

Life with diabetes

Look inside

Diabetes education:
What's the point?

Sleep matters

Ask a CDE

Diabetes education
and support

Tip of the quarter

by Debbie Pauls, RN, CDE

An Institute of Medicine research study published in the *Journal of the American Medical Association* recommends that women work towards 60 minutes of moderate exercise daily or 420 minutes each week in order to maintain their weight on a normal diet. Participants who had a healthy weight and exercised 60 minutes a day maintained their weight, while those exercising less tended to gain weight — an average of 5.7 pounds.

Tips to get in your 60 minutes

Choose activities you enjoy so you will look forward to exercising. Here are some ideas:

- Taking a brisk walk (outside or on a treadmill)
- Dancing
- Taking a low-impact aerobics class
- Swimming or water aerobics
- Ice skating or roller skating
- Playing tennis
- Riding a stationary bicycle indoors

Albany woman thanks educator, medicine for recent diabetes control

by Heather Burton

When Albany resident Joyce Rich was diagnosed 10 years ago with type 2 diabetes, she admits she had a hard time accepting that she had a health condition.

“I fought it,” says Rich, now age 69. “I thought if I ignored it, it would go away. Of course, it didn’t.”

For years following her initial diagnosis, Rich tried numerous medications and treatment plans — and never found an effective way to manage her condition.

“They tried everything on me,” she explains. “But the diabetes was never controlled. My sugars stayed pretty high. Then, about two and a half years ago I was sent to the diabetes education people and everything changed.”

Rich was referred by her primary care physician to diabetes education, where she met Elizabeth Mahn, RN, a diabetes educator with Samaritan Health Services. She also did research on different diabetes medications and asked her physician about Byetta® — a relatively new pharmaceutical option for people with type 2 diabetes.

Rich’s physician prescribed Byetta, which comes in a pre-filled injectible pen taken before meals twice a day. Byetta, which is used in conjunction with a diet and exercise program, helps the body produce the right amount of insulin at the right time, according to its makers.

“I started losing weight right away once I started the Byetta,” says Rich. “I started to ride the stationary bike more often and my sugars just kept coming down. Today, I’m down 50 pounds from where I started. I feel so much better.”

According to Mahn, while the Byetta has been a factor in her success, it’s Rich’s commitment to her health that has been the key to better health.



Diabetes education: What's the point?

by Debbie Pauls, RN, CDE

Education: the act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgment, and generally of preparing oneself or others intellectually for mature life. The result produced by instruction, training, or study.

Much of the emphasis in diabetes education today is on producing behavior change. This comes through providing information, skill building, encouragement, role playing and interactive discussion among people and families with diabetes. And setting goals.

Diabetes affects many areas of our health. And each of these areas are affected by our actions. Because of that, what we do (or do not do) each day may have an effect on our diabetes control and overall health. In other words, your actions and behaviors may very well affect your health, and there's only one person who ultimately controls your behavior... you.

The American Association of Diabetes Educators, an organization that represents thousands of Diabetes Educators across

the U.S., provides tools to help diabetes educators work with their patients to make some of these behavior changes easier.

For many people, by the time they've been diagnosed with diabetes, they've had years to develop some habits or behaviors, making it difficult to make changes to improve their health. That's especially true if you feel "OK," and don't have any particular complaints, or have not developed any complications from diabetes. However, most of us know that even though we feel "OK," the dangers of uncontrolled diabetes can bring on complications later in life. Even still, that doesn't always motivate us to change.

"I don't want to change my behavior," a patient told me recently. How often have you said that to yourself? Especially if you feel pretty good and don't have any specific

complaints about your health? But, if you've met with a diabetes educator before, chances are you've been asked to set a behavior change goal, or pick one thing to work on to improve your health. It's not that we're trying to make your life difficult or ask you to do "the impossible," we are trying to help you see one thing you can change to improve your health – making smaller, more attainable changes. The choice has to be yours. To have someone else tell you to cut out the chips or to start walking every day or whatever, simply won't work.

Start by asking yourself, what are you willing to do to improve your health? Then ask, what will get in your way, and how will you overcome those challenges? Even the smallest changes in habits, or behavior, may result in important benefits to your health.

New treatment option for type 2 diabetes: Victoza (Liraglutide)

by Elizabeth Mahn, RN

Victoza is one of the newest drugs on the market for type 2 diabetes — not to be used for Type 1 diabetes. Victoza is a once a day injection, which can be given any time of the day, it does not have to be administered at mealtime.

It should be used as an adjunct therapy to diet and exercise. It is not a substitute for insulin and is not considered an insulin. Victoza is a human GLP — 1 (Glucagon-like peptide-1) analogue that lowers glucose, by preventing excessive output of glucose in the liver. It causes insulin release from the pancreas when glucose is elevated. It delays stomach emptying. Victoza reduces both fasting and postprandial (after meals) glucose, as well as decreasing A1C levels, and promotes moderate weight loss in some patients.

Victoza has a very low risk of hypoglycemia (low blood sugar). Common side effects include gastrointestinal effects, such as nausea, diarrhea and vomiting, which usually clears up within a few weeks.

Recommended doses are: 0.6 mg for one week, increase to 1.2 mg, then 1.8 mg if needed. If you feel that you might be a good candidate to use this medication, please talk to your health care provider about whether or not Victoza should be part of your diabetes management plan.



Green papaya salad (som tum)

adapted from www.importfood.com

2 cups green (unripe) papaya, shredded
6 cherry tomatoes, sliced in half
6 fresh green beans, cut into one-inch pieces
2 fresh Thai chilies, remove stems or 2 jalapenos with seeds removed
2 cloves garlic, minced, crushed
2 Tbsp roasted peanuts (crush 1 Tbsp, save 1 Tbsp for the topping)
1 cup fresh cabbage, thinly sliced

Dressing

1/2 tsp dried shrimp to taste (if vegetarian, substitute 1 extra Tbsp soy sauce) (can omit)
1 Tbsp olive oil
2 Tbsp low-sodium soy sauce or 2 Tbsp fish sauce or vegetarian fish sauce (start with 1/2 tsp, adjust to taste)
3 Tbsp lime juice
2 Tbsp cane sugar (can use brown sugar) or 1 to 1-1/2 Tbsp liquid honey

Many Asian supermarkets have packaged shredded green papaya. To prepare a whole green papaya, peel, rinse the white milk off and pat dry. Shred it with a regular cheese grater, using the large sized holes. Stop grating when you see the white immature seeds inside, and move onto another part of the papaya.

In a mortar and pestle, gently pound whole fresh chilies, garlic and half of peanuts. (Set aside in bowl.)

Lightly pound cut green beans and sliced tomatoes to release flavors. Add to bowl with chilies and garlic.

Put dried shrimp, soy sauce, cane sugar, olive oil and lime juice to another small bowl. Blend well.

Add shredded papaya to the bowl with chilies and gently mix all ingredients. Pour soy sauce mixture over all and mix gently.

Serve som tum on a dish, sprinkle with remaining peanuts; serve with slivered fresh cabbage on the side. Enjoy! Makes two servings.

Nutrition data: Serving size 1 cup, calories 276, total carbohydrates 16g, fat 11g, protein 5g, fiber 4g, Sodium 550mg



Sleep matters by Mari M. Goldner, MD

One of the biggest factors affecting the quality of your life, your health and longevity is sleep.

Yes, sleep. Think of sleep as one long metabolic re-boot of your brain.

Without enough sleep or quality sleep, you're more likely to experience other health conditions, including obesity, depression and cancer. And if you have diabetes, sleep matters even more.

Studies show that inadequate sleep takes a heavier toll on people with diabetes. Left untreated, sleep disorders, such as sleep apnea can cause elevated blood sugar levels and other diabetes complications.

Most people need eight hours of sleep each night. Some people a little less and others a little more. The biggest sleep problem by far is deprivation. If inadequate sleep is voluntary, it can be overcome by simply making time to rest.

The best time to sleep is at night, when our body clocks wind down. If you experience insomnia, try setting a regular sleep schedule and avoid caffeine and alcohol. Insomnia can also be treated without medicine by a psychologist.

Sleep disorders

A common sleep problem is sleep apnea, characterized by snoring and stopping breathing caused by an obstruction in the upper airway. When people wake up to "fix" the problem, it's like an adrenaline alarm interrupting sleep. These adrenaline surges are linked to hypertension and elevated blood sugar levels. And the oxygen drops can cause the arteries to harden.

By treating sleep disorders, research has shown people with diabetes have better glucose control. In general, sleep disorders are very responsive to treatment, including weight loss, dental appliances for mild cases and wearing Continuous Positive Airway Pressure (CPAP) masks. The masks might look funny, but CPAP therapy works.

So talk to your doctor if you have problems and sleep well!

Dr. Goldner is a specialist in the Sleep Medicine Department at The Corvallis Clinic and works in the Samaritan Sleep Disorders Center at Good Samaritan Regional Medicine Center in Corvallis. She can be reached at (541) 754-1268 or (541) 768-4855.

Ask a CDE

by M. Teresa Cochran, MS, RD, LD, CDE

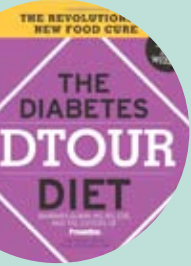
“I want to lose weight and get my blood sugars under control. Can you give me some menus and a cookbook to follow?”

Check out the new book *The Diabetes DTOUR Diet* by Barbara Quinn, MS, RD, CDE, and the editors of *Prevention* magazine, which contains six week’s worth of taste-tempting menus and recipes for 1,400- and 1,600-calorie meal plans. The first two weeks of “fast start” menus are higher in protein and lower in carbs, so they aren’t appropriate for someone with renal problems, but should be fine for those without renal issues. The meals are all heart-healthy, low in sodium and high in fiber, calcium, omega 3’s and vitamin D.

The second four weeks of meal plans includes more than 100 meals and snacks to choose from, so you can go for weeks without eating the same meal twice!

The Diabetes DTOUR Diet is also chock full of exercise and strength-training routines, and contains places to journal food, exercise and daily blood sugar readings, as well as a spot for weekly weigh-ins and monthly waist measurements. You can also customize the meal plans and track your progress online at www.dtour.com/online.

Check with your dietitian to see how to modify the caloric levels for your metabolism.



continued from cover

“When Joyce first came to see me she was really concerned about her health,” says Mahn. “She wanted to get better and was really motivated to do whatever it took to control her sugars.”

Rich says Mahn and Samaritan’s dietitians helped her to understand food and its impact on her diabetes. She now satisfies her sweet tooth with sugar-free candy and eats a lot of vegetable soups and vegetable-packed dishes.

“I went to diabetes education not really understanding good nutrition,” says Rich. “But I left with so much information and knowledge to help me.

“Liz really is a wonder,” Rich continues. “She’s always been there for me and she inspires me to keep going. She’s truly happy for me when I make progress.”

According to Mahn, Rich’s consistency and organization helped her reach her health goals. If Rich needed help to keep her blood glucose in control, she’d call or come in to discuss what was going on. Then she’d get right back on track.

Rich encourages people struggling with diabetes, like she once was, to talk with their primary care physicians about working with a diabetes educator.

“It’s hard to get on track with diabetes,” says Rich. “And it’s really hard to do it on your own. It’s easy to get discouraged. But if you have someone to talk to – someone who motivates you – it makes living with diabetes much easier.”

Diabetes education and support

UpBeat for Life!

Diabetes/Cardiac Health Support Group

Corvallis: (541) 768-6973

Diabetes foot clinic

Albany: (541) 812-4072

Corvallis: (541) 768-6973

Lebanon: (541) 451-6313

Diabetes support

Albany: (541) 812-4839

Lincoln City: (541) 574-4682

Newport: (541) 574-4682

Siletz: (541) 444-9647

Waldport: (541) 265-6611 ext. 2432

Diabetes management

Albany: (541) 812-4839

Corvallis: (541) 768-6973

Lebanon: (541) 451-6313

Lincoln City and Newport: (541) 574-4682

Diabetes prevention: A guide to better health

Albany: (541) 812-4839

Corvallis: (541) 768-6973

Lebanon: (541) 451-6313

Living Well with Chronic Conditions

Lincoln County: (541) 265-6611 ext. 2432

Linn and Benton counties: (541) 451-6466

Get this newsletter direct to your e-mail.

Sign up at www.samhealth.org/subscribe.

Contributors

This publication is created and distributed by the Dietitians and Diabetes Educators of Samaritan Health Services.

Denise Born, RN, BSN

Jamie Brown, RN, RD, LD, CDE

Teresa Cochran, MS, RD, LD, CDE

Angie Frederic, RD, LD, CDE

Barbara George, MS, RD, LD

Kathy Hillary, RN, CDE, CFCN

Karen Kozick, RD, CDE

Elizabeth Mahn, RN

Patty Meagher, RN

Debbie Pauls, BSN, RN, CDE

Jeana Van Dyke, RD, LD, CDE

Tiffany Wadlow, RN, CDE

Mica Ward, RD, LD

Samaritan Health Services, Inc. includes Good Samaritan Regional Medical Center, Samaritan Albany General Hospital, Samaritan Lebanon Community Hospital, Samaritan North Lincoln Hospital, Samaritan Pacific Communities Hospital, Samaritan Heart & Vascular Institute, Samaritan Health Physicians, Samaritan InterCommunity Health Network, Wiley Creek Community and Samaritan Health Plans, Inc.