



Sweet Nothings

February 2010

Volume IV, Issue 2

Spotlight on Johnston County Submitted by: Jaime Pearce, Health Educator

The Johnston County Public Health Department is proud to be among those participating in the Cohort III North Carolina Diabetes Education Recognition Program. Johnston County has a population of nearly 175,000 individuals, and the number of those living with diabetes is increasing daily.

Education has always been a major component to assisting those living with diabetes. Our Primary Care Clinic at the Health Department sees approximately 350 diabetics annually. Conducting efficient and quality diabetes education during their short office visit is often difficult. Therefore, the Diabetes Education Recognition Program gives our patients an excellent opportunity to obtain valuable education in a classroom like setting surrounded by others with similar stories and experiences.

Currently we are offering one program per month with an average of five patients per class. Every other month a Hispanic class is offered with a staff interpreter present. In the beginning, referrals were a bit slow; however, the New Year has brought the referrals up. Currently, most of the referrals come from our Primary Care Clinic. Other referrals are through other active diabetes programs including Take Charge of Your Diabetes and Dining with Diabetes.

Our future plans consist of advertisement of our program in the community through our Living Well Partnership of Johnston County Healthy Carolinians Task Force as well as community wide announcements via local radio stations and media sectors. Eventually, we anticipate expanding our program to other private doctor offices within the county. It is hopeful that through this program a Diabetes Patient-Lead Networking Group will be formed as a follow-up to the educational classes.

As we all know, Diabetes is a very complex disease which affects most parts of ones health. The motto, "Get Back to the Basics" speaks volumes. Teaching diabetics as well as their families and loved ones the basics of diabetes care is essential to beginning treatment. Our goal is to be an advocate to our patients while offering support and informing them that we are available to assist in their diabetes management now and years after they participate in this program.

NC Diabetes Education Recognition Program Receives ADA Award

The North Carolina Diabetes Education Recognition Program was selected as a recipient of the **2010 American Diabetes Association's Provider of the Year Award**. The **Provider of the Year Award** is awarded to the ADA Recognized Education Programs that exceed the national standards for providing patient care through excellence in caring for individuals with diabetes. These programs have not only met the American Diabetes Association's National Standards for patient care, but are driven by a higher internal standard based on their dedication to caring for people with diabetes.

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Remember



Data reports and PDSAs are due the 5th of each month.

Data Update

January 2010

Total Number of Patients Seen: 1,019
 New Patients: 41
 Pre A1c: 8.1%
 Post A1c: 7.1%
 Foot Exams: 62%

Five Things Every Person with Diabetes Should Know About Exercise

By: Sheri Kolberg, PhD

#1: Exercise is the best medicine. Many recent studies have shown that Type 2 diabetes may actually be preventable with regular physical activity, even with only brisk walking. For all individuals with diabetes, exercise enhances your body's sensitivity to insulin, which usually results in better blood sugar control. Recent research has shown that it is definitely better to be fat and fit than lean and sedentary from a metabolic standpoint; many chronic diseases besides Type 2 diabetes are related to insulin sensitivity, including hypertension and heart disease. Regular exercise also lowers your risk of premature death, heart disease, some cancers (colon, for example), anxiety and depression, osteoporosis (loss of bone mass), and severe arthritic symptoms.



#2: Frequent, regular exercise is key to good blood sugar control. The glucose-lowering effects of exercise are mainly due to a heightened sensitivity to insulin in exercised muscle, an effect that persists for only 1-2 days following the activity. Therefore, in order to maximize exercise's positive effects on blood sugar control, you have to exercise regularly. The recommendation for all individuals is a minimum of three to five days per week of aerobic exercise (walking, jogging, cycling, swimming, etc.), done for 20 to 60 minutes. With Type 2 diabetes, daily or near daily activities are recommended to optimize weight loss and blood sugar control. With Type 1, regular, predictable exercise makes blood sugars easier to manage. With practice and a blood sugar meter, you can manage your blood sugars with any exercise regimen, but regular exercise is still important for the health benefits.

#3: All exercise you accumulate during the day counts. We used to assume that participation in intense activities (done at greater than 60 percent of maximal aerobic capacity, like jogging) is necessary for optimal health and fitness. However, now we know that almost any physical activity (including golfing, gardening, mowing the lawn, walking, etc.) done 30-45 minutes per day is beneficial to health, even if fitness is not increased. Furthermore, these low-intensity exercises are beneficial even if done in as short as 10-minute segments. Your daily goal should be to remain as physically active as possible during the day to maximize caloric expenditure and blood sugar use. So, take the stairs instead of the elevator (and do this several times a day)!

#4: Resistance training is as important as aerobic exercise. More and more research is showing that resistance or weight training can increase insulin sensitivity as well as lower your risk for osteoporosis and loss of muscle mass with aging. The current recommendation is to include such training two to three days per week; your training should include all the major muscle groups of the body. Some examples of exercises are bicep curls, push-ups, abdominal crunches, bench press, and calf raises. You should pick a weight or resistance that you can lift 8-12 times and do a minimum of one set (preferably 2-3 sets) on each exercise. Also include flexibility training of all major joints a minimum of two days per week to minimize the loss of flexibility caused by aging and accelerated by diabetes.

#5: Almost everyone can exercise safely and effectively. Diabetes bestows additional risks on exercisers; however, you can still exercise to your maximal potential as long as you respect your limitations. For example, if you have lost some of the feeling in your feet due to peripheral neuropathy, you may need to switch to non-weight-bearing activities such as swimming or stationary cycling to minimize potential trauma to your feet common with walking and jogging. If you have high blood sugars, you will have to drink plenty of fluids with exercise to prevent dehydration. If you are having problems with your eyes due to diabetic eye disease, then you will want to avoid jumping, jarring, or breath-holding activities. Follow the exercise guidelines published by the American Diabetes Association and others for safe participation. Remember to include proper warm-up and cool-down periods (at least 5 minutes of a similar aerobic activity done at a lesser intensity before and after an activity) to ease the cardiovascular transition and minimize your risk for orthopedic injuries.

Although exercise is more work than just taking medications to control your diabetes, it is well worth the effort for many health-related reasons, including psychological ones. Include moderate exercise training and frequent physical activity in your daily regimen for optimal health and fitness benefits!

www.diabetesincontrol.com



Smoking, Smoking Cessation, and Risk for Type 2 Diabetes Mellitus

Although cigarette smoking is already considered a predictor of incident type 2 diabetes, new research suggests that quitting smoking also leads to higher short-term risk for the disease. In a study of 10,892 middle-aged adults, initially free of diabetes, scientists assessed the subjects' smoking habits and identified incident diabetes through fasting glucose assays, patient self-report of physician diagnosis, or use of diabetes drugs. In nine years of follow-up, 1,254 adults developed type 2 diabetes, with the greatest risk of diabetes in the first three years after smoking cessation. The risk of diabetes among former smokers dropped to zero by 12 years after quitting. Based on their findings, the researchers recommend that smokers at risk for diabetes should combine cessation with diabetes prevention strategies, along with early detection.

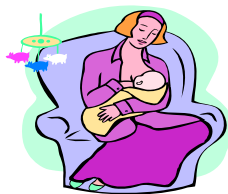
Source: [Annals of Internal Medicine \(01/05/10\) Vol. 152, No. 1, P. 10; Yeh, Hsin-Chieh; Duncan, Bruce B.; Schmidt, Maria Ines](#)

Using a Pedometer 'Can Cut Chance of Developing Diabetes by Half'

Using a pedometer for only half an hour each day for a year can significantly lower a person's chance of developing diabetes, according to a study of people with prediabetes. Researchers from the University of Leicester divided 98 participants into three groups. The control group received a leaflet about diabetes, while a second group received a three-hour education session on the disease. The third group also received a three-hour seminar, as well as a pedometer and assistance in setting up a series of "steps-per-day" targets. These participants experienced declines of 15 percent in blood sugar levels after a year. In the long term, keeping up these goals could cut the risk of diabetes in half, the research team estimated.

[Telegraph.co.uk \(01/04/10\) Devlin, Kate](#)

Health Tip: Breast-Feeding With Diabetes



After a pregnancy, women with diabetes must regularly monitor their blood glucose levels as their systems adapt to postpartum hormonal shifts, erratic sleep, and other everyday routine changes. According to the American Diabetes Association (ADA), managing blood glucose can be more difficult when breast-feeding. The ADA offers the following suggestions for breast-feeding mothers: nurse after or while eating something; drink lots of fluids every day, and avoid caffeinated drinks while breast-feeding; keep something at hand to boost low blood sugar, so the baby is not interrupted if your blood sugar drops too low; and consult with your dietician and your doctor to reevaluate your diet while breast-feeding, which does alter metabolism and blood glucose levels.

[BusinessWeek \(12/25/09\) Kohnle, Diana](#)

2010 ADA Clinical Practice Recommendations Now Available

The 2010 American Diabetes Association Clinical Practice Recommendations are now available. They will be published in the January 2010 edition of *Diabetes Care*, or may be downloaded from the ADA's website at http://care.diabetesjournals.org/content/33/Supplement_1

Carb Counting Quiz

During the month of February, patients are always asking what they can have that will satisfy a sweet tooth. Which would not be a good suggestion?

- A: 1 cup of light chocolate soy milk
- B: 3 Hershey kisses
- C: 1 fudgesickle
- D: 1 slice of cheese cake
- E: these are all choices with 15-20 grams of carbs, so they are all reasonable.

(Answer is on page 5)

Raspberry Dessert Treat

By Jean Chieppa



Ingredients:

2 cups fresh raspberries
3 eggs
1 cup skim milk
½ cup flour (for added fiber use whole wheat flour)
1/3 cup sugar
1 ½ tsp vanilla
¼ tsp nutmeg
1/8 tsp salt

Directions:

Preheat oven to 350 degrees.
Place raspberries in the bottom of a sprayed pie plate
Beat eggs until foamy. Add remaining ingredients to the eggs and mix until smooth. Pour this over the raspberries.
Bake 20-25 minutes or until knife is clean when inserted into pie.
Top with extra raspberries if desired.
Serve warm or cold.

Makes 8 slices

Nutrition Facts: 101 calories, 15g carbs, 1g fat, 5g protein, 2g fiber

You Are Invited!

You are invited to submit articles, calendar events and other news related to your diabetes self-management education program to be included in the Sweet Nothings newsletter. The deadline for submission is the 15th of the month prior to publication. (ex. Feb. 15 for the March newsletter) Please submit all information to Brenda Brogden at Brenda.brogden@dhhs.nc.gov. Just a few rules: any photos will need to be accompanied by a signed release form that authorizes the publication of the photo, and any articles, cartoons, recipes, etc. that come from another source must be properly cited. Please help us highlight your good work by sharing it with others!

New Resources Available

NDEP

The National Diabetes Education Program is excited to introduce a new resource to add to its [Control Your Diabetes. For Life. campaign](#). A handout originally developed by the American Diabetes Association, "[A Guide to Changing Habits](#)" is now available on the NDEP website for NDEP partners to download for free in English and Spanish.

Source: <http://ndep.nih.gov/media/ada-making-a-plan.pdf>

APMA

The [American Podiatric Medical Association \(APMA\)](#) recently launched a [webisode series](#) entitled "Inherit the Facts: Conversations on Diabetes." This series includes first-hand accounts from patients about how diabetes has affected their lives. The series is a part of APMA's 2009 diabetes campaign, "[Diabetes is a Family Affair.](#)" which aims to educate African Americans about their high rate of diabetes and encourages them to discuss their disease with family members. It emphasizes that early detection and treatment of complications from diabetes, such as foot ulcers, is important to treating the disease successfully and avoiding foot or leg amputation.

Source: <http://www.apma.org/diabetes>



Did You Know?



We all know smoking isn't good for your lungs or your heart. But did you know that smoking isn't good for your kidneys either? Smoking causes diseases in every organ of the body—including the kidney. People who smoke are more likely to have protein in the urine. The more someone smokes, the more likely they are to show kidney damage. Smokers are also more likely to need dialysis or kidney transplants.

[Click here](#) for life-saving information about how smoking affects the kidneys and for tips on how to quit.

Source: www.nkf.org

It's Final: New ADA Guidelines Urge A1c Test for Diabetes Diagnosis

The new guidelines call for the diagnosis of Type 2 diabetes at A1c levels above 6.5 percent, and prediabetes if the A1c levels are between 5.7 and 6.4 percent. The A1c measures the percentage of hemoglobin (the main component of red blood cells) in the blood that is glycated. Glycated hemoglobin is hemoglobin that has a blood sugar molecule attached to it, which happens when blood sugar levels are higher than they should be. Generally, people without diabetes have an A1c level of less than 5 percent. This percentage gives the doctor an idea of what the patient's blood sugar levels have been for the past two to three months, which may help diagnose more people with Type 2 diabetes and prediabetes sooner than they might have been in the past. The A1c isn't necessarily superior to other methods used to detect Type 2 diabetes and prediabetes, such as fasting blood sugar tests and the oral glucose tolerance test, but it is easier and more convenient for people because you don't have to fast before an A1c test.

Source: American Diabetes Association www.diabetes.org

Type 2 Diabetes and Major Depression Increase Risk for Significant CVD

Adults with Type 2 diabetes who have major depression face a greater risk for life-altering microvascular and macrovascular complications regardless of their self-care habits or the degree to which their disease is controlled, according to a study. Compared with persons who have Type 2 diabetes alone, those with comorbid depression have greater disease burden, diabetes symptom severity, disability, and healthcare costs. In patients with a range of diabetes complications, comorbid depression is also related to dramatically increased use of healthcare services. Persons who have depression without diabetes are at greater risk of developing diabetes at follow-up, and persons who are not depressed but who are treated for diabetes are at greater risk for being diagnosed with depression during follow-up. The relationship between depression and diabetes complications may be mediated by biological as well as by behavioral factors.

Diabetes Care. Published online Nov. 23, 2009

In 2008, North Carolina ranked 17th highest for adult diabetes prevalence among all states in the U.S. An estimated 643,000 North Carolinians or 9.3 percent of the total state adult population had diagnosed diabetes in 2008. Another 232,000 were estimated to have undiagnosed diabetes. There were an estimated 376,000 adults with prediabetes in the state. Altogether, an estimated 1.25 million adults in North Carolina had some form of hyperglycemia (high blood sugar levels) in 2008.

In North Carolina, Diabetes is the seventh leading cause of death. It is the fourth leading cause of death among African Americans and fifth among Native Americans. In 2006, the total direct and indirect costs were \$5.3 billion in North Carolina, which translates into 3.6 billion dollars in direct medical costs and 1.7 billion in indirect costs such as disability, work loss and premature mortality.

Source: NC Diabetes Prevention and Control Program www.ncdiabetes.org

Answer to Carb Counting Quiz on Page 3

Answer is E. Give these options to your patients. Make sure you educate your patients on the fact that although a slice of cheesecake only has 20g of carbs, it also has 20g of fat, 16 of which are saturated. Which may be ok for the blood sugar, but isn't ok for weight management or cholesterol.

ENJOY!!



Division of Public Health
Chronic Disease and Injury Section
NC Diabetes Education Recognition Program
1915 Mail Service Center
Raleigh, NC 27699-1915

April B. Reese, MPH, CPH
Interim Diabetes Branch Head
N.C. Diabetes Prevention and Control
Phone: (919) 707-5344
Email: April.Reese@dhhs.nc.gov

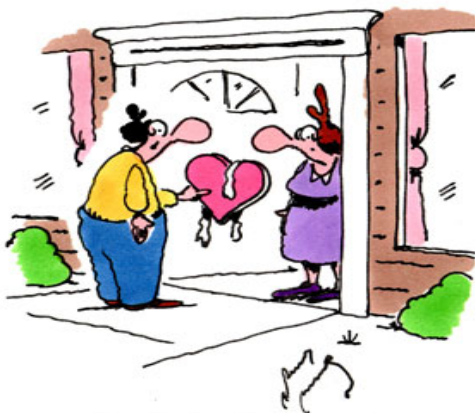
Laura Edwards, RN, MPA
Program Coordinator
Phone: 919-707-5376
E-mail: Laura.Edwards@dhhs.nc.gov

Joanne Rinker, MS, RD, CDE, LDN
Education Specialist
Cell: 919-699-5886
Email: Joanne.Rinker@dhhs.nc.gov

Brenda Brogden, Administrative Assistant
Phone: 919-707-5346
Fax: 919-870-4801
Email: Brenda.Brogden@dhhs.nc.gov

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

www.ncdiabetes.org



"Sorry the chocolates are opened.
My blood sugar got too low on the way here."

www.diabeteshealth.com

RESOURCES

Cardiovascular Disease Toolkit

Cardiovascular disease (CVD) is the leading cause of death among people with diabetes, accounting for at least two out of three diabetes-related deaths. Please talk with your diabetes patients about their increased risk for heart disease and stroke. Make sure they know that risk reduction is possible and help them understand that diabetes is more than managing blood glucose. It is managing blood glucose, blood pressure, cholesterol, and other CVD risk factors. To assist with your educational efforts, ADA is offering a comprehensive kit of reproducible patient education handouts on topics related to diabetic CVD. Developed by the American Diabetes Association, American College of Cardiology and Preventive Cardiovascular Nurses Association, the kit covers 26 topics, and is available in English and in Spanish.

A hardcopy or CDRom of the toolkit is available **free** for health care professionals. To order, please call 1-800-DIABETES (342-2383) and specify whether you want CDRom or hard copy, or download the free pdf files at <http://professional.diabetes.org/ResourcesForProfessionals.aspx?cid=60459>

Source: American Diabetes Association

NIDDK Clearinghouse

The site includes links to an online publications catalog, so you can order NIDDK materials 24 hours-a-day. You can order single free copies of most materials or place a bulk order. This site has a lot of great information and materials for your patients. Check it out at diabetes.niddk.nih.gov

"Meals Matter" contains hundreds of calcium-rich and lower-fat recipes. It also features individualized tools like a shopping list, personal cookbook and a menu planner. These tools are available on Dairy Council of California's website at <http://www.mealsmatter.org>

The American Diabetes Association has free resources for people with diabetes. Call 1-800-DIABETES (342-2383). Ask for a free copy of A Guide to Changing Habits. Also ask for a free copy of the Diabetes Outcomes Card, order code 5984-03. It's a wallet-sized card you can use to record your targets and track your progress. www.diabetes.org

CONTINUING EDUCATION

Obesity Conference 2010

March 5, 2010

7:30 a.m.—5:30 p.m.

Marriott Charlotte Southpark

2200 Rexford Road

Charlotte, NC 28211

<http://www.charlotteahec.org/event.cfm?EventID=28515>

Janet Reaves Memorial Conference on Quality & Chronic Disease

Feb. 18-19, 2010

Durham, NC

www.ncchca.org