



Sweet Nothings

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Minority Patients Often Lack Diabetes Knowledge

Many low-income minority individuals with type 2 diabetes have misconceptions about the disease that could put their health at risk, new research shows.

About one in three thought that their doctor would be able to cure their diabetes or that they wouldn't always have diabetes, while most didn't know about the hemoglobin A1C test, a key gauge of long-term blood glucose control.

"The newly observed misconceptions and related predictors may represent important opportunities for targeting barriers to successful diabetes management," Dr. Devin M. Mann and colleagues write in the medical journal *Diabetes Care*.

Mann, at Mount Sinai School of Medicine in New York City, and his team surveyed 151 people with diabetes, 58 percent of whom were Latino and 34 percent of whom were African American. Most had annual incomes below \$30,000. The study participants had diabetes for 13 years, on average, and were getting regular medical care.

Fifty-six percent thought that normal blood glucose levels were 200 milligrams per deciliter (mg/dL) of blood or less (normal levels actually are below 100 mg/dL for fasting blood glucose or below 140 mg/dL after an oral glucose tolerance test).

Another 42 percent said that glucose levels of 110 mg/dL or less were too low.

Fifty-four percent said they could feel it when their blood glucose levels were too high.

The 55 percent of study participants using insulin were more likely to have misconceptions about diabetes, as were the 25 percent whose A1C levels signaled poor blood glucose control

Lack of knowledge about diabetes and its management may be even more common among people with less access to care, Mann and his colleagues say.

Addressing these misunderstandings may be a good way to help low-income minority individuals with diabetes to manage the condition more effectively, they conclude.

SOURCE: *Diabetes Care*, April 2009.

SUCCESS!

The NC Diabetes Education Recognition Program was audited by the American Diabetes Association on April 27, 2009. Everything went well, and on May 4 we were notified that we were recommended for continued ADA recognition. The Decision Sub-committee added a comment, stating that our "DSME program is strong!" Thanks to all of the Cohort I sites for submitting the required information in the very short turnaround time they were given. We're so proud of the work that all of you do, and we're pleased that the overall program has been acknowledged by ADA.

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Remember



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

Data Update

Total Number of Patients Seen: 584

New Patients: 46

Pre A1c: 8.0%

Post A1c: 7.1%

Foot Exams: 55%



Byetta

Submitted by Melinda Rummage, RN, CDE

Byetta (exenatide) is a drug used to treat type 2 diabetes. BYETTA acts like the human incretin hormone GLP-1 (glucagon-like peptide-1), levels of which are decreased in patients with type 2 diabetes. It works by doing 4 things:

- Helps the pancreas secrete the right amount of insulin for the blood sugar
- Suppresses glucagon, which will decrease the amount of sugar released by the liver
- Slows gastric emptying which decreases the postprandial blood sugar
- Promotes satiety which decreases food intake which results in weight loss

All of these actions result in a decrease blood sugar, especially targeting the postprandial blood sugar.

It can be used in conjunction with oral medications, such as Metformin, a sulfonylurea, or a [thiazolidinedione](#). Or can be used in combination of the two, a sulfonylurea and thiazolidinedione.

Byetta is an injection. It is a twice-daily, fixed-dose subcutaneous injectable. No additional glucose monitoring is required to determine the dose, and no dosage adjustments based on meal size or amount of exercise are necessary. The most common side effect is nausea, particularly upon initiation of therapy.

Starting dose is 5 mcg BID for the first month. Increase to 10 mcg BID based on glycemic response and tolerability.

The injection can be taken anytime within 1 hour **before** the morning and evening meals (or before the two main meals of the day, approximately 6 hours or more apart) BYETTA **should not** be administered after a meal. If a dose is missed, resume treatment with the next scheduled dose.

Byetta is not insulin and shouldn't be used as insulin. If your patient has type 2 diabetes and is producing insulin, then Byetta is a great option for them. We have seen great results with the medication quickly after starting this medication.

If one of your patients is started on this medication, you can teach them how to use Byetta with a doctor's order. There is wonderful patient information available on the Byetta website. Check it out! www.byetta.com. The website is loaded with great information for patients and there is a section called Healthcare Provider website for professionals.

Different Groups Have Different Diabetes Concerns

Minority groups and women are at especially high risk of developing diabetes. Among adults, African Americans, Mexican Americans, and Asian Americans are two to three times more likely to have diabetes than white people. More than half of the 18 million people diagnosed with diabetes in the United States are women. Minority women are two to four times more likely to be diagnosed with diabetes than white women. Diabetes complications are also more of a problem for minorities and women with diabetes and can lower their quality of life.

There are several important differences among different ethnic groups and between men and women in terms of how they handle having diabetes. In general, most patients have a good level of support from friends, family, and the community and have accepted the fact that they have diabetes. However, different groups found different aspects of diabetes care to be most difficult. Hispanic patients had the most trouble with measuring their blood glucose with a home meter, white patients had the most trouble managing their diet, and African-American patients had the most trouble getting exercise. Women had more difficulties than men in managing diabetes, especially in checking their blood glucose and eating a healthy diet. Hispanic patients had the worst diabetes control overall.

Health care providers can help patients deal with diabetes better if they take the concerns of different ethnic groups and sexes into account when they tailor their diabetes education efforts and the type of support they offer to patients.

Journal of Diabetes and Its Complications 23:54–64, 2009

Summary of article posted at www.diabetes.org/diabetes-research/summaries/different-groups-have-different-diabetes-concerns.jsp



Melinda's Medication Moment

Submitted by Melinda Rummage, RN, CDE

The type of diabetes a person has will determine the appropriate therapy. Some patients require no medication at all. But others may need to be on multiple medications. When a patient is being treated for type 2 diabetes, combination therapies are frequently used. These medications will target the different metabolic abnormalities seen in type 2 diabetes. The treatment goal for diabetes control, for both type 1 and type 2 diabetes, are to achieve near-normal glucose levels (A1C < 7%). Included in these goals should be a limited amount of abnormal high and low blood glucose levels.

There are currently 5 classes of oral agents used to treat type 2 diabetes. These include:

- Sulfonylureas: reduces glucose by increasing insulin secretion from the pancreatic beta cells in patients with residual beta-cell function.
- Meglitinides: A short acting insulin secretagogues; stimulate insulin release from pancreatic beta cells.
- Biguanides: Increase sensitivity of insulin by decreasing hepatic gluconeogenesis and increasing peripheral insulin sensitivity.
- Thiazolidinediones: Inhibit the digestion of carbohydrates, delaying postprandial blood glucose peaks.
- Alpha-glucosidase inhibitors: Increase peripheral insulin sensitivity by increasing transcription of nuclear proteins that help increase uptake of glucose.

Monotherapy with any of these oral agents will typically produce a reduction in the A1C levels of approximately 0.5 % to 2.0%. When there is a combination therapy used (2 or more oral agents or an oral agent combined with insulin), there will be a further decrease in the A1C level.

Because drug regimens can be complex and confusing to patients, as educators it is our responsibility to assist patients with education about their medications, what it does to their body, when they should take the medication, its side effects and how it reacts to other medications to ensure the best possible outcome for our patients.

New Recommendations for the Treatment of Prediabetes

Diabetes experts have issued new recommendations for the treatment of prediabetes, a condition affecting 57 million Americans, at the American Association of Clinical Endocrinologists (AACE) 18th Annual Meeting & Clinical Congress. These clinical recommendations include specific instructions for lifestyle intervention and medication.

Prediabetes is defined as impaired fasting glucose (100 mg/dL to 125 mg/dL), impaired glucose tolerance (140 mg/dL to 199mg/dL) or both. It is estimated that 314 million people worldwide have prediabetes, and that number is projected to be 418 million in 2025. Prediabetes leaves patients at risk for developing type 2 diabetes and cardiovascular complications. Intensive lifestyle intervention remains the cornerstone of prevention. The task force recommended several lifestyle modifications, including:

- Weight reduction of 5% to 10%, with long-term maintenance at this level.
- At least 30 to 60 minutes of moderate to intense physical activity at least five days per week.
- A diet that includes calorie restriction, increased fiber intake and possible limitations in carbohydrate intake. Dietary recommendations specifically for blood pressure include lower sodium intake and avoidance of excess alcohol.

The task force also suggested a more aggressive approach to treating high-risk individuals with medications such as metformin, acarbose, glucagon-like peptide 1 agonists and thiazolidinediones.

As with diabetes management, the new AACE recommendations focus on early detection and smart lifestyle choices. Lifestyle intervention should be the cornerstone of treatment for all patients and it should be reinforced with each visit to the doctor.

SOURCE American Association of Clinical Endocrinologists

www.aace.com www.prnewswire.com



Mexican Chicken Casserole Bake



This is a delicious, nutritious and easy dinner recipe. Just open up your fridge and grab the leftover grilled chicken or chicken off of a whole chicken that you have cooked. It can be made mild or super spicy.

Ingredients:

- 2 cups cooked brown rice: yields about 4-5 cups
- 2 pounds cooked, cut up chicken
- 1 packet taco seasoning mix (hot or mild)
- 2 cans Mexican Style Chili Beans (I get mine at Aldi's)
- 1 cup chunky salsa (hot or mild)
- 1 can corn
- 1-2 cups shredded cheddar, monteray jack and/or mozzarella cheese

Directions:

Just cook the chicken with the taco seasoning mix and $\frac{3}{4}$ cup water. Once the water is gone, mix all ingredients in large baking dish. Then, top with a little more cheese and bake for 30 minutes on 350. Serve with a large salad and enjoy!

Nutrition Facts: 1 cup serving: 205 calories, 32g carbs, 12 g protein, 4g fat and 4g fiber.

Carb Counting Quiz

During the ADA audit, Joanne was very stressed out! She decided to order a large salad from Panera Bread. While she was eating the salad, she decided to go to the website and see how many carbs it would be if she ate a small portion (2 oz) of the Asiago Cheese Loaf. She went to this site <http://www.panerabread.com/pdf/nutr-guide.pdf> and found that it was how many carbs?

- A: 15 g
- B: 22g
- C: 30g
- D: 37g

Look it up and then e-mail me at joanne.rinker@ncmail.net. I am curious to see how many of you looked it up, got it right and how many like to read my carb counting quizzes.



The GROCERY STORE \$1 Menu!!!



Submitted by Joanne Rinker, RD, CDE

When you think of the \$1 menu you might automatically visualize those golden arches or the crown of the king! The problem with that \$1 menu is that most of those items are very high in calories, fat and saturated fat. Instead, consider what you could have at home on your very own \$1 menu. Here are a few suggestions of meals or snacks that you could make yourself for \$1 or less.

Meals:

- 1 cup oatmeal made with water mixed with 1-2 Tbsp peanut butter
- 2 hard-boiled eggs and an orange
- 1 baked sweet potato and 1 turkey hot dog (no bun)
- 1 cup chickpeas pureed with garlic, basil, salt and oil with 1 pita bread
- 1 cup whole-wheat pasta with ¼ cup chunky low-salt vegetable sauce
- 2 cups spinach with 5 sliced strawberries, 1 oz low-fat blue cheese and 10 spritzs of vinaigrette dressing.
- 1 cup brown rice with 1 chopped tomato
- 1 can chunk light tuna and 2 slices whole wheat bread

Snacks:

- 1 apple and 1 wedge of laughing cow Swiss cheese
- 1 banana with 1-2 Tbsp peanut butter
- 1 low-fat yogurt with 2 Tbsp granola
- ½ broccoli head steamed with 2 Tbsp Parmesan cheese
- 1 ear of corn on the cob
- ¼ cup raisins and 2 Tbsp nuts (that you shell yourself—much cheaper)
- ½ bag of light microwave popcorn

Did You Know?

- **Not Enough Sleep Causes More Eating and Diabetes Risk:** Studies continue to show that sleep curtailment or decreased sleep quality can disturb neuroendocrine control of appetite, leading to overeating, and can decrease insulin or increase insulin resistance, both steps on the road to Type 2 diabetes.
- **52% of patients with diabetes have arthritis?** Make sure you remind your patients that exercise will help lubricate the joints and decrease stiffness.



Diabetes Superfoods

According to the American Diabetes Association, diabetes superfoods have nutrients that are necessary for good diabetes management, including fiber, potassium, healthy fats, magnesium and antioxidants. People with many health conditions, including diabetes, need to closely monitor their blood pressure, cholesterol and blood glucose. The nutrients included in these foods can promote good health and help prevent some of diabetes serious complications, such as heart attacks and strokes.

"All of the foods in our list have a low glycemic index (GI) and provide key nutrients that are lacking in the typical western diet such as calcium, potassium, fiber, magnesium, and vitamins A (as carotenoids), C, and E," commented Sue McLaughlin, RD, CDE, President, Health Care & Education, American Diabetes Association. "There isn't clear research that points to the benefits of taking vitamin supplements, so always think first about getting your nutrients from foods."

The American Diabetes Association recommends including these superfoods in your meal plan:

Beans - Whether you prefer kidney, pinto, navy or black beans, you can't find more nutritious foods than beans. Their high fiber content gives you nearly one-third of your daily requirement in just 1/2 cup. Beans are also good sources of magnesium and potassium, important nutrients for people with diabetes. Although they are considered starchy vegetables, a 1/2 cup provides as much protein as an ounce of meat without the saturated fat. Use canned varieties to save time, but rinse first to remove excess sodium.

Dark green leafy vegetables - These powerhouse foods such as spinach, collards, and kale are so low in calories and carbohydrates, you can eat as much as you want.

Citrus fruit - Grapefruit, oranges, lemons and limes provide part of your daily dose of soluble fiber -- important for heart health -- and vitamin C.

Sweet potatoes - This starchy vegetable is packed full of fiber and vitamin A (as carotenoids) -- important for vision health. Try these in place of regular potatoes for a lower GI alternative.

Berries - Blueberries, strawberries and other varieties are packed with antioxidants, vitamins and fiber. Make a parfait alternating the fruit with light, non-fat yogurt for a new favorite dessert.

Tomatoes - Everyone can find a favorite with this old standby. No matter how you like your tomatoes -- pureed, raw, or in a sauce -- you're eating vital nutrients like vitamin C, iron, and vitamin E.

Fish with omega-3s - Salmon, albacore tuna, mackerel, halibut, and herring are high in omega-3 fatty acids, which are important for heart health. Stay away from the breaded and deep fried fish. They don't count toward your goal of 6-9 ounces of fish per week.

Whole grains - These grains, such as pearled barley and oatmeal, are loaded with fiber, potassium, magnesium, chromium, omega-3 fatty acids and folate. The germ and bran of the whole grain contain the important nutrients a grain product has to offer. Processed grains, like bread made from enriched wheat flour, do not have these vital nutrients.

Nuts - An ounce of nuts can go a long way in providing key healthy fats along with hunger management. Nuts also give you a dose of magnesium and fiber. Some nuts and seeds, such as walnuts and flax seeds, also contain omega-3 fatty acids.

Fat-free milk and yogurt - Everyone knows dairy can help build strong bones and teeth. In addition to calcium, many fortified dairy products are a good source of vitamin D. More research is emerging on the connection between vitamin D and good health.

"Some of these superfoods can be tough on the budget depending on the season and where you live," commented McLaughlin. "Look for lower cost options such as fruit and vegetables in season or frozen or canned fish. And remember, always think food first. Every day we learn more about the beneficial properties in food that keep us healthy especially plant foods like fruits, vegetables and whole grains. These just simply aren't found in the supplement aisle."

Source: American Diabetes Association, www.diabetes.org



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Ralph soon encountered one of the undocumented safety hazards of Ed's blood glucose testing.

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Glucose Monitoring: A Case for Improved Outcomes

http://www.rxschool.com/Course/info.cfm/Course_Id/543

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http://www.rxschool.com/Course/info.cfm/course_id/543

Medscape

<http://www.medscape.com/>

Free CME

<http://www.freecme.com/gindex.php>

PRIME

<http://primeinc.org/>

CME Corner

<http://www.cmecorner.com/>

Resources

Type 2 Diabetes resources for diabetes educators:

<http://www.journeyforcontrol.com>

Buffet Table Tips for People with Diabetes

<http://www.diabetesincontrol.com/issues/issue315/Bufferet%20Table%20Info%20for%20Summer.pdf>

Meals Matter

<http://www.mealsmatter.org/>

Understanding Medicare and Medicaid Coverage for Patients with Diabetes

<http://www.diabetesincontrol.com/results.php?storyarticle=6694>

Healthy Snacks and Sweet Treats

<http://www.dlife.com/dLife/do/ShowContent/inspirati on expert advice/expert columns/rondinelli april08.html>