



Sweet Nothings

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Spotlight on Jackson County

Submitted by: Lee Lillard, RD, LDN, CDE

The Jackson County Department of Public Health is expanding efforts to teach residents with diabetes how to better manage their disease. The agency was chosen as part of a state effort to provide access to quality diabetes care to all North Carolinians by helping local health departments attain ADA (American Diabetes Association) Recognition. The agency has received new teaching tools and resources to share with patients.

Lisa Shearer RN, FNP, CDE and Lee Lillard RD, CDE are providing classes and individual counseling to patients seeking to learn how to improve their blood sugars and manage their diabetes. The health department collaborates with Cheryl Beck from the N.C. Cooperative Extension to offer Lunch and Learn sessions during the diabetes classes which provide a delicious meal and tips for healthy meal preparation.

The health department also works with The Good Samaritan Clinic and the Community Health Access Network (CHAN) to provide education and monitoring supplies to patients who may have had limited access to diabetes self-management education. In the last month, four patients with no insurance and limited incomes began testing their glucoses daily. Each of these four patients has had diabetes more than five years, and this has been their first opportunity to test regularly. Over the last three months, other clinic patients have demonstrated weight losses, improved testing rates and increased daily foot checks.

Patients are currently being accepted with a physician referral to participate in the program. Patients undergo an in-depth assessment by our educators. After the assessment, the patient will begin classes that teach them about diabetes, nutrition, physical activity, chronic and acute complications, medications, monitoring and other topics. Once a patient has successfully completed the class, he/she will be followed through the diabetes clinic every three months for the first year. The Health Department then hopes to serve as a resource for these patients for the rest of their long, healthy lives.

Data Update

Each month in this space you will find data provided by the health departments who participate in the Diabetes Education Recognition Program. The data is aggregate information from Cohort I and II programs and includes the total number of patients seen overall (from the beginning of the program - September 2007), the number of new patients seen in the preceding month, and foot exams. The data for average A1c represents pre- and post- data on those patients who have had both a pre- and post-A1c.

October 2008 Data

- Total # of Patients Seen: 301
- Total # of New Patients in Oct: 53
- Percentage of Patients Checking Feet: 53.5%
- A1c Pre: 8.6%
- A1c Post: 7.3%

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Remember



Data reports and PDS.As are due the 5th of each month. Data collection for the ADA application starts January 5th. All programs must see at least one patient on the 5th!



Melinda's Medication Moment

Submitted by Melinda Rummage, RN, CDE

Sulfonylureas are used to lower the blood sugar by increasing the release of insulin by the pancreas. The patients placed on sulfonylureas must have type 2 diabetes and must still produce endogenous insulin. Because most first generation sulfonylureas have lower potency and higher risk for hypoglycemia, only second generation sulfonylureas should be used. The second generation sulfonylureas are glipizide (Glucotrol, Glicotrol XL), glyburide (Diabeta, Micronase, Glynase), and glimepiride (Amaryl). All of the second generation sulfonylureas are dosed once or twice daily.

When dosing a patient with a sulfonylurea, he or she should be started at the lowest dose and titrated as needed to reach target blood glucose levels.

Dosage: Glyburide: 1.23 – 5 mg/once or twice a day; maximum, 20 mg/day

Glynase: 0.75 – 12.0 mg/day; maximum 12 mg/day

Glipizide: 2.5 -20 mg/once or twice a day; maximum, 40 mg/day

or Glipizide XL 2.5 – 10.0 mg/once or twice a day; maximum, 20 mg/day

Glimiperide 1 – 8 mg/day; maximum, 8 mg/day

Side effects include hypoglycemia due to medication causing an increased release of insulin. Anytime you have more insulin on board, you have an increased risk of hypoglycemia. An additional complicating factor is a progressive age-related decline in renal function that alters drug clearance and predisposes the person to hypoglycemia. Weight gain, probably secondary to increase in insulin secretion is another side effect. Some skin rashes are seen but resolve and the sulfonylurea can be continued. Sometimes a mild gastrointestinal disturbance can be experienced. Possible hyperinsulinemia may be seen in some patients.

Contraindications include Type I diabetes, ketoacidosis, allergy or documented hypersensitivity to these drugs.

Precautions must be exercised with liver disease and renal insufficiency. Glipizide is preferred with renal impairment. Doses greater than 15 mg should be divided. Glimiperide is indicated for use with insulin due to it has been shown to have some insulin-sensitizing effect.

Baseline monitoring of renal and hepatic function levels should be documented prior to starting sulfonylurea therapy. The patient should monitor his/her blood sugar daily, usually postprandially and at bedtime. The patient should be able to treat and detect hypoglycemia. The patient must have follow-up visits to assess the effectiveness of the drug. A significant number of patients placed on these drugs experience failure of therapy. Persons with diabetes who experience this treatment failure should be changed to another class of medication.

The XL version of glipizide should not be cut in half because that may cause the medication to be released faster than intended and increase the risk for hypoglycemia. Some patients experience increased sun sensitivity. Use of appropriate sun screen is advised as part of the patient teaching.

Information obtained from:

Diabetes Medications Supplement: Working Together to Manage Diabetes; NDEP; pages 2,3

Carb Counting Quiz

If Laura ate 3 candy canes and 1 packet of sugar-free hot chocolate, how many carb servings would she have consumed?

- a: 2
- b: 4
- c: 6
- d: 8

(Answer is on page 6)





Strength Training

Submitted by Melinda Rummage, RN, CDE

Strength training is for you, me, and our patients! A strength training program helps us increase the strength of our muscles, maintain integrity of our bones, and improves our balance, coordination, and mobility. Strength training also helps reduce signs and symptoms of chronic diseases, such as arthritis, diabetes, osteoporosis, obesity, back pain, and depression.

Research has shown that strengthening exercises are both safe and effective for women and men of all ages, whether you are healthy or not. Tufts University, published in the Journal of the American Medical Association in 1994, completed a strength training program with older men and women with moderate to severe knee osteoarthritis and the results were amazing. Strength training for just 16 weeks showed decrease pain by 43%, increased muscle strength and general physical performance, improved the clinical signs and symptoms of the disease, and decreased disability. The study showed that the effectiveness of strength training to ease pain of osteoarthritis was just as potent as, if not more than, medication. It also showed strength training increases bone density and reduces the risk for fractures among women aged 50-70.

When getting started, it is important to have a plan in order to make positive change and gauge your success. Define your goals, what you want to accomplish, and how you will carry these plans out. You may want to set long-term and short-term goals, making sure they are SMART: specific, measureable, attainable, relevant and time-based.

Strength training requires little equipment, but some is necessary, such as a sturdy chair and exercise space, good shoes, comfortable clothing, dumbbells and ankle weights.

Warm-up: walk for 5 to 10 minutes to get your muscles warm. Warming up prevents injuries as well as gaining maximum benefit from the exercise. Loose and warm muscles respond better to lifting weights.

Stage 1: These exercises strengthen your joints and muscles. Once you have done these for at least 2 weeks, then you may add Stage 2 exercises.

- Squats
- Wall pushups
- Toe stands
- Finger marching

Stage 2: When you've been doing exercises in stage 1 and stage 2 for at least 6 weeks, you can add the exercises in stage 3.

- Biceps curl
- Step ups
- Overhead press
- Hip abduction

Stage 3: Remember to always do a warm up and cool down before exercises.

- Knee extension
- Knee curl
- Pelvic tilt
- Floor back extension

Cool-down: These stretches should be a part of your cool-down. Cool-down stretches help the muscles to relax and make them more flexible.

- Quadriceps stretch
- Hamstring stretch
- Chest arm stretch
- Neck, upper back, and shoulder stretch

So how often should you do strength training exercises? At least 2 or more days a week that work all the major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms). Be sure to give your muscles at least one day of rest between workouts.

As with any exercise plan, you will want to consult your physician. Talk with your physician to discuss your specific conditions and goals. It is important to start conservatively and progress slowly. Consider working with a qualified fitness instructor, at least for a few sessions to make sure your form is correct and safe for you.

Source: Centers for Disease Control and Prevention www.cdc.gov/physicalactivity/growingstronger/index.html



Can You Eat On A Dollar A Day?

Submitted by Joanne Rinker, MS, RD, CDE



The answer to that question is yes and no. In November, the *New York Times* published an article about a California couple who tried to live for a month on a \$1-a-day food budget. Reporter Tara Parker-Pope noted, “The World Bank says nearly a billion people around the world live on a dollar a day, or even less...”

The article states that the budget forced them to give up many store-bought foods and dinners out. Even bread and canned refried beans were too expensive. That part was probably a good thing. The items they did buy included, raw beans, rice, cornmeal and oatmeal in bulk. They made their own bread and tortillas. The down side: fresh fruits and vegetables weren't an option. They also purchased Tang drink mix just to be sure they were getting enough vitamin C. So, basically they could eat for a dollar a day but the foods they had to live on, did not equate to a healthy diet.

What if we increased this to \$2 a day? That is an extra \$30 for the month. That could have bought an estimated 5 heads of romaine lettuce (\$9), 3-5lb bags of apples (\$9), 3 gallons of milk (\$9) and 2 jars of peanut butter (\$3) based on Aldi prices.

So, no, you can't live on \$1 a day, but you could have beans, rice, bread with peanut butter, tortillas, 1 apple, a few leaves of lettuce and a glass of milk for \$2 each day. If you did that, you would actually cover all 5 food groups and have the essential vitamins and minerals needed each day. The California couple mentioned in the article did the \$1 diet for 1 month. I would rather do the \$2 diet for 1 month, but I certainly wouldn't do it longer than that!

Did You Know?



In 2006, the cost of diabetes was \$173 billion . In 2007, it was \$218 billion! The American Diabetes Association reports that in the United States, 1 out of every 10 health care dollars is spent on diabetes. (www.ada.org)

- In 2006, treating the complications of type 2 diabetes cost an estimated \$22.9 billion.
- Three out of every five people with type 2 diabetes have a minimum of one serious health condition stemming from their diabetes.
- People with type 2 diabetes pay an average of \$10,000 to treat complications each year, with nearly \$1,600 of that amount coming out of their own pockets.

National Changing Diabetes Program, www.ncdp.com

Resource for Patients

The CalorieKing.com Food Database holds the nutritional information for over 50,000 American generic and brand name foods (including over 260 fast-food chains). There is a wide range of nutrient data and information available including calorie count charts, fat content, fiber content, protein content and much, much more. See www.calorieking.com/foods/.



Hearty Crockpot Beef Stew



When the weather gets cold, my crockpot works overtime! I love to have something warm on cold winter days. The best thing about the crockpot is that you can use very lean tough meats in the crockpot because they will cook all day and become very tender. Your house will smell good and you will have a great meal ready for you when you get home from work. Here is a special tip too: to avoid burning your tongue, set your crockpot on a timer that turns off 30 minutes before you want to eat. The food will still be hot, but not too hot to eat! ENJOY.

Ingredients:

- 2 lb. lean stew beef, cut in 1" cubes
- 5 carrots cut in 1" chunks, or 1 cup baby carrots
- 1 lg. onion, cut in chunks
- 3 stalks celery, sliced into 1" chunks
- 2 lg. potatoes, cut in lg. chunks
- 1 lg. can diced tomatoes
- 1 can of green beans
- 1/2 c. quick-cooking brown rice
- 1 cup low-sodium beef broth
- 2 bay leaves
- Salt & pepper to taste

Directions:

Place in slow cooker such as a CrockPot in the above order and cook on low for 8-10 hours. Remove bay leaves and serve with a large salad and very small 100% whole wheat dinner roll.

Nutrition Facts for 1 cup of stew (recipe makes 8 servings): Cal: 228; carbs: 9 grams, protein: 22 grams' fat: 8 grams' fiber: 4 grams

After-Christmas Carbohydrates

Submitted by Joanne Rinker, MS, RD, CDE

What do you have left? I bet a few of you have a short vase full of leftover candy canes, maybe a few packets of hot chocolate, some Hershey kisses, lots of leftover cookies, etc. Here is just a reminder that 1 candy cane has 14 grams of carbs, which is just about 1 serving. This can be used as a fast acting carb to treat a low blood sugar or counted as 1 carb choice for a patient who wants to enjoy a candy cane after a meal.



Here is the problem. If that is added to an 11 gram carbohydrate hot chocolate, a few 2.5 gram carb (each) Hershey kisses and 3-15 gram carb gingerbread cookies, that can total as much as 78.5 grams of carbohydrates. So, remember to eat these in moderation and if you have no self control, get it all out of the house now. Don't be afraid to give it away or even trash it if you have to!



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www.ncdiabetes.org



"I realize you have diabetes, Mr. Carlton. However, I don't think the IRS is going to allow you to deduct the depreciation in the value of pancreas."

www.diabeteshealth.com

Continuing Education

February 19-20, 2009

Janet Reaves Memorial Conference on Quality and Chronic Disease
Hilton Raleigh-Durham Airport at Research Triangle Park
4810 Old Page Road
Durham, NC 27709

Diabetes in African Americans: Optimizing Outcomes through Integrated
Nutritional Strategies and Insulin Therapy

www.medscape.com/viewprogram/17645?src=mp&spon=22&uac=12756MX

New Advances in the Management of Obesity: Integrating Lifestyle Modifi-
cation and Pharmacotherapy

www.medscape.com/viewprogram/17602?src=mp&spon=22&uac=12756MX

Improving Outcomes in Chronic Kidney Disease

www.cdnetwork.org/NewCDN/LibraryView.aspx?ID=cdn480

Assessment Tool May Help Screen Patients for Prediabetes

http://cme.medscape.com/viewarticle/583344_print

QA Monograph—A Modern Paradigm for Improving Healthcare Quality

<http://NationalQualityCenter.org/index.cfm/5857/16181>

RESOURCES

www.medscape.com/cmecenterdirectory/nurses

www.learningaboutdiabetes.org/lowLitHandouts.html

www.learningaboutdiabetes.org/englishBooks.html

Timing Is Everything: Age of Onset Influences Long-term Retinopathy Risk in
Type 2 Diabetes, Independent of Traditional Risk Factors

Jencia Wong, MD; Lynda Molyneaux, RN; Maria Constantino; Stephen M.
Twigg, MD, PHD; Dennis K. Yue, MD, PHD

Diabetes Care. 2008;31(10):1985-1990. ©2008 American Diabetes As-
sociation, Inc.

www.medscape.com/viewarticle/582771_print

Translating ADA/EASD Guidelines and the ACE/AACE Road Maps Into
Primary Care of Patients With Type 2 Diabetes

Carolyn Robertson, APRN, MSN, CS, BC-ADM, CDE

Journal for Nurse Practitioners. 2008;4(9):661-671. ©2008 Elsevier
Science, Inc.

www.medscape.com/viewarticle/583522_print

Answer to Carb Counting Quiz on Page 2

B: 4