



Sweet Nothings

Volume III, Issue 10
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Spotlight on Cherokee County

Submitted by: **Rena Mizell, RN**

The Cherokee County Health Department is a proud member of Cohort III and we are in the very early stages of implementing the Diabetes Self Management Education program in our community. We will begin seeing our first clients on Fri., Sept. 11th with our first Diabetes Education class scheduled for Thurs., Oct. 22nd.

The initial assessment will consist of gathering client data and pertinent information regarding the diabetics diagnoses. We will set a collaborative goal and schedule the patient to return for an 8 hour class in which we will be covering the following topics: Diabetes Overview, Nutrition Principles, Healthy Nutrition, Physical Activity, Medications, Blood Glucose Monitoring, Management of Acute Problems and Prevention, Detection and Complications of Long- Term Care. It is our purpose to include everyone in the patient's support group to attend our classes. The more knowledgeable family members are about their loved ones disease process, the more support they are able to give. This first visit will include a thorough foot exam with a time of education on the importance of checking the feet daily. We will be giving the client a booklet from the National Diabetes Information Clearinghouse titled: Keep Your Feet and Skin Healthy and also a refrigerator magnet "My Daily Diabetes Care" A short checklist of goals the client can follow to feel good and stay healthy.

No successful program is ever built single handedly. It takes team effort! What a privilege it is to come to work each day and work with these outstanding successful business woman. Joanne Rinker is an amazing ADA staff member and she has been so kind and helpful each time I have needed to contact her for any reason. Candice Laney is our Nursing Supervisor/Assistant Health Director and though she is faced with unbelievable challenges at times, Candice has a way of overcoming them with ease. She is an inspiration to everyone privileged to work with her. Candice remains extremely busy trying to secure grants for our new program. Christi Harris is our Administrative Assistant and helps with all the ordering of supplies, and making sure we are ready for any continuing education classes we may need. Connie Fowler will be taking care of the billing and Breeze Gibson is handling our clerical needs, she is also our coordinator for the prescription assistance program. Montez Sistrunk is our departments Family Nurse Practitioner and we will be getting our in house referrals from her for now. Ronie Harris is our Maternal Health Nurse and she will be following our gestational diabetics sometime in the future. Team work is what it's all about. Working together to make a difference in the lives of so many residents in this county is not only an honor but it's a privilege. We have a lot of work ahead of us, but I am certain this program will be a success!

Email Addresses for the NC Diabetes Education Recognition Program Have Changed

Please note that the email address have changed for the NC Diabetes Education Recognition Program Staff:

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- Brenda.Brogden@dhhs.nc.gov

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Remember



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

Data Update

September, 2009

- Total Number of Patients Seen: 708
- New Patients: 30
- Pre A1c: 8.0%
- Post A1c: 7.0%
- Foot Exams: 59%



Melinda's Medication Moment

Submitted by Melinda Rummage, RN, CDE



Diabetic dyslipidemia is typically composed of elevated triglycerides and decreased HDL-C, with LDL-C elevations comparable to that of persons without diabetes. This raises the risk for heart disease because the risk for thrombosis increases. Thrombosis is blood clots and these blood clots are caused by the poor circulation.

Treatment goals for diabetic dyslipidemia is lifestyle modification, including MNT and physical activity, in addition to medication. There are currently 6 classes of lipid-lowering agents prescribed in the treatment of dyslipidemia; including HMG-CoA reductases inhibitors (statins), selective intestinal absorption inhibitors, fibric acid derivatives (fibrates), bile acid resins, niacin, and omega-3 fatty acids. The number one medication to treat dyslipidemia is statins. Their primary effect is in lowering LDL, and secondly, decreasing triglycerides and increasing HDL.

Statins are ordered once daily, often at night because that is when cholesterol synthesis occurs. The dosage is dependent on the percentage of lipid lowering needed to achieve target goals. Therapy is generally started on a low dose then titrated up every four to six weeks as needed to reach the necessary goal.

Statins are contraindicated in pregnancy and in women who are breast feeding they should be used cautiously in those with impaired renal or hepatic function.

Adverse Effects include headache, muscle and joint pain, and gastrointestinal complaints, such as nausea, diarrhea, constipation, gas, or abdominal pain. Significant elevation in liver enzymes can occur and therefore frequent monitoring at baseline and during therapy is required. Myopathy (a muscle disease) and rhabdomyolysis (breakdown of muscle) have been reported, so patients should be instructed to report to their MD signs and symptoms such as muscle weakness, tenderness, pain, or fever. Caution patients on consuming large amounts of grapefruit juice (greater than 8 oz. per day) because it affects the metabolism of the drug in the body.

Names of statins include: Crestor, Lipitor, Lescol, Mevacor, Pravachol, and Zocor.

Information obtained from: The Art and Science of Diabetes Self-Management Education; A Desk Reference for Healthcare Professionals. Pages 400-406.

International Expert Committee Recommendations for Using the A1c to Diagnosis Diabetes and Prediabetes

The International Expert Committee has concluded that the best current evidence supports the following recommendations in the use of the A1c for the diagnosis of diabetes.

The diagnosis of diabetes is made if the A1c level is $\geq 6.5\%$. Diagnosis should be confirmed with a repeat A1c test unless clinical symptoms and glucose levels >200 mg/dl (>11.1 mmol/l) are present.

Individuals with an A1c level $\geq 6\%$ but $<6.5\%$ are likely at the highest risk for progression to diabetes, but this range should not be considered an absolute threshold at which preventative measures are initiated.

www.diabetesincontrol.com

Carb Counting Quiz

Eva goes trick or treating and comes home with a stomach ache. I ask her what she had while she was walking around the neighborhood. Eva ate a small apple, 1 mini box of raisins, a fun size 3 musketeer, mini bag of gummy bears and a mini pack of skittles. Based on the "Halloween Tips for Parents of Children with Diabetes" and some of your own nutrition knowledge, how many grams of carbs did Eva eat?

- A: 40
- B: 65
- C: 90
- D: 110

(Answer is on page 5)



Top 10 Things I Learned From the AADE Conference in Atlanta 2009

Joanne Rinker MS, RD, CDE, LDN

1. Small decrease in BP provides meaningful benefits in CVD disease reduction. In addition, a legacy effect is observed in people who have early intensive treatment even when intensive treatment doesn't continue long term. So, be sure to remember the importance education about decreasing BP.
2. Recognition that diabetes (T2) is not only an insulin defect, but an amylin and incretin defect too and their secretion dwindles with disease progression starting with Metabolic Syndrome. Glucagon excess is playing a role as well, particularly with rapid gastric emptying post meal and rapid rise of post prandial glucose. This indicates how the development of T2 as a long drawn-out process.
3. We should ask a patient permission to give advice. This lets them accept what you are about to tell them and be open to the advice. When giving the advice, always be aware of what stage of change they are in so that the advice mimics the readiness.
4. When starting an assessment, ask the patient, what do you want to learn first? This will establish a rapport and enable them to listen to you rather than focusing on what they have wanted to know since they walked in the door.
5. Set very specific goals with your patients. We should try to avoid just "walking 30 minutes daily." Instead set a goal of walking 30 minutes with the neighbor in the evening around the neighborhood. This is so specific and worked out with you and the patient that it might actually happen. Another example: Avoid "take your meds daily." Instead, try "take meds at 10am and 6pm, leave am med box with your morning snack and pm med box by your dinner seat to prevent you from forgetting". Be specific and workout the details with the patient so that the goal is reachable.
6. Testing for pre-diabetes: should be done on adults who have a BMI greater than 25 and one or more risk factors (family hx, African American, latino, BP>140/80, HDL<35, Tri>250, GDM, CVD, Acanthosis Nigricans, PCOS, sedentary lifestyle). Sounds like this would mean almost anyone right? If not, then starting at age 45. The appropriate tests for pre-diabetes are either a fasting plasma glucose (FPG 100-125=pre-diabetes) or 2-h OGTT (75g load 140-199=pre-diabetes). Monitoring for the development of diabetes in those with pre-diabetes should be performed annually.
7. Add humor into your classes and visits. Add slides with cartoons, have jokes, brain breaks anything you can to make the class light and prevent constant lecture.
8. Make sure that each of your patients has a support person. Invite that support person to the classes. Be sure that the support person is at the follow up and any other informational sessions. Having the support person hear what is happening will help them make recommendations and remind the patient about the most important concepts taught at sessions.
9. The 5k was really fun and Joanne won first in her age group. If you read this article, guess how long it took Joanne to run the 5k and e-mail it to her. Winner gets a \$5 gift card. Trying to keep all of you on your toes!
10. Causes of islet cell loss are: failure of the islet cell graft due to inflammation, lack of beta cell regeneration, toxic effects of immunosuppressive agents, or recurrent autoimmunity which selectively attacks beta cells. Research is ongoing to address the above noted hurdles in beta cell transplantation from use of the anti-CD52 monoclonal antibody alemtuzumab (or Campath-1H) to deplete lymphocytes, induce chimerism to reduce rejection, use T regulatory cell therapy to induce tolerance of immunosuppressive agents, xenotransplantation of pig islet cells and use of nanoencapsulation of islet cells to protect them from attack, giving immunosuppressive agents locally to provide a smaller drug load and reduce side effects. There's work on an implantable pump to locally deliver these immunosuppressive agents.



Answer to Carb Counting Quiz on Page 2

Answer is C: 90--15g for the small apple, 15g for the mini box of raisins, 12g for the 3 musketeer, 30 for the gummy bears and 17.5 for the skittles.



Halloween Treats



Dirt Dessert

Make sugar-free chocolate pudding with fat free organic milk as directed on the package. Place into cups. Top with fat-free whip topping and sugar-free goeey worms.

Per ½ cup Serving: 15g carbs

Floating Hand Punch

1 pkg. grape flavor sugar-free gelatin
1 pkg. strawberry flavor sugar-free gelatin
2 cups hot water
1 to 2 cups cold water
1 vinyl or latex glove, adult size

Dissolve gelatin in two cups of hot water. Add 1 to 2 cups cold water. The grape and strawberry gelatin should turn almost black in color. For a deep color, use two packages of grape and two packages of strawberry gelatin.

Pour into vinyl or latex glove. Close tightly at open end and freeze. When firmly frozen, remove from freezer and remove the vinyl glove from the "frozen hand" Place in punch bowl with favorite sugar-free punch (see below). Watch your child's guests when they see the "floating hand"

Fruity Punch

1 bottle diet ginger ale
1 bottle 100% pineapple juice
1 package sugar free cherry kool-aid
Sorbet for the top

Add all ingredients to a punch bowl. Top with "floating hand."

1 cup serving: 15g carbs

Chocolate Smacks

1 pkg. sugar-free chocolate pudding mix—not instant!!
2 cups nonfat milk
3 cups old-fashioned peanut butter
Low-fat whipped topping
70 graham cracker squares

Mix chocolate pudding according to directions on package. Cool. Mix peanut butter with pudding. Drop 1 Tbsp. onto 1 square graham cracker. Place low-fat whipped topping on top of the pudding-peanut butter mixture and cover with second graham cracker square. Freeze until ready to serve. Yield: 35 servings.

Per Serving: 200 Calories; 12g Fat, 15g carbs

Insulin Syringes Voluntarily Recalled

Accusure insulin syringes (Qualitest Pharmaceuticals, Inc.) distributed nationwide from January 2007 through June 2008 are undergoing voluntary recall because of the detachment of needles from the syringes. The syringes in question include the 31 G-Short Needle — either 0.5 cc or 1 cc, lot number 6JCBI or lot number 7CPTI. Lot numbers are found on the white paper backing of each individual syringe, according to the US Food and Drug Administration (FDA) report. "When the needle becomes detached from the syringe during use, it can become stuck in the insulin vial, push back into the syringe, or remain in the skin after an injection," according to the statement from MedWatch, the FDA's safety information and adverse event reporting program. Patients should stop using the syringe and contact Qualitest at 1-800-444-4011 for product replacement instructions. Adverse events related to use of Accusure Insulin Syringes should be communicated to the FDA's MedWatch reporting program by telephone at 1-800-FDA-1088, by fax at 1-800-FDA-0178, online at <http://www.fda.gov/medwatch>, or by mail to 5600 Fishers Lane, Rockville, Maryland, USA, 20852-9787.



Halloween Tips for Parents of Children with Diabetes

Submitted by Joanne Rinker, MS, RD, CDE



The chart on page 6 is a chart of candy carbohydrate counts. This is from the JDRF Halloween Survival guide for parents. In addition to keeping track of the amount of carbohydrates your child has consumed after a night of trick or treating and snacking, here are some other great tips!

Do Your Homework

If there are school activities, then it's best to prepare yourself, your child, teachers and nurses with carbohydrate counts for the varied serving sizes of popular candies and sweets. Just print off the chart below and drop it off! It is especially important to share this information with those who will be supervising any spooky celebrations. At a school party or on the trick-or-treating route, even the most considerate friend can make a mistake. Don't let teachers or other supervisors be tricked into thinking that a cookie or snack bar is a diabetes-friendly treat. Sugar-free usually means a higher carbohydrate count, which can make managing the day even more difficult. Make sure you read labels as well so you know the exact carb count of that particular candy or snack.

Be Prepared

Trick-or-treating around your neighborhood can take longer than expected, and can take you far from home. Be sure that your child's costume is practical enough so they can carry their insulin and sugar tabs. It is always best that younger trick-or-treaters be supervised, but if your princess or pirate is venturing off on their own, then make sure they are aware of what is safe to eat and when to eat it. But, it's always best to not let any child eat any candy before you can inspect it.

Take an Inventory of the Bag

The most difficult time to be responsible about intake will likely be when kids get a look at their candy. Before they even leave the house, make a decision of how many pieces of candy the child will be allowed to eat when they get home. Then, they will be prepared for what they will get and it may cut down on tantrums. Depending on your child's age, taking an inventory of the bag can be an educational opportunity. Dole out the candy piece by piece, assigning a carbohydrate count to each and discussing the nutritional facts. Extra candy can be saved for the coming weeks, and a number of organizations and business offer opportunities to trade your candy for other food or even toys! Halloween requires special attention for anyone with diabetes. But with proper planning and a great costume, there's no reason to miss out on the fun.

Adapted from: <http://nydailynews.healthology.com/diabetes/article372.htm?pg=1>

(continued on page 6)

Did You Know?

Did you know that you only enter a date into the Self-Foot Exam field of the Outcomes Section in Tiara when your patient reports they ARE checking their feet every day? Please DO NOT enter a date into the field when the response is, "I check once a month or I check my feet twice a week". When a date is entered, it will "flag" that patient as compliant (meaning they are checking their feet every day). If you enter a date for someone who is checking periodically, then the program will falsely flag that patient and skew your data.

Thanks in advance for entering your data in correctly and consistently.



(continued from page 5)

Candy	Size/Package	Carbs (g)
3 Musketeers	16 gram fun-sized bar	12g
3 Musketeers	2.13 oz bar	46g
Baby Ruth	2 oz. bar	37g
Baby Ruth	1 fun size	17g
Blow Pop sucker	One sucker	13g
Butterfinger	2 oz. bar	41g
Butterfinger	22 gram-fun sized bar	15g
Candy corn	15 pieces	15g
Gummy Bears	11 pieces	30g
Heath Bar	1.4 oz. bar	25g
Hershey's Almond	3 minis	15g
Hershey's Almond	1.45oz. bar	20g
Hershey's Kisses	6 pieces	16g
Hershey's Milk Chocolate bar	snack size	10g
Kit Kat bar	3 piece bar	10g
KitKat	1.5 oz. package	26g
Licorice	3 6-inch Twizzlers	15g
M&M's	"Halloween" mini box	10g
M&M's, plain	mini pack	15g
M&M's, plain	1.69 oz bag	34g

Study Shows Diabetes Education Keeps Costs Down

A recent study that examined four million health care claims for three years, looked at the cost savings and quality of care among patients with diabetes who received diabetes education. The study found that costs decreased by 5 percent with diabetes education, and that those savings were primarily from inpatient hospital claims.

The full results of the study will be published in *The Diabetes Educator* this fall.

Source: American Association of Diabetes Educators (www.diabeteseducator.org/)

Goal Setting Helps Cut Type 2 Diabetes Risk

Adults may be able to reduce their risk of developing type 2 diabetes as they age simply by setting diet and exercise goals and sticking to those goals. Older men and women who self-monitored their behavior and set healthier diet and physical activity goals not only lost weight and body mass over a year, but maintained their losses after three years, researchers report in the journal *Diabetes Care*. This low-cost approach could have a public health impact on diabetes prevention.

Source: American Diabetes Association www.diabetes.org



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

www.ncdiabetes.org

Wall Street Explained



www.diabeteshealth.com

Resources

Billing Resource Part B Medicare Benefits for Medical Nutrition Therapy (MNT)

<http://professional.diabetes.org/Recognition.aspx?cid=57941&typ=15>

diabetes.niddk.nih.gov/about/datetime/spr09/9.htm.

The GlucoMenu Beverage Guide

The GlucoMenu beverage guide has over 150 popular beverages and provides your patients with information on calories, carbohydrates and caffeine.

http://www.diabetesincontrol.com/images/issues/issue_484/glucomenu_beverage_guide.pdf

CDC Diabetes Public Health Resources

<http://www.cdc.gov/diabetes/>

dLife For Your Diabetes Life

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

National Diabetes Information Clearinghouse (NDIC)

<http://diabetes.niddk.nih.gov/>

Competencies for Diabetes Educators: A Companion Document to the Guidelines for the Practice of Diabetes Education provides a master list of the knowledge and skills needed across the continuum of care for the various levels of practice, from novice to clinical expert. Additionally, these objectives provide a basis for education, training, development, and performance appraisal of all clinicians engaged in diabetes education.

http://www.diabeteseducator.org/export/sites/aade/_resources/pdf/competencies.pdf

Continuing Education

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

pesihealthcare.com or 800-675-5026 to register

Charlotte: Oct 28

Greensboro: Oct 29

Raleigh: Oct 30th

6.5 CEU credits. Cost of program is \$179 for 1 person or \$174 for 2 or more

American Heart Association

<http://www.americanheart.org>

Medscape CME

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

National Diabetes Education Initiative

<http://cme.ndei.org/>

WorldWide Learn (for nurses)

<http://www.worldwidellearn.com/continuing-education/nursing-ce.htm>

WorldWide Learn (for dietitians)

<http://www.worldwidellearn.com/continuing-education/dietitian-ceu.htm>