
Diabetes Life Lines



A newsletter from your County Extension Office
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Need Help Transitioning?

Many teens with diabetes are cared for by pediatricians or pediatric endocrinologists. Naturally, at some point, they will need to transition to an adult health care provider. This can be a difficult time. Sometimes the young person gets lost in the health care system and then they fail to get care regularly. Often that means their diabetes control suffers making them more likely to get diabetic complications.

The National Diabetes Education Program has resources to help the young person and his/her family to make this change more smoothly. The web page <http://ndep.nih.gov/transitions/> has many resources to educate and support the young person, the family

and even the health care providers involved in the process.

One excellent resource is a Transition Planning Checklist you can use to plan the change with the health care team over the two years before the final transfer to adult care. It shows step-by-step how the young person can gradually handle more of the diabetes care. It also lists what needs to be discussed about paying for care, current health status, possible medical practices or clinics that can provide on-going care, appropriate transfer of medical records and basic skills for meal planning, taking medications, being active, wearing diabetes identification and even preparing for pregnancy.

Also valuable is the Clinical Summary Form that can be filled out and taken to the new health care team. The form is clear and concise and provides in just two pages the most important information about the young person's medical condition and management.



There is also a special section entitled "Help Planning Your Transition." This contains many links to resources for the young person with diabetes about their self-care physically and

emotionally, along with information for the parents. Topics covered include dealing with diabetes at college and at work, health insurance, sick day management, travel tips, dating and marriage, preventing low and high blood glucose, emotional well-being, on-line support groups, eating disorders, safe driving and good working relationships with your new health care team.

Becoming an independent adult can be a real challenge, especially when a young person also has diabetes. This web page provides many tools to make this important life step less stressful for everyone.

What Americans Need to Eat More Often

On January 31, 2011, the new U.S. Dietary Guidelines were released. The Dietary Guidelines report released in the spring of 2010 reviewed the current state of America's health and made recommendations about how we could improve our food intake and physical fitness. Sadly we are in pretty bad shape as a whole. Because two-thirds of the adult population is now overweight or obese, these guidelines are no longer targeted to "healthy" Americans, but to Americans either at risk for chronic

disease or already diagnosed with a chronic disease.

The report points out that most of us do not currently follow the previous guidelines released in 2005. We eat too many solid fats and added sugars (called SoFAS in the report) and too few servings of vegetables, fruits, whole grains, nuts and seeds, seafood, liquid oils and cooked dried beans and peas. This is especially true for our children and teen-agers.

So now we are no longer "Couch" potatoes, but "SoFAS" potatoes. Most of our calories come from desserts, bread, sugary drinks, pizza, alcohol and chicken dishes like chicken tenders and wings.

The type of meal plan and physical activity pattern recommended is exactly what has been advocated for people with diabetes for years:



- Plenty of low calorie green, yellow or orange vegetables
- Pieces of fresh fruit instead of desserts like cookies, pies and cake
- Cooked dried beans and peas, skinless poultry and lean meat instead of fatty meat

- Liquid oils and small amounts of unsalted nuts and seeds instead of solid fats like butter, shortening and fatback
- Fish and seafood containing omega-three fatty acids like salmon, tuna and trout at least twice a week
- Two to three cups a day of fat free or low fat milk or yogurt
- Whole grain breads, cereals, pasta and other grain products
- Physical activity for 30-60 minutes per day

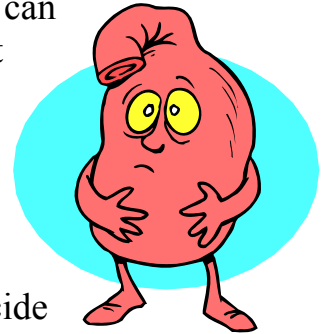
People with diabetes can be examples of healthy living for the rest of the country. Pledge this year to model good health habits for your family and friends. In the next few issues, we will discuss how to meet each of these dietary guidelines if you are not already following them. Soon, you and your family could be well on the way to a lifetime of good health.

Managing Gastroparesis with Diet

Diabetes can affect the body from head to toe. Over time the nerves to the stomach can be harmed by high blood glucose values. This nerve damage is called **gastroparesis**. It causes the stomach to empty slowly and can make it difficult to eat and

digest your food. Sometimes it is so severe that vomiting occurs along with weight loss. Of course the first step to controlling this condition is to get your blood glucose in the range your doctor recommends.

A registered dietitian can help you to figure out what you can eat when gastroparesis strikes. Some days will probably be worse than others. Together you can decide what to eat and drink based on your symptoms.



Most people find that they must eat small, frequent meals. Eating too much and not chewing well can make things worse. To control your blood glucose, eat consistent amounts of carbohydrate at each of these small meals. You may only be able to eat blenderized (sometimes called pureed) food or liquids if symptoms are severe. Some people with gastroparesis find they can eat solid food earlier in the day, but only liquids in the late afternoon or evening. Only by trying several different meals can you tell what works for you.

Since your intake of nutrients from food may be less than ideal, choose the most nutritious food and

beverages you can. Skip the empty calories like soft drinks, but if you can't keep much down, any source of calories is good.

Some people do not tolerate fatty food well, but may be able to handle liquid fat from whole milk, full fat yogurt, milkshakes or liquid supplements like Boost.™ Fat has twice the calories as protein and carbohydrate so it is a concentrated source of calories when you cannot eat much.

Of course protein and carbohydrate is also important. You need protein to heal, to prevent infection, and to keep your muscles strong. Well tolerated sources are eggs, cottage cheese, fish, poultry and lean meat. Again you may need to blenderize these foods with small amounts of milk, soy milk, broth, juice, tomato sauce or even canned baby food so you can keep them down. You can also use water, but it will not add calories and may dilute the flavor of the food.

Choose the best sources of carbohydrate whenever you can. Juices, milk drinks, smoothies, strained creamed vegetable soups, yogurt, ice cream, sorbet, mashed potatoes and thin cooked cereals like cream of wheat and grits are good.

You may need a low fiber diet. Fiber can bind in your stomach like hair

balls in a cat and cause a lot of problems. A low fiber diet will restrict whole grains, bran, whole fruits, vegetables and nuts.

The dietitian or your doctor may recommend that you fortify your food with different high protein broths, non-fat dry milk or various protein powders. Use them at every meal and snack. They may also suggest taking a liquid or chewable vitamin-mineral supplement.

While gastroparesis is not too common, it can be a serious diabetic complication. Thankfully you can adjust your diet to help manage it if it does occur.

Smoking Still Hurts Everyone

A report from the Surgeon General of the United States again states that smoking is bad for you, whether it is second hand smoke or chain smoking. This report confirms all the evidence that smoking increases risk for cancer, cardiovascular disease, lung disease and pregnancy problems. The report says that there is **no safe level** of exposure to cigarette smoke and **no** safe cigarette.

With just one inhalation, a person is exposed to 7,000 different chemicals. Hundreds have been found to be harmful and 69 are known to cause

cancer. Currently one in five adults and teens smoke and one-third of people who try smoking become addicted. Half of all long-term smokers die from diseases related to smoking. Nicotine is one of the most addictive substances in the world and the design of cigarettes enhances its effect. A person may inherit a tendency to become addicted to nicotine and your genes may also influence how easy it is to quit.

At least 10 different cancers are related to smoking. It can cause cancer in the mouth, throat, lungs, blood, stomach, pancreas, kidney, bladder and cervix. It also increases risk for stroke, blindness, cataracts, gum disease, aortic aneurysm, heart attack, pneumonia, blood vessel disease, hip fractures, and diseases of the lung including asthma and emphysema. It even reduces fertility.



Smoking changes the DNA, or genetic material in our cells. This fosters uncontrolled growth of abnormal cells that can lead to cancer and prevents the body from destroying these harmful cells.

In cardiovascular disease, smoking injures the arteries and causes chronic inflammation that speeds up how fast

arteries narrow and get blocked. It also increases triglycerides (blood fats) and decreases the HDL or healthy cholesterol that reduces risk. Insulin resistance also increases when a person smokes.

Smoking changes the lung tissue and damages the lung's airways and structures where the lungs exchange oxygen with the blood. This leads to chronic obstructive lung disease (COPD). Genetics may decide who get COPD since not all smokers get it.

During pregnancy, carbon monoxide from cigarette smoke can cut off oxygen to the baby and lead to poor growth. Tobacco smoke also contains heavy metals like cadmium, lead and mercury that can hurt the baby's development and even lead to cleft palate and miscarriage. Smoking also can damage DNA in male sperm and lead to problems in fertility and the health of the child. Even hormones like estrogen may be affected by smoking.

The solution to all these problems is **not to smoke**. No matter what your age or how long you have smoked, stopping helps. Even using nicotine gum or a patch to help stop smoking is still better than continuing to smoke.

Visit the American Diabetes Association EXPO

The American Diabetes Association will hold its annual EXPO on Saturday, April 9 at the World Congress Center in Atlanta from 9 am to 4 pm. The educational sessions and exhibits will be located in Building C in Hall C-4. Throughout the day you will experience FOR FREE

- Health screenings
- Product demonstrations
- Valuable workshops
- Healthy cooking and active living demonstrations
- An interactive Family Fun Zone
- Medical professionals to personally answer your questions

Some of the topics covered in the workshops will be

- Diabetes basics for the newly diagnosed
- Sick day management
- The latest diabetes research
- How to prevent diabetes
- Diabetic complications
- School issues for children with diabetes

You can register for free at

<http://www.diabetes.org/in-my-community/expo/atlanta-expo-2011/>

and get a \$4 parking coupon or Marta directions

You can also call 1-888-342-2383 x3166 to register.

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Recipe Corner

Veal Medallions

This recipe is ideal for a special occasion. It is easy to make, but makes a great impression. This recipe is adapted from a recipe provided by the Canola Information Council.

8 ounces mini-portabello mushrooms, sliced
¼ cup red wine (not cooking wine)
3 teaspoons canola oil, divided
1/8 teaspoon red pepper flakes
½ teaspoon black pepper
4- 4 ounce veal medallions
Non-stick cooking spray
3 green onions, finely chopped
¼ cup unsalted beef broth

1. Preheat oven to 200 degrees F.
2. Place mushrooms and veal in gallon storage bag. Add wine, 2 teaspoons of oil and red pepper flakes. Seal bag and coat mushrooms and veal with marinade. Marinate for 15 minutes, turning frequently.
3. Remove veal from bag and drain well. Sprinkle evenly with pepper. Spray non-stick skillet with non-stick spray. Heat 1 teaspoon of oil in skillet over medium-high heat. Add the veal and cook 4 minutes on one side; turn and cook 2-3 minutes more on the other side. Remove veal from skillet and put on ovenproof dish. Keep warm in the oven.
4. Remove mushrooms from marinade and reserve marinade. Again spray the skillet with non-stick spray and sauté the green onions for 1 minute stirring constantly. Add the mushrooms and cook 3 minutes longer or until mushrooms are tender.
5. Add the marinade and beef broth. Boil one minute or until thickened. Remove from heat and add the veal. Coat the veal well with the mushroom sauce.
6. On each plate, serve one veal medallion with 2 -3 tablespoons of mushroom sauce.

4 servings

Nutrition Analysis:

Calories: 196 Carbohydrates: 4 grams Protein: 25 grams
Fat: 7 grams Saturated Fat: 1 gram Cholesterol: 94 milligrams
Sodium: 111 milligrams Fiber: 2 grams
Diabetic Exchanges: 3 lean meats and one vegetable

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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

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