
Diabetes Life Lines



A newsletter from your County Extension Office
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The Two Big D's

Depression and diabetes have more in common than the fact that they both start with the letter D. If you have diabetes you are twice as likely to develop depression as someone who doesn't have diabetes.

Approximately 10-15% of people with diabetes are diagnosed with depression, and another 15-20% suffer symptoms of depression.

Dealing with diabetes and depression is a lifelong struggle - think of it as a marathon rather than a fifty-yard-dash. Often, dealing with depression — or any chronic disease for that matter—can be overwhelming. Sometimes people with diabetes feel that they are coping with so much already that they don't want to bring up that they might be

depressed as well. But avoiding the subject can make life much harder.

Diabetes also affects your loved ones. The entire family may have feelings of anger, fear, anxiety, and frustration. They may deny these feelings or even the disease itself, but they must come to terms with both the condition and the feelings it brings.

Both diabetes and depression can hamper communication and healthy interaction, especially for couples. Sometimes, people will feel that since they have to deal with diabetes everyday they should not have to deal with the rest of everyday life like household chores. They may get angry and those closest to them may experience the brunt of that anger. Typically, such anger is a sign that something deeper is troubling them.

Frequently people with diabetes are afraid. Fear is often masked by denial, anger, irresponsibility, frustration, and unexplained sadness. A person may be fearful about such things as low blood sugars, injections or diabetic complications. It is crucial that these fears be addressed or they could grow stronger over time.



Diabetes concerns also cause worry which leads to anxiety. Anxiety can cause restlessness, grouchiness,

and an inability to focus and complete tasks. Anxiety can add to frustrations that already exist. Someone may feel frustrated about how they cannot “manage” diabetes better, or because the medical team cannot figure out the best treatment, or with the world in general for its lack of understanding about diabetes.

The key to dealing with these feelings is to be aware of them and discuss them either with a trusted friend, a family member or a mental health professional.



Negative feelings may not go away, but you can explore how to handle them so you don't express them inappropriately adding even more to your stress.

If you are diagnosed with depression, several treatments are available. Twelve-step programs, antidepressants, physical activity and cognitive behavioral therapy are all very useful. The first step is to talk to a doctor or diabetes educator who understands both diabetes and depression or who can refer you to someone who does. Depression can make self-care difficult, so get help as quickly as possible. Once your depression improves, you will likely get your life, and your diabetes, under better control.

Using Supplements for Diabetes Control

The American Diabetes Association (ADA) states that many people try herbal or other natural products or food supplements to try to improve their diabetes control. People with diabetes are 1.6% more likely to try such products than the rest of the population.

Unfortunately such products are not controlled by the Food and Drug Administration and many are expensive. If you do want try some of these products, you need to ask some questions. Just because a friend or family member recommends them or they are advertized on the TV, radio



or internet does not make them effective. Here are some questions the American Diabetes Association recommends that you consider when you see or hear those ads or visit those internet sites:

- 1) Is the information clear and easy to understand?
- 2) Are there sites or sources that have tested the product besides the company or people selling it?

- 3) Are there research studies showing the product works, or are there only stories from people who have used it?
- 4) If there are studies, were they done in the United States or in other countries where food and daily diets are different?
- 5) Who is providing the information, and what is their background?
- 6) If universities are mentioned, are they well known?
- 7) Are the ingredients listed?

To be safe, let your health care provider or pharmacist know that you are considering or already using such products. Some of them may interact with other medications you take. Also the health professional may be able to give you more information. When you talk, ask them these questions:

- 1) Is there research showing this product can improve my blood glucose or my health?
- 2) Is this product safe for me?
- 3) Could this product interact with any other medicine I take or medical conditions I have?
- 4) How much should I take and how often?
- 5) Are there any side effects?

- 6) Are there times when I should stop taking it?
- 7) How can I tell if the product is working?

Be a smart consumer. Learn all you can about these supplements and other natural products before you spend your money on them or risk your health. You may be able to get more information about such products at www.consumerlab.com or www.diabetes.org

Victoza: A New Diabetes Drug

Victoza (generic name – liraglutide) is a new drug for people with Type 2 diabetes who are not getting good control with oral diabetes pills. It is pronounced Vic-tō-za. It is injected just under the skin into the stomach, thigh or upper arm, but it is not insulin. The drug is taken once a day at any time of day.

Victoza works similarly to Byetta by increasing the amount of insulin and decreasing the amount of glucagon that the pancreas releases. Glucagon is a hormone that can raise the blood sugar. Stomach emptying is also slowed so the blood glucose rises more gradually.

Victoza comes in a special pen that can deliver 0.6 milligram, 1.2



milligram or 1.8 milligrams doses. Common side effects are headache, nausea, diarrhea and the production of antibodies against liraglutide. When Victoza is first started, it is given at the lowest dose and then gradually increased to reduce any nausea that can occur. If nausea does occur, it usually gets better with time.

Low blood sugar may be more common if the person is taking diabetes drugs called sulfonylureas. Therefore, the dose of those drugs will likely be reduced when Victoza is started.

The drug should not be used during pregnancy or breast feeding and has not been tested in children or teens under the age of 18. Also it should be used cautiously in people with kidney or liver problems or with slowed stomach emptying due to gastroparesis.

The drug may slightly increase risk for pancreatitis and thyroid cancer. Therefore anyone that has had pancreatitis, gall stones, alcohol abuse or high blood triglycerides should not take the drug. Also anyone who has had thyroid cancer or has had family members who had this kind of cancer should not take the drug. Thyroid tumors were found in some rats that were given very high doses of Victoza. Whether this increased risk is true in humans is not clear since the doses tested were much higher than what would be prescribed by a doctor.

Even those who have not had pancreatitis or thyroid cancer should know the symptoms of these conditions if they take Victoza.

Symptoms of pancreatitis include severe stomach pain that may spread to the back and vomiting. Signs of thyroid cancer are a lump or swelling in the neck, hoarseness, trouble swallowing or shortness of breath. If these occur, the person should call their health care provider right away.

While these possible side effects sound serious, the Food and Drug Administration (FDA) still thought that Victoza improved diabetes control well enough that it should be approved. Most of these side effects were very rare. However the FDA is having the manufacturer keep detailed records of any reports of serious side effects after the drug is on the market. No drug is totally side effect free. With the problems some other drugs have had recently, the FDA has just become strict about warning people about the side effects and making sure any problems are quickly found.

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Recipe Corner

Red Beans and Rice

Here is a fiber-rich dish that is almost a full meal. It's good with a low calorie salad on the side. Great for a casual gathering or to freeze in individual containers for later reheating.

1 pound dried red beans or kidney beans	½ teaspoon dried basil
4 cups low sodium beef broth	½ teaspoon dried oregano
1 teaspoon cayenne pepper	½ teaspoon paprika
2 cloves garlic, minced	¼ teaspoon dried thyme
1 pound pre-cooked smoked turkey sausage	1/8 teaspoon mace
4 cups cooked brown rice	

1. Rinse the beans and drain. Place in a Dutch oven and cover with water. Let soak overnight in the refrigerator.
2. Drain the water the next day. Pour in the broth and enough extra fresh water to cover the beans. Add the cayenne pepper and garlic. Bring to a boil, then turn heat down and cook for about 1 ½ hours or until beans are tender. Stir occasionally.
3. Cut up sausage in bite size pieces and add to beans. Add the remaining spices and cook an additional 30 minutes. Add more water if needed to prevent sticking.
4. Serve in individual bowls on top of 1/3 cup of brown rice.

Makes 12 servings.

Nutrition Information:

Calories: 270 Carbohydrate: 40 grams Protein: 18 grams
Fat: 4.5 grams Saturated fat: 1 gram Cholesterol: 20 milligrams
Sodium: 338 milligrams Fiber: 10 grams

Exchanges: 2 starches 1 very lean meat 1 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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