

Sweet Nothings

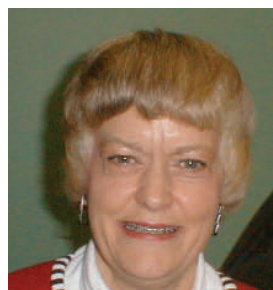
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Spotlight on Cleveland County

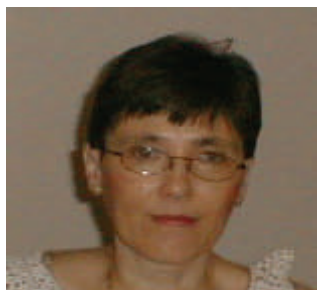
Submitted by **Dana McNeilly, RN, BSN, Diabetes Program Supervisor**
Cleveland County Health Department

The Cleveland County Health Department has provided quality diabetes education to diabetic individuals in Cleveland County for over a decade. In keeping with the mission of providing quality diabetes education, the Health Department is pleased to enhance our diabetes education to meet the American Diabetes Association's National Standards for Diabetes Self-Management Education through participation in Cohort II of the N.C. Diabetes Education Recognition Program.



Beth Silvers, RD, CDE, LDN

Currently, Beth Silvers, RD, CDE, LDN provides individual and group education sessions, medical nutrition therapy, and assistance with insulin pump therapy. Janet Sanders, RN has attended the ECU Diabetes Fellowship and is providing the initial and 3 month follow-up visits with patients enrolled in our program. Janet is also the nurse manager for our Diabetes Clinic where we provide primary diabetes care to eligible individuals in Cleveland County.



Janet Sanders, RN

As of September, clients participating in our diabetes education program are receiving education based on the N.C. Diabetes Self-Management Curriculum. Our education class is made up of two 4-hour sessions. Session A is held on the 2nd Thursday morning and Session B is held on the 4th Thursday morning of each month. All modules of the curriculum are covered during these sessions.

Diabetes is the 5th leading cause of death in Cleveland County, just as in North Carolina. Diabetes presents major issues for many families in Cleveland County. Through our participation in Cohort II, we feel we are moving one step closer to meeting our objective to provide these families with the knowledge, tools, and services needed to successfully manage diabetes and prevent its debilitating complications.

THE MEDICATION THAT MATTERS: MOTION

Submitted by **Melinda Rummage, RN, CDE**

For improved glucose control, exercise needs to be done at least every other day and preferably no less than 5 days per week. Regular exercise may reduce insulin and other medication requirements. Exercise improves the blood sugar for up to 12 - 72 hours after exercising. Let's take a walk today!

Inside this issue:

<i>Melinda's Medication Moment</i>	2
<i>Crockpot White Chicken Chilli</i>	3
<i>So Many Pumpkins, So Few Carbs!</i>	3
<i>Heart Disease Soars to 90% With Obesity, Diabetes</i>	4
<i>Carbohydrate Counting and Fast Food</i>	4
<i>Tell Your Clients to Get Their Flu and Pneumonia Vaccines Soon!</i>	5
<i>Resources</i>	6

Remember



Data reports are due the 5th of each month.



Did You Know?

When high fructose corn syrup is metabolized, it is immediately stored as fat!

Melinda's Medication Moment

Submitted by Melinda Rummage, RN, CDE

Insulin has gotten a bad rap. But I'm here to set the score straight! Insulin is a wonderful drug that gives us fast control of our blood sugars with very little side effects compared to oral medications prescribed to achieve the same goal. Oral agents used to treat diabetes are not "insulin pills."

Remember the purpose of insulin? Insulin is normally produced by our bodies in the beta cells of the pancreas which sits behind our stomachs. Its job is to go to the receptor sites on each cell and open them so the sugar in our blood can move into our cells to be used for energy. When our insulin isn't working (insulin resistance) or our beta cells aren't producing enough insulin or none at all, then we need insulin to manage this problem. Today there are many insulins on the market to help people achieve good control of their blood glucose. Here's a list of insulins being used in the USA today.

Rapid Acting : onset is <15 minutes

Humalog (Lispro)

Novalog (Aspart)

Apidra (Glulisine)

Short Acting : onset is 30 - 60 minutes

Regular (Humulin R, Novolin R)

Intermediate-acting : onset 1-4 hours

NPH (Humulin N, Novolin N)

Lente (Novolin, Humulin L)

Long Acting : onset varies between 3, 4 to 6 hours—*never mix these insulins with other insulins

Glargine (Lantus)

Detemire (Levemir)

Ultralente

Pre-mixed Human : 1 - 2 hours

Humalog 75/25 : 75% NPL, 25% Lispro.

Novolog Mix 70/30 : 70% NPH, 30% Aspart

Humalin 70/30 : 70% NPH, 30% regular

Novolin 70/30 70% NPH, 30% regular

When talking with your patients, it is important for you to know:

- x type of insulin
- x amount prescribed
- x site rotation
- x how the patient is injecting the insulin (vial or pen)
- x if the patient knows how to treat a low blood glucose
- x how much the patient is actually taking
- x Whether the patient has had insulin instructions

Ask your patient questions about their medications and how they are taking their medications. This information will help guide you to better meet your patients needs. A great resource is "Diabetes Medications Supplement" at www.ndep.nih.gov/diabetes/pubs/Drug_tables_supplement.pdf. This publication has all the medications related to diabetes that your patient may be on including insulin, oral agents, insulin, incretins and amylin, blood pressure medications, and medications used to treat dyslipidemia.

(Source: NDEP, 2007)

www.ndep.nih.gov



Crockpot White Chicken Chili



Ingredients

- X 2 lbs [boneless skinless chicken](#) (boiled and cubed)
- X 2 (15 ounce) cans [great northern beans](#) or [navy beans](#)
- X 1 (15 ounce) can southwestern corn
- X 1 (1 1/4 ounce) envelope taco seasoning (mild or hot)
- X 1 (4 1/2 ounce) can of chopped [green chilies](#)
- X 1 (10 3/4 ounce) can reduced-fat cream of chicken soup
- X 1 (14 ounce) can low-sodium [chicken broth](#)
- X 1/2 cup fat-free [sour cream](#)
- X 1/4 cup Instant brown rice
- X chopped [green onion](#) (optional)
- X [Monterey jack cheese](#) (optional)

Directions:

- X Place cooked cubed chicken, beans, corn, taco seasoning, chilis, and soups in the crockpot on low. Let cook 8-10 hours.
- X 30 minutes prior to eating, add rice. Let cook. This will help thicken the chili. Serve with onion and cheese. Have with a salad and some trans-fat free tortilla chips.

Makes 8 servings: 1 cup: 145 calories, 15g carbs, 6g protein, 2g fat, 8g fiber

So Many Pumpkins, So Few Carbs!

Submitted by Joanne Rinker, MS, RD, CDE



What are you going to do with all of those pumpkins after Halloween? Believe it or not, they make a great side dish. They are low in carbs and very simple to prepare. You can roast the seeds, too, for a great snack. Just take your pumpkin, slice it in half. Take out all of the seeds and leave the flesh. Just rinse the pumpkin seeds under cold water and pick out the pulp and strings (this is easiest just after you've removed the seeds from the pumpkin, before the pulp has dried). Place the pumpkin seeds in a single layer on an oiled baking sheet, stirring to coat. Sprinkle with salt and bake at 325 degrees F until toasted, about 25 minutes, checking and stirring after 10 minutes. Let cool and store in an air-tight container. While these are baking, place the halved pumpkin into the oven as well. Bake for about 2 hours on 325 degrees. You can then spoon it off the pumpkin peel and place it all in a blender. Blend until smooth. You can use this as a side dish with some spray butter and salt. You can also use it to make pumpkin bread or pumpkin muffins, pumpkin pie or pumpkin soup!

The greatest part of this wonderful treat is that you can eat a whole cup and it is only 12 grams of carbohydrates!

ENJOY!

Heart Disease Soars to 90% with Obesity, Diabetes

Summary by Laura Edwards, RN

People who are both obese and have diabetes are highly likely to develop heart disease during their lifetime, a new study shows. Research has found that of more than 3,400 adults in a long-running U.S. heart study, women who were obese and diabetic had a nearly 80% chance of developing heart disease at some point. For their male counterparts, that figure was nearly 90%. Lifetime risk was based on the likelihood that a 50-year-old would develop heart disease in the next 30 years.

Obesity and diabetes commonly go hand-in-hand. The new findings, published in *Diabetes Care*, show that diabetes on its own significantly raises the lifetime risk of heart disease, and that obesity worsens the situation.

Per Dr. Caroline S. Fox of the National Heart, Lung and Blood Institute in Bethesda, Maryland, and her colleagues, the lifetime heart disease risk of normal-weight women who did not have diabetes was 34%. The risk for normal-weight women with diabetes was 55%. Among obese women, those who did not have diabetes had a 47% chance of developing heart disease, while the risk for those with diabetes was 79%.

The pattern was similar for men, with a lifetime heart disease risk of 49% among normal-weight, non-diabetic men, and a 77% risk for normal-weight men with diabetes. Obese men without diabetes had a 67% lifetime heart disease risk, while the risk for obese diabetic men was 87%.

The number of Americans with diabetes is expected to rise to 48.3 million by 2050, and heart disease due to diabetes appears to already be on the rise.

The full article can be found in *Diabetes Care*, August 2008.

Carbohydrate Counting and Fast Food

Submitted by Joanne Rinker, MS, RD, CDE



Did you know that the average person eats out for one out of every 4 meals? That is a lot of high-fat, high-carb, drive-through and made-to-order meals...not to mention, it's expensive! When you go to a fast-food restaurant, ask for the nutrition facts guide. The restaurant may not have this pamphlet sitting out, but they usually have one available on request. Some common carb counts of fast food include: 1 burrito: 3 servings of carbohydrates; 6 chicken nuggets: 1 carbohydrate; 1 slice pepperoni pizza: 3 carbohydrates; 1 grilled chicken sandwich: 3 carbohydrates; 1 crispy chicken sandwich: 3.5 carbohydrates; 1 regular hamburger: 2 carbohydrates; 6" sub: 3 carbohydrates; small order fries: 3 carbohydrates; medium order fries: 4 carbohydrates; large fries: 5 carbohydrates; 12-oz. milkshake: 6 carbohydrates! (Source: ADA Exchange List for Diabetes)

Obviously, there are some good choices and some very unhealthy choices when eating in fast-food restaurants. What is important is that you and your patients are armed with the knowledge to make a great choice! Remember to order salads with low-fat dressings, skip the fries, and have water or diet sodas with your meals. These small changes will cut carbohydrate counts and help control blood sugar.

Carb Counting Quiz

If Eva had a regular hamburger, small order of fries and a 12-oz. milkshake, how many carbs would she have eaten?

Answers: 6, 9, 11, or 13?

(Answer is on page 5)

Tell Your Clients to Get Their Flu and Pneumonia Vaccines Soon!

Submitted by Melinda Rummage, RN, CDE

Yes, people with diabetes especially need to get their annual flu and pneumonia vaccine as soon as it is available. Why? People with diabetes are almost 3 times more likely than others to die with influenza (flu) and pneumonia. Yet only half of people with diabetes get a flu shot, and only one-third are immunized against pneumococcal disease.

Influenza: The flu is contagious and is spread from person to person by coughing, sneezing and nasal secretions. Anyone can get the flu, but rates are highest among children. For most people, it lasts a few days with symptoms such as fever, chills, sore throat, headache, fatigue, muscle aches and cough. The flu can lead to pneumonia and can be dangerous for people with heart and breathing conditions. On average, 226,000 people are hospitalized every year because of flu and 36,000 die, most of them elderly.

The flu shot is an inactivated vaccine (containing killed virus) that is given with a needle in the arm. The shot is approved for use in people 6 months old and older. About 2 weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body. This shot is good for one year.

Flu vaccine is recommended for people 50 years of age and older and people of any age with certain chronic medical conditions.

There are some people who should not be vaccinated without first consulting a physician. These include:

- x People who have a severe allergy to chicken eggs.
- x People who have had a severe reaction to an influenza vaccination.
- x People who developed [Guillain-Barré syndrome \(GBS\)](#) within 6 weeks of getting an influenza vaccine.
- x Children under 6 months of age (influenza vaccine is not approved for this age group), and
- x People who have a moderate-to-severe illness with a fever (they should wait until they recover to get vaccinated.)

Pneumonia: Pneumonia is inflammation in the lungs. Symptoms of pneumonia are shortness of breath, fever, cough, malaise, chest pain and headache. It can be passed person-to-person by secretions. It is one of the leading causes of death among the elderly. There are several different kinds of pneumonia; bacterial pneumonia is treated with antibiotics.

Pneumococcal disease kills more people in the United States each year than all other vaccine-preventable diseases combined, and people with diabetes are at greater risk. A pneumonia shot can also protect against other infections caused by the same bacteria. About 10,000 people die each year because of these bacterial infections. A pneumonia shot, however, can help protect you against getting these illnesses. For most people, one shot is enough protection for a lifetime. People under 65 who have a chronic illness or a weakened immune system should ask their doctor about getting another shot 5 to 10 years after their first one.

As diabetes educators, you may want to provide your clients with brochures available through the CDC web site informing clients of their need for flu and pneumonia vaccines. Also promote good handwashing techniques to prevent the spread of germs.

(Source: CDC.org 2007, 2008, 2009)

www.cdc.gov

Answer to Carb Counting Quiz on page 4

Answer: 11

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Diabetes Education Recognition Program
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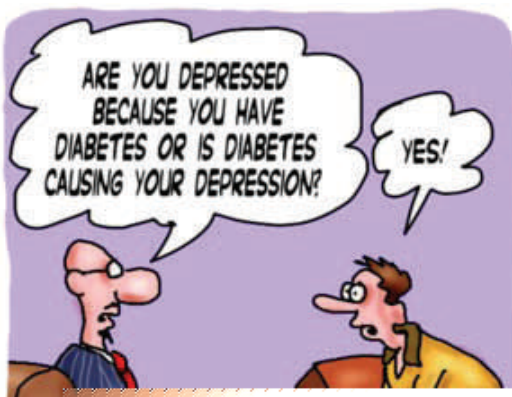
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RESOURCES

Lower Extremity Amputation Prevention and Treatment of the Neuropathic Foot (Online Course)

- Understand the characteristics of lower extremity diabetic neuropathy.
- Identify the etiology and mechanical process of ulceration.
- List the five elements of the LEAP program.
- Assign a patient into a risk category based on evaluation results.
- Formulate an appropriate management plan according to risk category.
- Describe orthotic and footwear appliances used to reduce foot pressure.

COURSE FEE: \$60

CREDIT: 6 Contact Hours

Course Registration: Contact Josie Major at 800-642-2477, 225-756-3761 or email her at jmajor@hrsa.gov

System Requirements: PC (Windows2000, XP, VISTA) Mac(10.2, 10.3, 10.4, 10.5) 128 MB of RAM 2GB of free disk space Ethernet or Wireless network card (for high-speed Internet connection) or 56K modem (for dial-up Internet connection) T1, DSL, Cable, or Satellite high-speed connection (56K dial-up will work, but the online course system will run slowly).

Participants will be provided an online username and password and have 24-hour access to the course materials. The site contains PowerPoint presentations, notes, a discussion area and post-tests. All modules and post-tests must be completed within 2 weeks of enrollment. After you have satisfactory completed the course, a Certificate of Completion will be mailed to you within 2 working days.

Here's a link to continuing education opportunities for nurses: <http://nursing.ce.unc.edu>.

This is a great website for our PAs and Pharmacists for free CEU Opportunities from the National Diabetes Education Initiative for Educators. www.ndei.org/

Below is the link to find a Core Concepts Class that will be offered near you. This course is perfect for anyone interested in becoming a CDE. <https://www.diabeteseducator.org/ProfessionalResources/products/view.html?target=35&sub1=F2F&sub2=Educational%20Conferences>

View this presentation by Dr. John Buse titled: Targets and Techniques for Treating Type II Diabetes. Get 1.5 free hours from South East AHEC. www.seahec.net/Departments/ContinuingEducation/ContinuingMedicalEducation/TreatingDiabetes/tabid/334/Default.aspx