

---

# Diabetes Life Lines



A newsletter from your County Extension Office  
Vol. 23 ♦ No. 5 ♦ Fall 2009

---

## Evaluating On-line Health Information

Finding health information on the internet is easy, but finding reliable health information is hard. Unfortunately, Websites selling products are mixed in with educational sites providing real facts. The U.S. Food and Drug Administration (FDA) knows this is a problem and has created a set of questions to help you to find the best Websites:

1. **Who sponsors the Website?** If the Website address ends with **.com**, it is a commercial site that wants to sell something. Their information may be slanted to promote a specific product or service.
2. **Does the Website address end in .gov, .edu, or .org?** Sites

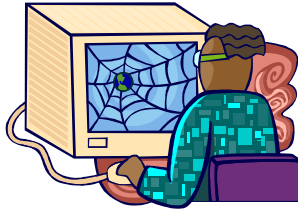
with these endings are sponsored by the government, a university, a medical school, or a non-profit organization. Some examples are Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)), Johns Hopkins University School of Medicine ([www.hopkinsmedicine.org](http://www.hopkinsmedicine.org)), and American Diabetes Association ([www.diabetes.org/](http://www.diabetes.org/)). Information at these sites is not motivated by a desire to make a profit.

3. **Does the Website identify the scientific evidence for the material?** The original sources of the research-based medical facts should be cited (such as articles from medical journals) and clearly set apart from opinion.
4. **Are the credentials of the contributors given?** Health-based Websites should state the professional credentials of those who reviewed or prepared the material. Be suspicious of an author or reviewer without a health background.
5. **Is the Website updated and reviewed on a regular basis?** Websites need to be current and reviewed often. All information

---

should have a date to show when it was updated or posted. This date is generally at the bottom of the Web page.

6. **Is your privacy protected?** A clear statement on the Website should say that your personal information will not be shared and will be protected from outside tampering.



7. **Does the Website make claims that seem too good to be true? Are quick, miraculous cures promised?** If the content seems sensational or only offers testimonials from celebrities or “satisfied” consumers as proof that a treatment or product works, be very careful about using the information.

Some Websites recommended by the FDA are:

- [www.ftc.gov](http://www.ftc.gov) sponsored by the Federal Trade Commission explains consumer laws, provides information about faulty or misleading medical information and allows for complaints to be filed on-line.
- [www.healthfinder.gov](http://www.healthfinder.gov) from the Department of Health and

Human Services has consumer information about most health issues.

- [www.medlineplus.gov](http://www.medlineplus.gov) offers drug, disease, and health information and houses the MEDLINE database that allows searches on various medical topics in numerous medical journals.
- [www.clinicaltrials.gov](http://www.clinicaltrials.gov) provides current information about clinical trials and research studies that someone with a certain disease may want to join.

---

## Drugs in Development

Until recently, diabetes medicines were limited to diabetes pills called sulfonylureas and insulin. Today, many different medicines are available to improve glucose control.

Some new drugs are now being developed that target different organs in the body not looked at before in treating diabetes. Here are the major classes of drugs that represent the 81 new medicines being tested:

**DPP-4 inhibitors**, like Januvia® already on the market, are a group of drugs that work by enhancing the effect of incretins. Incretins are gut hormones that increase the amount of insulin

---

released after a meal. DPP-4 inhibitors are taken by mouth, and prolong the effects of insulin release. Many new DPP-4 inhibitors are currently being tested.

**GLP-1 analogs**, like Byetta® used by many people with Type 2 diabetes, are a group of drugs that increase insulin secretion, inhibit glucagon secretion, and reduce appetite. Glucagon is a hormone made by the pancreas that raises blood sugar. GLP-1 analogs are injected either once or twice a day for the short-acting varieties or once weekly for the long-acting versions. Like Byetta®, some of the new GLP-1 analogs produce weight loss in patients taking the drugs.

**PPAR agonists**, like the medicines Actos® and Avandia®, make the muscles and cells more sensitive to insulin and reduce fasting glucose and A1C levels.

New kinds are being tested to see if the side effects that sometimes occur with Actos® and Avandia® can be eliminated or controlled.

**Selective sodium glucose co-transporter 2 inhibitors** are an entirely new set of drugs that improve glucose levels and decrease body weight by using the kidneys to filter out the glucose from the blood.



New versions of another set of drugs called **glinides** are also being tested. Two glinides have been available for years called Prandin® and Starlix®. Glinides enhance insulin secretion from the pancreas after meals, and reduce glucose levels after eating. They are very short-acting so they are only taken before each meal.

New forms of **insulin** are also being developed. Some are given through the nose or mouth and a new inject-able insulin being considered may work even faster than the insulin currently in use.

Watch for the release of these new drugs and don't be surprised if your doctor suggests trying one in the future. Just don't expect all 81 drugs to appear in your local pharmacy. Many new medicines are tested, but only a few ever get approved by the Food and Drug Administration.

---

## Type 2 in Children and Teens

About 47 percent of new cases of diabetes in children and adolescents are now Type 2 diabetes. In the past, Type 2 was mainly seen in older adults, but now due to the problem of overweight and obesity, more children and teens are developing it. If the increase continues, some day more young people may have Type 2 than Type 1.

How can this be controlled? Of course, prevention is the best cure. Sadly we live in a world where healthy eating and being physically active is difficult. Families must really work together to choose healthy meals and snacks. They also have to find ways to be active every day like playing in the backyard, riding bikes, swimming, taking dance or martial arts lessons, playing on sports teams or walking the dog.



Certain young people are at higher risk for getting Type 2:

- Overweight and obese children and adolescents;
- Children and youth from families with a history of diabetes;
- Children and adolescents with African American, Asian Pacific Islander, Native American or Hispanic/Latino heritage.

Health care providers will need to check the blood glucose of these high risk youngsters for diabetes at least every two years. Often children or adolescents at risk for Type 2 have other health problems like high blood pressure and high cholesterol or triglyceride (blood lipids) levels that will also need treatment.

Because the symptoms of Type 2 are often mild, diabetic complications may already exist at diagnosis. They may include diabetic nerve damage, early signs of kidney disease and diabetic eye disease.

Ideally once a child or teen is diagnosed, their doctor will do a medical check-up and will refer the patient for a dilated eye exam. If the results are abnormal, then treatment can be started right away.

As with all cases of diabetes, the young person and the family will need to make changes in food and activity habits. A dietitian can help with choosing better food to control calories and fat. The meal plan will include moderate portions of fruits and vegetables, whole grains and non-fat and low fat dairy food, fish, seafood and skinless poultry, and small amounts of lean red meat, nuts and liquid vegetable oils.

A gradual increase in physical activity will also be needed. Fifteen to twenty minutes of walking a day may be enough at first, but 60 minutes of physical activity at least 5-7 days a week will be the final goal.

Metformin is the first drug often tried if diet and exercise are not enough. Other drugs including insulin may also be added.

Monitoring the blood glucose and keeping good records of blood

---

glucose, medicine doses, food intake and activity will show whether therapy is working.

Dealing with a chronic disease is tough for anyone, but adding adolescence can make stress really soar. Meeting with a psychologist or social worker that focuses on young people or people with diabetes may help the family cope better and improve treatment results.

Parents will need to communicate with the school to be sure good support is available there. A school nurse can be a big help, but all the teachers, coaches and school staff that have contact with the child or teen will also need to understand diabetes and the treatment needed at school.

To help, a booklet is available from the National Diabetes Education Program called *Helping the Student with Diabetes Succeed: A Guide for School Personnel*. You can access it at [www.ndep.nih.gov](http://www.ndep.nih.gov). Just look under "Publications." You can also order a hardcopy for free at the same Website or call 1-800-860-8747.

---

### **American Diabetes Association Looking at New Method to Diagnose Diabetes**

At the annual scientific sessions of the American Diabetes Association (ADA) in June, a new report was released by an expert committee

assembled by the American Diabetes Association, the International Diabetes Federation and the European Association for the Study of Diabetes. This report summarized the findings of the group about the use of the A1c test as a method for diagnosing diabetes.

Presently the A1c test is only used to show the average blood glucose control of someone with



diabetes over the last three months. It is often used to show how effective a treatment for diabetes has been. Diabetes experts, however, have never been sure it is the right tool for diagnosing diabetes. Instead, doctors have used the fasting blood glucose test or the oral glucose tolerance test for diagnosis.

The expert panel reviewed all the scientific evidence and decided that the A1c was a better way to diagnose diabetes than the other two tests. It showed more clearly the risk for diabetic complications and was easier and more convenient for doctor's offices to do.

At the meeting the ADA said they agreed with the report overall, but that they needed time to review the details before they changed their current guidelines for diagnosis.

---

## Recipe Corner

### Dijon Salmon

1 pound salmon fillets  
Freshly ground pepper to taste  
3 tablespoons fat free sour cream  
1 ½ tablespoon Dijon mustard  
2 teaspoons lemon juice  
Lemon or lime wedges  
Non-stick cooking spray

1. Preheat broiler. Line broiler pan with foil. Coat with cooking spray.
2. Place salmon (skin side down) on the pan. Season with pepper.
3. Combine sour cream, mustard and lemon juice in a small bowl. Spread evenly over the salmon.
4. Broil 5 inches from the heat source for about 10-12 minutes or until opaque in the center. Serve with lemon or lime wedges.

#### Nutrition Analysis:

Calories: 217      Carbohydrate: 2 grams      Protein: 23 grams  
Fat: 12 grams      Saturated fat: 2 grams      Cholesterol: 67 milligrams  
Sodium: 213 milligrams      Fiber: 0 grams

Diabetic Exchanges: 3 medium fat meats

#### **Newsletter Contributors:**

Connie Crawley, MS, RD, LD, Extension Nutrition and Health Specialist, Writer and Editor  
Greg Daglis, UGA Nutrition Student, Writer  
Angela Leone, UGA Dietetic Intern, Writer

#### **Editorial Board:**

Jenny Grimm, RN, MSN, CDE,  
Medical College of Georgia  
Ian C. Herskowitz, MD, CDE, FACE, Medical College of Georgia

---

The University of Georgia

## Cooperative Extension

College of Agricultural and Environmental Sciences / Athens, Georgia 30602-4356

Dear Friend,

*Diabetes Life Lines* is a bi-monthly publication sent to you by your local county Extension agent.

It is written by Food and Nutrition Specialists at the University of Georgia, College of Family and Consumer Sciences. This newsletter brings you the latest information on diabetes, nutrition, the diabetic exchange system, recipes, and important events.

If you would like more information, please contact your local county Extension office.

Yours truly,

County Extension Agent

Connie Crawley, Principal Writer

The University of Georgia and Ft. Valley State College, the U.S. Department of Agriculture and counties of the state cooperating. The Cooperative Extension Service offers educational programs, assistance and materials to all people without regard to race, color, national origin, sex or disability. An equal opportunity/affirmative action organization committed to a diverse workforce.

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, The University of Georgia College of Agricultural and Environmental Sciences and the U.S. Department of Agriculture cooperating.

Scott Angle, Dean and Director

Cooperative Extension  
U.S. Department of Agriculture  
The University of Georgia  
College of Agricultural  
and Environmental Sciences  
Athens, GA 30602

---

Official Business

*Diabetes Life Lines*: Your current issue enclosed