

DIABETIC MONTHLY

Dec. 10, 2012

Volume 12



Merry Christmas and Happy New Year!!

I would like to thank everyone who attended support group in November. Hopefully you have been using the “Holiday Survival Tips” to enjoy the holidays a little more and help keep your diabetes management on track. The month of December is such a busy time that we are not going to have Diabetic Support Group this month.

January’s Support group will be the reduced cost A1c testing. The American Diabetes Association recommends checking your A1C at least two times a year if you have stable glycemic control and quarterly in patients whose therapy has changed or who are not meeting glycemic goals. *If your last A1c was > 7.0 you need to be having it re-checked every 3 months.*

You will not want to miss February and March’s Support groups! Dr. Embley will be teaching in February and Mellissa Argyl our registered dietician will be teaching in March. They always do an excellent job.

Our diabetic program is going through a bit of a transition phase. Unfortunately, I will no longer be helping with the diabetic program. There will still be a diabetic educator available, please call 435-528-3955 for questions. I have thoroughly enjoyed getting to know all of you and I’m extremely grateful for the support I have been you given since my very first day. I wish each one of you continued health and happiness. There will still be a diabetic educator available please call 435-528-3955.

Kristy Sego RN, DE

***Please sign up to receive the monthly newsletter by e-mail!!
Just go to gvhomecare.org, click on “diabetic education” and then click
on “subscribe to the newsletter.”***

Gunnison Support Group

Gunnison Homecare Building
45 East 100 North

January, 15, 2013 (3-4 pm)

A1c Testing

****No Support Groups in December****



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10 Stress-Reducing Tips

By Erika Gebel, PhD

Research suggests that mindfulness—attentiveness to the present without judgment—may reduce stress in people with diabetes. Here are some mindfulness exercises to try:

1. Slowly and mindfully eat a raisin, observing with all your senses. Think about how this is different from how you normally eat.
2. Do a body “scan.” Focus on physical sensations in different parts of the body. Bring your attention back to your sensations when the mind drifts, as it will do, without getting frustrated.
3. Perform one daily activity, such as washing the dishes or brushing your teeth, in a mindful way.
4. Eat one meal a day in a mindful way.
5. Think about how our emotions are not caused by events but by our perception of events.
6. Meditate while sitting. Focus your attention on your breathing. If your mind wanders, gently return your attention as you inhale and exhale.
7. Practice a “three-minute breathing space.” This consists of three parts: Bring your attention to the experiences of the moment, then to your breathing, and then to your body. Try using the three-minute breathing space during unpleasant events.
8. See and hear without judging for a few minutes.
9. Walk mindfully. Move slowly while focusing on your breathing. Inhale slowly during four steps, then exhale over the next four steps. Notice your surroundings.
10. Write down warning signals of emotional distress. Be mindful of these signs when they happen.

Source: Adapted from the Diabetes and Mindfulness (DiaMIND) study, *BMI Public Health*, Feb. 24, 2011

“You give but little when you give of your possessions, It is when you give of yourself that you truly give.”

Kahlil Gibran



Insulin Resistance

October 31, 2012 | By Julie Deardorff, Tribune Newspapers

Q: How does the body become resistant to insulin?

A: When you eat, food is broken down into glucose to be used for energy. Insulin, a hormone produced in the pancreas, tempers the amount of sugar in the bloodstream by helping glucose get into the muscle, fat and/or liver cells. "We think of insulin as a 'key' that opens door to the body's cells, so glucose can enter," said diabetes educator Gary Scheiner. With insulin resistance, it's like having locks that are frozen or rusty. The keys won't turn, and glucose can't get into the cell. The pancreas, alarmed by the increase in blood sugar, cranks out more insulin.

Eventually, the overworked pancreas breaks down. Blood sugar levels rise even further, causing pre-diabetes and setting the stage for Type 2 diabetes. "Most people think of diabetes as high blood sugar caused by too little insulin," said Scheiner, the author of "Think Like a Pancreas." "But the insulin resistance is really the root cause of almost all cases of Type 2 diabetes.

Q: What is pre-diabetes?

A: The body's cells are insulin resistant; the levels of glucose in the blood are higher than normal, and the pancreas can't make enough insulin to compensate. Recent research suggests long-term damage to the body, especially the heart and circulatory system, may already be occurring at this stage. Pre-diabetes affects approximately 79 million people in the U.S. "That's the equivalent of the total population of 30 states," said David Armstrong, director of the Southern Arizona Limb Salvage Alliance.

Q: Can obesity lead to insulin resistance?

A: It's a risk factor. Excess body fat — particularly around the middle — a sedentary lifestyle, a history of polycystic ovary syndrome (PCOS), having a baby that weighed more than 9 pounds, a family history of Type 2 diabetes and belonging to certain ethnic minority groups (African, Hispanic and Native American,) can increase your risk, said Scheiner. High stress levels and the use of steroid medications can be factors.

Q: What other problems are related to insulin resistance?

A: People with insulin resistance are more likely to have too much LDL or "bad" cholesterol, not enough HDL or "good" cholesterol and high triglycerides, which causes hardening of the arteries. Losing weight can help because less fat means "fewer hormones that cause insulin resistance," said Scheiner. Physical activity "directly increases the number and effectiveness of insulin receptors," which helps get the glucose into the cell, he said. Certain medications, including Metformin and Thiazolidinedione can also help.

Gingerbread Cookies

Molasses, ginger, cinnamon, and cloves flavor these holiday cookies which have just 73 calories each.

MAKES: 36 servings

CARB GRAMS PER SERVING: 12

Nutrition Facts Per Serving:

- Servings Per Recipe: 36
- cal.(kcal): 73
- Fat, total(g): 2
- chol.(mg): 3
- sat. fat(g): 1
- carb.(g): 12
- pro.(g): 1
- sodium(mg): 73



Ingredients

- 1/4 cup butter, softened
- 1/4 cup 50% to 70% vegetable oil spread
- 1/2 cup packed brown sugar*
- 2 teaspoons ground ginger
- 1 teaspoon baking soda
- 1 teaspoon ground cinnamon
- 1/4 teaspoon salt
- 1/4 teaspoon ground cloves
- 1/4 cup full-flavor molasses
- 1/4 cup refrigerated or frozen egg product, thawed, or 1 egg
- 2 cups all-purpose flour
- 3/4 cup white whole wheat flour or whole wheat flour

1. In a large bowl, combine butter and vegetable oil spread; beat with an electric mixer on medium to high speed for 30 seconds. Add brown sugar, ginger, baking soda, cinnamon, salt, and cloves. Beat until well mixed, scraping side of bowl occasionally. Beat in molasses and egg. (Mixture will look curdled.) Add all-purpose flour and whole wheat flour, beating just until combined. Divide dough in half. Cover and chill the dough for 2 to 3 hours or until easy to handle.

2. Preheat oven to 375 degrees F. Lightly grease cookie sheets or line with parchment paper; set aside. On a lightly floured surface, roll dough, half at a time, to 1/8-inch thickness. Using a 2- to 3-inch gingerbread person cookie cutter, cut out shapes; re-roll scraps as necessary. Place cutouts 1 inch apart on prepared cookie sheets.

3. Bake for 4 to 6 minutes or until edges are firm and centers are set. Cool on cookie sheets on wire racks for 1 minute. Transfer to wire racks; cool. Makes 36 (3-inch) cookies.

****Tip: not recommend using brown sugar substitutes for this recipe.**