Stir in cereal.
- Drop dough by heaping teaspoonfuls onto baking sheet. Flatten slightly. Bake at 375 F. for 8-10 minutes, makes 18 cookies.

Nutrition Facts: (1 cookie) 90 cal, 8g carbs, 4g fat, 3g fiber, 3g pro.

Healthy Eating



Healthy eating helps to reduce blood sugar. It is a critical part of managing diabetes, because controlling blood sugar can prevent the complications of diabetes.

Healthy diabetic eating includes

- Limiting sweets
- Eating often
- Being careful about when and how many carbohydrates are eaten
- Eating lots of whole-grain foods, fruits and vegetables
- Eating less fat
- Limiting use of alcohol.

— www.nlm.nih.gov/medlineplus/diabeticdiet.html



“I’m sure you have been a very good boy, Mr. Johnson. But I’m not sure the elves would even know what a ‘non-invasive glucose meter’ is.”

www.diabeteshealth.com



FDA Adds Boxed Warning for Heart Attacks to Anti-Diabetes Drug Avandia

The U.S. Food and Drug Administration (FDA) is aware of a potential safety issue related to Avandia (rosiglitazone), a drug approved to treat type 2 diabetes. Safety data from controlled clinical trials have shown that there is a potentially significant increase in the risk of heart attack and heart-related deaths in patients taking Avandia. However, other published and unpublished data from long-term clinical trials of Avandia, including an interim analysis of data from the RECORD trial (a large, ongoing, randomized open label trial) and unpublished reanalyses of data from DREAM (a previously conducted placebo-controlled, randomized trial), provide contradictory evidence about the risks in patients treated with Avandia.

Patients who are taking Avandia, especially those who are known to have underlying heart disease or who are at high risk of heart attack, should talk to their doctor about this new information as they evaluate the available treatment options for their type 2 diabetes.

FDA's analyses of all available data are ongoing. FDA has not confirmed the clinical significance of the reported increased risk in the context of other studies. Pending questions include whether the other approved treatment from the same class of drugs, pioglitazone, has less, the same or greater risks. Furthermore, there is inherent risk associated with switching patients with diabetes from one treatment to another even in the absence of specific risks associated with particular treatments. For these reasons, FDA is not asking GlaxoSmithKline, the drug's sponsor, to take any specific action at this time. FDA is providing this emerging information to prescribers so that they, and their patients, can make individualized treatment decisions.

"FDA remains committed to assuring that doctors and patients have the latest information available to make treatment and medication-use decisions. In this case, FDA is carefully weighing several complex sources of data, some of which show conflicting results, related to the risk of heart attack and heart-related deaths in patients treated with Avandia," said Steven Galson, M.D., M.P.H., director of FDA's Center for Drug Evaluation and Research. "We will complete our analyses and make the results available as soon as possible. FDA will take the issue of cardiovascular risk associated with Avandia and other drugs in this class to an Advisory Committee as soon as one can be convened."

Avandia was approved in 1999 for treatment of type 2 diabetes, a serious and life-threatening disease that affects about 18 to 20 million Americans. Diabetes is a leading cause of coronary heart disease, blindness, kidney failure and limb amputation. Since the drug was approved, FDA has been monitoring several heart-related adverse events (e.g., fluid retention, edema and congestive heart failure) based on signals seen in previous controlled clinical trials of Avandia alone and in combination with other drugs, and from postmarketing reports. FDA has updated the product's labeling on several occasions to reflect these new data, most recently in 2006. The most recent labeling change for Avandia also included a new warning about a potential increase in heart attacks and heart-related chest pain in some individuals using Avandia. This new warning was based on the result of a controlled clinical trial in patients with existing congestive heart failure.

Recently, the manufacturer of Avandia provided FDA with a pooled analysis (meta analysis) of 42 randomized, controlled clinical trials in which Avandia was compared to either placebo or other anti-diabetic therapies in patients with type 2 diabetes. The pooled analysis suggested that patients receiving short-term treatment (most studies were 6-months duration) with Avandia may have a 30-40 percent greater risk of heart attack and other heart-related adverse events than patients treated with placebo or other anti-diabetic therapy. These data, if confirmed, would be of significant concern since patients with diabetes are already at an increased risk of heart disease.

Avandia is manufactured by GlaxoSmithKline, which is based in Research Triangle Park, N.C.



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Providing Quality Comprehensive
Diabetes Self-Management Education to
Empower Persons With Diabetes

www.ncdiabetes.org



**ADA Advisory
Committee and Program
Staff Meeting**

March 19, 2008
9:00 a.m.—12:00 Noon
Hickory Room
5505 Six Forks Road
Raleigh, NC

**ADA Advisory Committee Annual
Meeting**

June 18, 2008
9:00 a.m.—12:00 Noon
Hickory Room
5505 Six Forks Road
Raleigh, NC

Don't Forget.....

To submit copies of proof of continuing education to Brenda Brogden

RESOURCES

CONTINUING EDUCATION

Remember that ADA program staff must have 15 continuing education credits related to diabetes within 12 months of the application. If you need continuing education, here are some resources:

From ADA:

www.diabetes.org/for-health-professionals-and-scientists/profed.jsp

From AADE:

<http://members.aadenet.org/scriptcontent/continuingeducationce/ApproverUnitSearchResults.cfm>

From Power Pak:

www.powerpak.com/

The Commission on Dietetic Registration will be offering Certificate of Training Programs in Adult and Childhood and Adolescent Weight Management as noted below:

Certificate of Training in Adult Weight Management:

March 13 to 15, 2008; St. Pete's Beach, Florida

May 16 to 18, 2008; Dover, Delaware

For registration information and to view the certificate requirements, timeline, registration deadlines and agenda:

www.cdrnet.org/wtmgmt/CertificateOfTraining.htm

Certificate of Training in Childhood and Adolescent Weight Management:

May 18 to 20, 2008; Dover, Delaware

June 5 to 7, 2008; Austin, Texas

September 4 to 6, 2008; Cincinnati, Ohio

For registration information and to view the certificate requirements, timeline, registration deadlines and agenda:

www.cdrnet.org/wtmgmt/childhood.htm

Here is a great one-day DSMT CEU offered around the state...check it out!!

The Ultimate One-Day Diabetes Course—Strategies and Techniques for Diabetes Prevention and Management

Asheville: Jan 9

Charlotte: Jan 10

Greensboro: Jan 11

To register go to www.pesi.com

This is 6.5 hours for RNs and 6.0 for RDs.

Cost: \$164, includes breakfast, manual and refreshments.

