



By Keith Simmons, USA TODAY

ir health

/ Kim Painter

ittle ones rsick?

for kids, pets cially parents

Chamberlain's 2-year-old daughter, Chamberlain, a pediatrician, as a stomach virus. "Both times, it got the hint. "Both times, it got the hint," she says.

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they sit in back seats with poor-
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and 12, says the federal Centers
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I stay in booster seats until adult
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American Academy of Pediatrics,
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engers tend to distract drivers.
'riders may have perked up at
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erway, pediatricians say there's
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child," says Tanya Remer Alt-
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ians say you can try to prevent

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Photos by Sara D. Davis for USA TODAY

Stomping out diabetes: Project Direct participants from St. John's AME Church in Raleigh, N.C., walk during the six-week exercise and nutrition-education program.

One small step for diabetics

The statistics aren't good, but this N.C. community proves that there's hope

By Anita Manning
USA TODAY

Scientists meeting in Chicago over the weekend heard the bad news: The diabetes epidemic is continuing, with no end in sight.

From 1990 to 2005, diabetes prevalence more than doubled, from 26.4 per 1,000 to 54.5, a growth rate of 4.6% per year, says a study released Saturday at an American Diabetes Association meeting.

The study by the Centers for Disease Control and Prevention found that from 1975 to 1990, diabetes prevalence stayed flat, then rates started rising, said Linda Geiss, chief of diabetes surveillance at the CDC, which presented the findings. Not coincidentally, she said, diabetes rates took off just after U.S. obesity rates began to soar in the mid-1980s.

"What we see from 1990 on is a strong, sustained increase (in diabetes), and we don't have any sign it's going down. It's a bit discouraging," she said.

Nearly 21 million people have diabetes in the USA, says the CDC, up to 95% of them with type 2, which is linked to obesity. Prevalence is higher in minority groups, and blacks are 1.8 times as likely as whites to have diabetes. It is estimated that 3.2 million, or 13.3%, of all black people over age 20 have diabetes.

One ray of hope, say diabetes researchers, is centered in a community in southeast Raleigh, N.C., where a program called Project Direct was highlighted at the ADA meeting as a model.

Launched in 1996 as a research program involving the CDC, state and local health departments and community



Applied knowledge: Diabetic Desiree Peterson, 52, says she "changed my total eating habits" after she learned the effects nutrition has on diabetes. Now, it's gluten-free organic pasta for dinner.

and other characteristics. It tailors nutrition training and provides suggestions to church kitchen committees.

"The intent is to get the church not to stop serving fried chicken, but to make sure they have fruit, water, healthy alternatives," Jackson says. "If you have a person in the church with diabetes, make sure they have something to eat. We also show them how to cook using alternatives to fatback, other ways of seasoning food to get a similar effect."

Making better food choices is a lesson Desiree Peterson, 52, has taken to heart. Her doctor referred her to Project Direct in 2001, and now she's a "lay ambassador," having been trained through the program to lead groups.

After learning about nutrition and its impact on diabetes, she says, "I changed my total eating habits" and became a vegetarian. Peterson, who is blind as a result of childhood glaucoma unrelated to diabetes, slimmed down to 110 pounds from 152. She learned to limit portion sizes, pay attention to food labels and watch her carbs and calories, she says.

The research portion of the study ended in 2004, and results were presented Saturday at the diabetes meeting by CDC epidemiologist Desmond Williams. They found that the program did not

reduce the incidence of diabetes, but it slowed the rate of increase, raised awareness and got more people moving, compared with a similar community group in Greensboro, N.C., Williams says.

Researchers found:
► Diabetes prevalence in Raleigh increased from 10.5% in 1996-97 to 16.7% in 2003-04. In Greensboro, rates increased from 9.3% to 18.6%.

► The rate of "sedentary behavior" in Raleigh dropped from 39.4% to 29%, compared with Greensboro, which went from 35.3% to 32.7%.

► Obesity increased similarly in both communities, but in Raleigh, the percentage of overweight people who said they intended to lose or maintain weight increased from 76.5% to 85.4%. In Greensboro, the number rose only slightly, from 84.3% to 86.6%.

The changes seem modest, Williams says, but the study illustrates in real life the findings of major clinical trials that show diet and exercise can prevent or slow the onset of type 2 diabetes.

Clinical studies are conducted "in a controlled environment," Williams says. "This is in the community. We have shown it is possible to change people's behavior" and to put the brakes to diabetes prevalence.

"A lot of people think you can stop the increase of diabetes on a dime," he says, but "the diabetes epidemic is a slow-moving ship. It takes a lot of time to turn around."

"This is in the community. We have shown it is possible to change people's behavior."

— Desmond Williams, Centers for Disease Control and Prevention

groups, the program is now being carried on by a community group, Strengthening the Black Family.

The project's goal is to reduce the impact of diabetes on Raleigh's black community, says project director Melvin Jackson. It was designed with community input and involves public education, workshops on diabetes management for health professionals and patients, and a six-week walking and nutrition-education program based in churches, senior centers and community centers.

At St. John's AME Church, the walking program involves about 10 regular members who meet Wednesday nights, right before regular prayer and Bible study.

The Rev. Allen Warren, pastor of St. John's and a walker himself, says the program "has had a profound impact on those who have participated."

Group members want to keep it going, he says, and are talking about adding aerobics or other exercises. Many of his parishioners have diabetes and high blood pressure, and the program has raised awareness about the importance of diet and exercise.

"It has had a direct bearing on our church," he says. "My congregants always bring in snacks into my office, and now, they're still bringing snacks, but it's more like fruit, healthy crackers, water."

Jackson says program staffers work with church leaders to assess the congregation's needs, based on how many are elderly, how many have health problems

Gestational diabetes puts babies at risk

By Anita Manning
USA TODAY

Women with gestational diabetes, a form of the disease that occurs during pregnancy and usually disappears afterward, risk having babies who are born oversized, with excess insulin, low blood sugar and possibly breathing problems.

But the risks to their babies may start to rise earlier than previously realized, even when the mother's blood sugar levels are within what is now considered the normal range for pregnancy, says research presented at a meeting of the American Diabetes Association in Chicago.

In a study of 23,325 women, scientists at Northwestern University found that as a mother's blood sugar rises, the risks of having a large baby, a cesarean delivery or low blood sugar in the newborn all increased. Researchers could not say at what point increased blood sugar should trigger medical treatment, but they say the level at which gestational diabetes is diagnosed likely will be lowered based on these findings.

Other topics discussed at the meeting, ending Tuesday:

► Diabetes management.

Many diabetics can't get blood sugar levels to a safe range even with drugs, but some doctors fear that more aggressive treatment could cause extreme drops in sugar levels that can lead to coma. But a new study followed 8,641 patients at a hospital and found no association between intensification of treatment and hypoglycemia. It concludes that there is no

reason to temper efforts to improve sugar control.

► Diabetic complications.

A new study found hearing loss is more common among people with diabetes, although the reasons are not clear. Another report says cases of diabetic retinopathy, a leading cause of blindness, could triple from 5.8 million in 2005 to 17.7 million in 2050.

► Drugs.

Studies involving drugs that act on gut hormones to improve the balance between insulin and blood sugars offer new information on their safety and versatility. These new drugs act when blood sugars are too high and turn off when levels get back to normal, reducing the risk of low sugar levels. Merck presented studies showing that Januvia, licensed in October, is safe when used as long as two years and as a first-line treatment in combination with metformin. Novo Nordisk studies showed that its experimental drug, liraglutide, safely reduces blood sugar levels with the added benefit of weight loss and requires no dosing changes in patients who have kidney or liver problems. The company plans to submit a license application early next year to federal regulators.

Lipid drugs help nerve damage

An eight-year study of 1,294 people by researchers at the University of Western Australia finds two classes of cholesterol-lowering drugs, statins and fibrates, can significantly reduce the risk of peripheral neuropathy, nerve damage in the hands and feet of diabetics. Details presented to the ADA:

► 50% of diabetics have this form of nerve damage.
► Statins and fibrates both significantly reduced risk of damage; the difference between the two drugs is statistically indistinguishable.