

Diabetic Monthly

June 2013

Gunnison Valley Diabetes Self-Management Education Program
45 East 100 North Gunnison, Utah 84634

June Support Groups: Disease Process

By Heidi Ison LPN

INSIDE THIS ISSUE

- 1 Support Group topic
- 1 Support Group Schedule
- 2 Types of Diabetes
- 3 Time to Downsize
- 4 Recipe of the month

I want to thank Angie Merchant, RN, CDE for teaching us about complications of diabetes at last months support groups. I think we all learned a lot from her.

We will be having support groups in Gunnison, Monroe, and now in Mt. Pleasant so feel free to attend each of these groups. June's support group will focus on the disease process of diabetes. Write down your questions and bring them with you to support group.

As always, these support groups are free of charge and everyone is welcome to attend. I encourage you to bring your family or friends, as they can be a great support when they have a better understanding about Diabetes. I look forward to seeing you at support group.

Support Group Schedules

Gunnison Support Group

Gunnison Homecare building at 45 East 100 North Gunnison

June 18, 2013 at 3:00 – 4:00 pm

Monroe Support Group

South Sevier Senior Center at 140 West 100 South Monroe

June 25, 2013 at 11:00- 12:00

Mt. Pleasant Support Group

1125 Black Hawk Boulevard

June 27, 2013 at 2:00- 3:00

July support group to
be announced

Tip of the Day

Go for the Goal

The American Diabetes Association recommends that people with diabetes reach these targets to maintain heart health.

A1C

Less than **7 percent** for most people (agree on your specific target with your doctor)

LDL Cholesterol

◆ For people with cardiovascular disease: less than **70 mg/dl**
 ◆ For people without cardiovascular disease: less than **100 mg/dl**

Blood Pressure

Less than **140/80 mmHg** for most people (agree on your specific target with your doctor)

Type 1 Diabetes

Taken from Diabetes forecast

Type 1 diabetes occurs when the body's immune system attacks **insulin**-producing beta cells in the pancreas. When beta cells are destroyed, the body produces little or no insulin, a hormone needed to transform sugar (glucose) into energy. The result: The blood glucose rises to dangerous levels, and diabetic ketoacidosis, a potentially life-threatening condition, may result. Over time, high **blood glucose** levels can lead to **retinopathy**, **neuropathy**, and **heart disease**. There is no cure for diabetes, but treatment focused on maintaining blood glucose levels as close to normal as possible can prevent complications. People with type 1 diabetes keep their blood glucose levels in a healthy range by giving themselves multiple injections of insulin each day, monitoring their blood glucose levels, following a meal plan, and exercising regularly.

Unlike **type 2** diabetes, type 1 diabetes generally occurs in childhood or young adulthood, though the disease may have its onset at any age. It's much less common than type 2 diabetes, accounting for about 5 to 10 percent of all diagnosed cases of diabetes. Some symptoms of type 1 diabetes are excess thirst, frequent urination, blurry vision, extreme fatigue, extreme hunger, and weight loss.

Type 2 Diabetes

Type 2 diabetes is marked by both insulin resistance (the body is resistant to the insulin it produces) and **insulin** deficiency (the body produces some insulin, but not enough to overcome insulin resistance). Since insulin is unable to transport sugar (glucose) to the body's cells for use as energy, glucose levels in the blood become elevated. Over time, high blood glucose can lead to serious complications of diabetes like **retinopathy**, **neuropathy**, and **heart disease**. There is no cure for diabetes, but complications can be prevented or delayed thanks to treatment focused on controlling blood glucose levels with a healthy diet, regular exercise, oral medications, and insulin when required. People with type 2 diabetes are also at an elevated risk for cardiovascular disease. For this reason, adequate treatment for elevated blood pressure and cholesterol levels—both of which increase a person's risk for heart attack and stroke—is essential.

Unlike **type 1** diabetes, type 2 diabetes typically occurs in middle-aged and older adults, although an alarmingly high percentage of new cases are seen in adolescents and young adults. Many people who develop type 2 diabetes are overweight or obese. A family history, especially in first-degree relatives, also increases the risk for developing type 2 diabetes. In the United States, it is estimated that 23.6 million people have diabetes, and about 20 percent of those remain undiagnosed. Type 2 diabetes represents about 90 to 95 percent of cases of diagnosed diabetes. People of African American, Hispanic, or Native American origin have a greater risk of developing type 2 diabetes than whites. Some symptoms of type 2 diabetes are excess thirst, frequent urination, blurry vision, fatigue, and recurrent skin and urinary tract infections.

Time to Downsize

By Sue Robbins

According to a 2007 report from the Trust for America's Health, the incidence of obesity rose in 31 states in 2006, and no state saw a decrease. Unfortunately, as Americans struggle with weight management issues, the food industry and restaurants continue to offer larger and larger portions. Even dishware is larger. Since 1960 the average surface area of a dinner plate has increased by 36 percent. And studies clearly indicate that the more food that is put in front of people, the more they eat.

So why have portions grown so large in the past few decades? One of the main reasons is that America is blessed with an abundant food supply, so food is relatively inexpensive. However, labor is not. It's cheap to make a bigger muffin and charge more.

Why do larger portions cause us to overeat? Most of us remember our parents saying "clean your plate," and larger portions suggest to us that a bigger serving is the appropriate amount to eat. It's easy to eat more when more is offered. Think about it. Do you really feel much fuller if you have 4 oz. of roast beef versus 3 oz.? That extra ounce a day can cause a weight gain of approximately 8 pounds in one year.

As a dietitian, I work with clients to help them understand portion control. But research indicates that education alone will not work. That's what Prof. Brian Wansink of Cornell University figured out. He brought together 65 highly motivated students and spent 90 minutes explaining that if they were presented with a one-gallon bowl of snack mix, they would eat more than if they were presented with two half-gallon bowls. Six weeks later these same students were invited to a Super Bowl party. Half the students were led to a room where a one-gallon bowl of snack mix was served, and the other half went to a room where two half-gallon bowls were served. Despite their lesson with Prof. Wansink, the group presented with the one-gallon bowl served themselves 53 percent more snack mix than the other group and ate most of what they took. After the event they were asked if the size of the bowl influenced the amount they ate. All but two said it had no effect. So despite being educated about portion size, these students still ate more when they were presented with a larger bowl.

What's the lesson here? In order to change our behavior, we need to promote the habit of eating smaller portions. Here are a few suggestions:

- Use smaller plates and bowls.
- When eating at restaurants split a meal or ask for a doggie bag and put half your meal away before you start eating.
- Buy individually packaged snacks or repackage large bags into smaller containers.

Taking an active role in shaping our eating environment can help us downsize our supersized appetites

Mini Fruit Tarts

Ingredients

1 package (8 oz.) nonfat cream cheese
 1/4 cup no-sugar-added strawberry jam
 1/4 cup slivered almonds, toasted and coarsely chopped
 16 mini phyllo dough shells, thawed
 1/2 cup sliced strawberries



Preparation

Makes: 16 tarts
Serving Size: 2 tarts
Preparation Time: 10 minutes

In a mixing bowl, beat together the cream cheese and jam. Fold in the almonds. Divide the mixture among the phyllo dough shells. Top each tart with strawberries.

Nutrition

Per Serving: Calories 110, Fat 6 g (Sat. Fat 0.3 g), Carbohydrate 10 g (Fiber 2 g, Sugars 2 g), Cholesterol 5 mg, Sodium 205 mg, Potassium 160 mg, Protein 5 g, Phosphorus 190 mg
Exchanges: Carbohydrate 1, Fat 1

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