



Diabetes Outlook

STAYING HEALTHY ■ LIVING WELL

FALL 2009

Is That Spot on Your Skin Serious?

Diabetes may cause changes in small blood vessels that lead to spots on your skin. Two such skin conditions are diabetic dermopathy and necrobiosis lipoidica diabetorum (NLD). While they are similar, there are key differences.

Diabetic Dermopathy

Diabetic dermopathy causes small, light brown, scaly patches with a round or an oval shape.

These patches usually occur on the fronts of both shins. The patches don't hurt, itch, or crack open. Dermopathy is harmless and does not require treatment.

Getting a Handle on NLD

NLD is less common and generally affects women. Often found on the fronts of the shins as well, they are larger and deeper. NLD patches may be painful or itchy, and can crack open.

NLD usually starts out as a raised red patch. After a while, it looks like a shiny scar with a purple border, and blood vessels under the skin may become visible. No treatment is needed if the patch doesn't break open. But if it does, see your doctor. He or she may prescribe medications, and may suggest lowering your blood sugar and quitting smoking, which both may help in treating NLD.



How Can I Help My Teen Cope with Diabetes?

These days, lots of teens—many who are overweight and inactive—are developing type 2 diabetes. Left uncontrolled, high blood sugar can raise the risk for early heart disease. It also can have emotional effects, making kids feel different or stressed.

A little parental support can go a long way. Here's how to help:

- Cook the same healthy foods for the whole family so that your teen isn't left out.
- Plan family walks to help your teen get 60 minutes of exercise a day.
- Don't see your role as the "blood sugar police." Watch your teen complete his testing until he's shown that he can keep it under control. Then, give him some space.
- Get your teen a cool journal to help her "vent."
- Peers can be a great source of support. Find a local camp or group for kids with diabetes at **800-DIABETES (800-342-2383)**.

Good Health Guidelines

For people with diabetes, it's important to have the following tests and checkups:

- Hemoglobin A1c test two to four times a year
- Blood pressure checked at every office visit
- Foot inspection at every office visit and complete sensory foot exam once a year
- Dilated retinal (eye) examination once a year
- Fasting lipid profile test at least once a year
- Urinary protein/microalbumin test once a year
- Cholesterol levels, including low-density lipoprotein and high-density lipoprotein, checked at least once a year
- Serum creatinine measured once a year
- Regular dental checkup at least twice a year

A CLOSER LOOK

Understanding the Sensory Foot Exam

One type of foot exam your health care provider will perform is called the sensory foot exam. This test can help determine whether you are at risk of developing ulcers on your feet. A testing device is used to apply a certain amount of pressure to five different areas of the foot. You will be asked to tell your health care provider when and if you feel the pressure. People who are able to feel the pressure on each testing area of the foot are less likely to develop ulcers than those who are unable to feel it.

Write down the date of your next sensory foot exam:

Although these are suggested guidelines for care, please check with your benefits plan for coverage. Guidelines for children may be different. Check with your doctor to learn which tests children need and how frequently they need them.

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Coronary Artery Disease and Diabetes

You Can Control Both



Are you one of the approximately 30 percent of people with diabetes who also have coronary artery disease (CAD)? If so, taking steps to manage your diabetes can help control your CAD.

Over time, high blood sugar levels may work with other heart risk factors such as high blood pressure and high cholesterol to raise your risk of having a heart attack or stroke. But you can take steps to manage these risk factors for stroke and heart attack, while also managing CAD.

The Link Between Diabetes and CAD

There are several reasons why diabetes and heart disease go hand in hand:

- More than 70 percent of adults with diabetes also have high blood pressure or are on medication for it. High blood pressure is associated with stiff arteries, a major risk factor for CAD.
- Chances are, if you have diabetes, you also have abnormal cholesterol levels. Too little HDL (“good”) cholesterol and too much LDL (“bad”) cholesterol can lead to buildup on the inner walls of the arteries. CAD occurs when the arteries become hardened or narrowed due to this buildup.

Manage Diabetes to Control CAD

It’s important to monitor your blood sugar when you have both diabetes and CAD. Check your blood sugar daily and write the number in a record book. If your numbers are too high or too low for two to three days, call your doctor.

In addition, many of the steps you take to manage CAD also can keep your diabetes under control:

- Take all medications according to your doctor’s instructions.
- Eat a heart-healthy diet that is high in fiber and low in saturated fat, cholesterol, and trans fat.
- Be physically active for at least 30 minutes, five or more days per week. Talk with your doctor before starting an exercise program.
- Speak with your doctor about a weight-loss plan to help you achieve a waist circumference that is less than 40 inches for men or 35 inches for women.
- If you smoke, quit.
- Ask your doctor if taking aspirin daily is right for you.

Keeping Hypoglycemia in Check

Hypoglycemia is a condition that occurs when your blood glucose—also known as blood sugar—level drops too low. If left untreated, hypoglycemia can get worse and even become life-threatening. Since hypoglycemia happens to everyone with diabetes sooner or later, it pays to be prepared. Here's a crash course in coping with a low blood glucose level.

Hypoglycemia 101

After you eat, glucose from food is absorbed into your bloodstream, and then insulin helps move glucose into your cells to be used as energy. If there's more glucose than you need, it's stored in your liver in a form called glycogen.

When your blood glucose level starts to fall between meals, a hormone called glucagon is released by your pancreas. Glucagon tells your liver to break down glycogen and send it back into the bloodstream as glucose. When all goes well, your glucose level returns to normal.

But it gets tricky if you're taking insulin or diabetes pills that increase insulin production. Insulin may keep moving glucose out of the bloodstream and into the cells for use as fuel, even when that means too little glucose is left in the blood—resulting in hypoglycemia.

Several factors can lower blood glucose, contributing to hypoglycemia. These include some diabetes medication, skipping meals, exercising more than usual, and drinking alcohol heavily or on an empty stomach.

Take the Proper Steps to Prevent Hypoglycemia

Controlling your diabetes is the most effective way to prevent hypoglycemia. Check your blood glucose level as often as recommended and always take any diabetes medication as



prescribed. It's also important to stick to your meal plan and physical activity schedule as much as possible. In addition, be sure to talk with your doctor about what to do if there are changes in your routine.

Identify the Warning Signs

Even with your best efforts to reduce your risk, your blood glucose level may still drop at times. When that happens, it's crucial to recognize and treat the problem before it gets worse.

Symptoms of hypoglycemia include:

- Shakiness
- Hunger
- Nervousness
- Sweating
- Dizziness
- Sleepiness
- Anxiety
- Weakness
- Trouble speaking
- Confusion
- Clumsiness
- Fainting

It also can occur while you're sleeping. When that happens, it may cause sweating, restless sleep, or nightmares. You might wake up with a headache or feeling tired and irritable.

Left untreated, severe hypoglycemia can lead to seizures, coma, or even death. So knowing the warning signs is critical. But some people with diabetes don't have any symptoms until it's severe, which is why it's important to check your

blood glucose level frequently. And if you don't already have a plan in place if hypoglycemia occurs, talk with your doctor about creating one.

Treatment for Low Blood Sugar

When you think your blood glucose level might be low, check it with your glucose meter. If your level is below 70 mg/dl, the quickest way to bring them up is by eating some sugar. If you feel symptoms coming on but don't have a meter handy, it's better to act fast than to wait.

Quick fixes for a low blood glucose level include:

- Three or four glucose tablets
- One serving of glucose gel
- Five or six pieces of hard candy
- 1/2 cup of fruit juice
- 1/2 cup of regular (not diet) soda
- 1 cup of milk
- 1 tablespoon of sugar or honey

You should recheck your blood glucose in 15 minutes. If it's still less than 70 mg/dl, try one of the quick fixes again. Repeat until your blood glucose level returns to normal.

Make sure family and friends know what to do if you ever pass out from hypoglycemia. They need to call 911 immediately. If your doctor advises it, you can also carry glucagon. Then someone can give you a glucagon injection in an emergency.



Can Losing Weight Dodge Urinary Incontinence?

Women with diabetes often have urinary incontinence—the medical term for poor bladder control. If you are one of those women, you know it can be awkward. But there may be a way to manage urinary incontinence while helping control your blood glucose level: Lose weight, if you're overweight.

A recent study involved overweight and obese women who had frequent trouble with bladder control. One group participated in a weight-loss program that included diet, exercise, and behavior-change strategies. After six months, these women had lost an average of 8 percent of their starting weight. As a group, they had also cut the number of episodes of urinary incontinence by nearly half.

How Diabetes Can Affect Your Bladder

Diabetes can damage the nerves that control your bladder. Sometimes these damaged nerves tell muscles in the bladder to squeeze without warning. Other times, damaged nerves affect muscles around the urethra—the tube that carries urine from the bladder to outside the body. Normally, these muscles keep the urethra closed tight when you aren't trying to urinate. But when the nerves are damaged, these muscles may become loose and allow urine to leak out unexpectedly.

Both women and men can have bladder control issues caused by diabetes. In addition, women have other risk factors that can cause bladder control problems. Physical changes from pregnancy, childbirth, and menopause can lead to stress incontinence—small urine leaks that happen when exercising, coughing, sneezing, or laughing. So for women with diabetes, it can be a double whammy.



Weight Loss Matters

Being overweight puts extra pressure on your abdomen, which can make bladder control problems worse. Losing as little as 8 percent of your body weight may improve your bladder control and general health. If you start out at 180 pounds, that's about 14 pounds. You don't have to lose a lot to be a big winner.



Blood glucose. This is a sugar in your blood that fuels your body. If you have diabetes, your body can have trouble controlling your blood glucose level.

Coronary artery disease (CAD). A disease in which the blood vessels that carry blood and oxygen to the heart get narrower because of buildup on artery walls. People with diabetes have a higher risk for CAD.

Corticosteroids. A type of steroid that works against stress caused by illness or injury. Doctors prescribe them to treat conditions such as arthritis, rashes, and some cancers.

Digestion. The process in the body that breaks down food and liquids so that they can be used to provide energy.

Glycogen. This is extra glucose stored in your liver. Your liver can use glycogen to increase low blood glucose level. But for people with diabetes, this process can go wrong.

Go Off the Beaten Path for Diabetes Management

If you've been inactive for a while, walking is an easy way to get moving again. And it doesn't require fancy equipment or a gym membership.

Regular exercise helps manage your blood glucose level, weight, blood pressure, and cholesterol levels. It also may ward off heart and blood flow problems, decreasing the risk for heart disease and nerve damage. Plus, walking at least a mile a day reduces the risk for premature death in older adults with diabetes.



To reap the full rewards, you need more than a leisurely stroll down the block. Below are some tips to help you get started on the right foot.

- **Start out slowly.** If you're not used to being active, start with about 10 minutes of walking daily. Add about five minutes each week as you gain strength and energy.
- **Work up gradually.** Shoot for a goal of 30 to 45 minutes of brisk walking a day on five or more days a week. Aim for a moderately intense pace—too winded to sing, but still able to talk.
- **Warm up and cool down.** Before each session, warm up by walking slowly for five minutes and doing some light stretching. Cool down at the end by repeating this process.
- **Monitor blood glucose levels.** Before you walk, check your blood glucose level. If it reads below 100

mg/dl, eat a snack to reduce the chance of hypoglycemia (low blood sugar). Then check your blood glucose again after you've finished. If it has dipped too low (below 70 mg/dl), treat the hypoglycemia with a quick source of sugar, such as glucose tablets, hard candy, or fruit juice.

- **Protect your feet.** Wear shoes designed for walking that fit well and provide good support. To prevent foot sores and blisters, be sure to wear lightly padded socks, preferably with no seams that might rub against your skin.

Be sure to check with your doctor before you start any exercise program. He or she can recommend the type, amount, and intensity of exercise that's right for you. Also, since physical activity may lower your blood glucose level too much, ask about how you should be managing it during exercise.

A Little Vinegar May Help Blood Sugar

The latest news about vinegar is anything but sour. Research shows that vinegar may help manage blood glucose levels in people with type 2 diabetes.

In a small study, people with type 2 diabetes consumed either 2 tablespoons of apple cider vinegar or water along with an ounce of cheese at bedtime. Blood glucose levels were lower on the mornings after they consumed the vinegar.

It's not exactly known how vinegar might have this effect. Vinegar may delay stomach emptying, slowing digestion. Or it may block the complete breakdown of starch molecules into glucose. Both theories hint that vinegar may be slowing down the amount of glucose flooding the bloodstream after meals. However, researchers caution that more investigation is needed to determine if vinegar really can help blood glucose levels.

Drinking vinegar by the cupful isn't recommended. Too much vinegar might irritate your throat or esophagus, doing more harm than good. But if you want to add a little vinegar to your diet, try these suggestions:

- **Dress salads in style.** Make your own vinaigrette (vinegar-and-oil dressing) using three parts flavored vinegar to one part oil. Tasty pairings: Red wine vinegar with olive oil or balsamic vinegar with canola oil.
- **Lighten up coleslaw.** Skip the mayonnaise-based dressing. Instead, mix 2 tablespoons rice vinegar, 2 tablespoons low-sodium soy sauce, and 2 teaspoons sesame oil. Zesty add-ons can include ginger, garlic, and crushed red pepper flakes.
- **Splash on extra flavor instead of salt.** At the dinner table, replace your saltshaker with apple cider or balsamic vinegar. Drizzle vinegar over cooked greens, steamed veggies, or grilled chicken or fish.



Baked Apple Slices

Serves 4

Ingredients

- 2 oranges
- 2 tbsp. honey
- ¼ tsp. ground cinnamon
- ¼ tsp. ground cloves
- 3 Granny Smith apples, peeled, cored, and cut into ½-inch slices
- 5 tbsp. raisins
- ¼ cup chopped walnuts, divided
- ¼ cup low-fat vanilla yogurt

Directions

1. Preheat the oven to 375°.
2. Grate the zest of one of the oranges and set aside.
3. Squeeze the juice from both oranges into a small bowl. Stir honey, cinnamon, cloves, and half the zest into the juice.
4. Lay half the apple slices in a glass baking dish. Scatter the raisins and 2 tablespoons of the walnuts on top.
5. Pour on half the juice mixture. Then top with the remaining apples and juice mixture.
6. Combine the rest of the walnuts and orange zest and scatter over the top.
7. Cover lightly with foil and bake for 30 minutes, or until apples are soft and juices are bubbly.
8. Serve warm or cold topped with a dollop of yogurt.

Per Serving

Calories 206, Total fat 6 g, Saturated fat 1 g, Carbohydrates 41 g, Sodium 13 mg, Fiber 4 g



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