

Moving Out on Your Own?

Richard Rubin, PhD



This column was written for young adults planning to live on their own for the first time, and for the older adults who love them.

Are you about to move away from home? If so, you are taking a big step – maybe the biggest one you have ever taken on your own. Now so many things are really your responsibility, including your diabetes.

Even if you are already managing your diabetes completely independently, some things will change: you will need to find a new doctor (if you are moving away for good), and you will probably need to find new ways to be sure your supplies don't run out. And you will need to talk to people – like roommates or people at work – about your diabetes.

You don't want your diabetes to interfere with your new independent life. You want to work, play, and have fun without worrying about blood sugar highs and lows. Being prepared helps keep diabetes where it belongs: in the background instead of jumping out to bite you when it is least welcome.

Here are some tips for staying in control of your diabetes when you are on

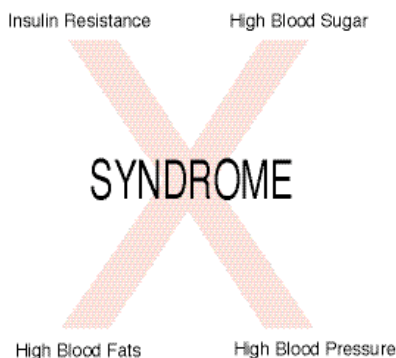
Continued on page 2

The Metabolic Syndrome Revealed

Walter M. Bortz II, MD

The medical literature is crowded with reports dealing with a great number of associations, treatments, and theories concerning the Metabolic Syndrome. Also known as "Syndrome X." This set of conditions has been around for a long time, but its grouping into a separate entity has only recently gained favor.

A syndrome consists of a collection of separate findings, which occur together so commonly that they are grouped together as a specific entity. Medical science features many syndromes. Cushing's Syndrome represents such a group of findings, moon-shaped face, obesity, muscle wasting, high blood pressure, and glucose intolerance, all findings secondary to too much cortisone, either from a disorder of the adrenal glands, or commonly, due to a person receiving too much cortisone for a treatment prescribed by an overzealous physician. The Stein-Leventhal Syndrome consists of hairiness, lack of menstrual periods, and infertility in



Continued on page 5

© 2005 Diabetes Research & Wellness Foundation, Inc.™ All rights reserved.

August is Medic Alert Month

DRWF provides free identification necklaces. Wearing a diabetes necklace could save your life!

Send a self-addressed, stamped envelope to:

Free Diabetes Necklace
Diabetes Research and
Wellness Foundation
PO Box 96046
Washington, DC 20090-6046

IN THIS ISSUE

Moving Out on Your Own	1
The Metabolic Syndrome Revealed	1
Grand Canyon Challenge	3
Summer Squash—All Shapes and Sizes	4
News from Annual Meetings of the American Association of Clinical Endocrinologists and the American Diabetes Association	6
Book Review	8

your own. For more information go to: www.childrensdiabetesfdn.org/educ/college/htm, a page created by the Children's Diabetes Foundation, an organization associated with the Barbara Davis Center in Denver, a major treatment center for young people with diabetes.

Things you should not leave home without

Think of all the supplies you use, even those you use only occasionally. Include your insulin and other medications, insulin delivery supplies, blood glucose and urine ketone testing equipment, and low blood sugar recovery supplies.

Take plenty of everything with you so you won't have to reorder while you are first settling in to your new life. Decide how to be sure you don't run out of supplies. Who will be responsible for keeping track of when it is time to reorder?

Where will you get your supplies – order over the Internet, have them delivered by your parents, or purchase at the local pharmacy?

Be sure you have a safety net

Where will you turn if you need medical help right away in the place where you are moving? If you are staying very close to home, you might be able to call the same provider you are already seeing. If you are moving farther away you should find a new source for emergency care. That's true even if you go home often enough to get your regular non-emergency diabetes checkups there. If you are going to college, the student health service might be a good resource. You can ask your current provider to recommend providers in your new location. If you are starting a new job, your human resources department might have lists of providers, including some who specialize in diabetes.

Talking to people about your diabetes

Moving away from home means getting to know and sometimes even living with new people. It is up to

you which of those people you talk to about your diabetes and what you tell them, but I strongly encourage you to talk to at least a few of your new acquaintances and anyone you are living with, so they know how to help you if you are low. That's the only diabetes emergency anyone else in your life is likely to have to deal with, and you need to be sure they can. You owe that to them, so they aren't left unprepared if you should go low, and you owe it to yourself, so you stay safe.

While online viewing www.childrensdiabetesfdn.org/educ/letter/htm, look for the sample letter to a roommate; it might help you decide what you want to say to people you get to know. As I said, this is a personal choice, as long as your well-being is protected.

Your parents' role in your new life

Some parents continue to play a big part in diabetes care even when their young adult children move away – a few parents I have known even moved to the same city as their children. Other parents are much less involved. I have seen young people thrive with almost every imaginable variation in parental involvement. Families seem to find a way to balance their relationships and blood sugar control, though finding that balance often takes time and some tears.

If your parents are too involved for your comfort, try to find things they could do that would truly be helpful. Also, think of ways to reassure them you are okay so they won't be asking all the time.

Alcohol can cause dangerously low blood sugars

Drinking alcohol is a big part of independent living for many young people. Drinking alcohol is risky for every one of them, but it is especially risky for those who have diabetes, because drinking can lead to dangerously low blood sugar levels. While most times your liver pumps sugar into your bloodstream when you go low, helping you recover, when you

have been drinking your liver is busy clearing the alcohol, so pumping out sugar has to wait. Meanwhile you may go really low and stay there.

In addition, it is easy to mistake falling out when you are low for drunkenness, so you are less likely to get the help you need to get your blood sugar back to normal. If you choose to drink, never do it on an empty stomach; be sure you have a substantial meal and don't skip your bedtime snack. Get up at the usual time the next morning, check your blood sugar level, take insulin, eat breakfast; then go back to sleep if you want to.

High blood sugars can also be a problem

The stress of new responsibilities can push up your blood sugar levels, making it harder to think clearly, especially about complicated things, and putting you in a worse mood – people report feeling less happy and more anxious when their blood sugar levels are high.

Good planning will help to keep your blood sugar levels as close to normal as possible, minimizing the amount that diabetes weighs on your body and on your mind, so you can live your new life to the fullest.

Is Your School Prepared to Deal with Diabetes?

With school about to start again, now is the time to work with your child's school to prepare for accommoda-



tions that may be required to enable your child's care to be addressed in a safe and stress-free manner. *Helping the Student with Diabetes Succeed – A guide for School Personnel* is an excellent resource. This book is available from the National Diabetes Education Program Web site at, www.ndep.nih.gov/diabetes/youth/youth.htm or by calling 800-438-5383.

SAVE THE DATE...

GRAND CANYON CHALLENGE

January 13, 2006

Did you make a commitment to yourself for better health in 2005, but have since put it on the back burner? If so, then you need to jump-start your body back into top physical shape. DRWF has the perfect Challenge to get you started on your journey to better health.

Hike the World's Seventh Wonder, "The Grand Canyon."

Sign up for the Grand Canyon Challenge to take place on Friday, January 13, 2006 (Martin Luther King, Jr. weekend)

This Fourth Annual Grand Canyon Challenge event will help you start living a healthier lifestyle and will also raise much-needed funds for diabetes research.

Please join like-minded hikers on a 2-day, 17-mile journey through the Grand Canyon. There is plenty of time to start your training for the big weekend. Make the commitment to yourself and others that live each day with diabetes and its life-threatening complications, such as blindness, heart disease, kidney disease, amputation, nerve damage and more.

A commitment such as this one takes a certain type of individual who is prepared to make a difference. You can help support this effort to fund a cure for diabetes by signing up to participate with other hikers for this worthwhile cause. You will be supporting countless programs and services that DRWF provides for the community, such as free eye screening for the uninsured, a Certified Diabetes Educator who provides service to a local health clinic, free diabetes education materials, free diabetes identification necklaces and ID cards, as well as islet cell transplantation research and other research grants for the cure of diabetes. DRWF has been offering these programs and services since its inception in 1993.

Each year our goal is to reach many more people in need, and with your help and support, we can achieve our goal. Raising funds is never easy, but it is imperative that we raise additional funds for educational programs, and to expand research into the diabetes cure. Every little bit helps. This is why we are encouraging each hiker to raise a minimum of \$3,000 for the challenge. Last year, many participants raised well over the \$3,000 goal. Many said it was a lot easier to raise \$3,000 than they had originally thought. So if they can do it, so can you.

Read what two past hikers had to say about their Grand Canyon experience:

"I am very proud to say that I successfully completed the Grand Canyon Challenge. The entire experience was well worth it. This adventure helped me in more ways than I can say, but most importantly, it helped me regain control of my diabetes and was a stepping stone towards better health."

"The Grand Canyon Challenge was a wonderful experience. I didn't know I had it in me to do. I will never forget this great accomplishment. I am ready to go next year."

Remember, spaces are limited, so please sign up today to reserve your spot.



Please contact our office to get your information packet today.

Diabetes Research & Wellness Foundation™
Attn: Grand Canyon Challenge
5151 Wisconsin Avenue, NW
Suite 420
Washington, DC 20016

202-298-9211

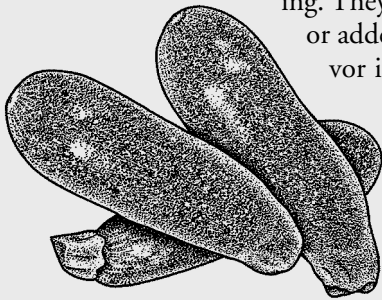
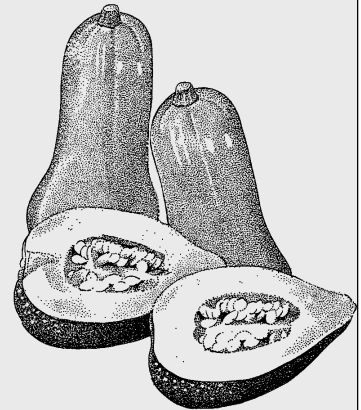
Email: agretschel@diabeteswellness.net

Web site updates:

<http://www.diabeteswellness.net>

Summer Squash – All Shapes and Sizes

Crookneck, Early Golden Summer, Straightneck, Butterstick, Scallop, White Patty Pan, Patty Green Tint, Peter Pan, St. Pat Scallop, Scallopini, Sunburst, Zucchini, Ambassador, Aristocrat, Cocozelle, Chefini, Gold Rush, Greyzini, Richgreen, Gourmet Globe, Kuta, and Sun Drops are all varieties of summer squash. Take advantage of your local farmers markets and try these tasty vegetables. Summer squash are eaten early—while immature and their skins are still soft. They are an excellent source of Vitamin C, are low in calories, and are easy to prepare. Summer squash can be eaten raw, on a vegetable platter with a dipping sauce, or straight from the grill, marinated with olive oil or Italian dressing. They can be baked, boiled, steamed, stuffed, stir-fried or added to your favorite pasta sauce. Their delicate flavor is an asset to any meal. They are great with fresh herbs, especially dill, basil, oregano, chives, mint or marjoram, as well as cooking them with fresh tomatoes and garlic. Be adventurous and try some new combinations. Remember, 2 1/2 cups of vegetables should be eaten daily.



Vegetable Medley

Makes 6 servings

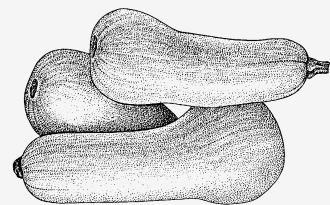
Use fresh vegetables from your garden or obtained at the local farmers market. Use any type of summer squash or a combination of varieties.

INGREDIENTS:

- 3 medium zucchini (7 to 8 inches) or 5 small (4 to 5 inches)
- 1 tablespoon olive oil
- 1 bell pepper or any pepper variety, seeded & cut into strips
- 6 trimmed, thinly sliced green onions with tops included
- 2 cloves garlic, chopped
- 2 medium tomatoes, chopped
- 1 teaspoon toasted cumin seeds, ground
- 1/2 teaspoon freshly ground black pepper

DIRECTIONS:

1. Wash and thinly slice squash and set aside. Prepare all other vegetables and set aside.
2. To toast cumin seeds: heat a heavy skillet over low heat. Add the cumin seeds and shake the skillet periodically. When their aroma begins to be noticed, after about 5 minutes, remove the skillet from the heat. Pour seeds into a mortar, allow cooling then grinding. Or use a spice grinder.
3. Heat a non-stick skillet or wok over medium heat. Add oil. When oil is very hot, add peppers, onions and garlic. Cook for 2 minutes, stirring constantly. Add zucchini and tomatoes and continue cooking for 5 minutes.
4. Sprinkle with ground cumin, salt and pepper, stir. Serve hot or cold.



NUTRITION FACTS

(serving size: 1/6)

Calories 186, Total Fat 14, Saturated fat 2, Protein 5 grams, Carbohydrates 13 grams, Dietary Fiber 4 grams, Sugar 2, Cholesterol 0

women secondary to various masculinizing tumors or endocrine abnormalities.

The General Adaptation Syndrome, described by Hans Selye of Montréal over 50 years ago, is important as it describes the set of predictable physical findings for the person who is subjected to chronic severe stress. Inasmuch as it is mediated largely through an over-stimulation of the adrenal gland, due to excessive prolonged adrenaline release of "fight or flight" fame, its clinical findings are similar to those of The Cushing's Syndrome noted above.

An important qualifying term is "formes fruste," a French idiom that specifies a lesser variant of a syndrome, a situation in which some but not necessarily all of the standard components of a syndrome are present. Most conditions come primarily in a formes fruste form.

The Metabolic Syndrome is getting so much press lately because various estimates contend that a large portion—possibly the majority—of the United States has it. The NIH recently estimated that 47 million adults have it. The reason for this ballooning incidence, of course, is the obesity epidemic. Obesity is the first hallmark of the Metabolic Syndrome, particularly of the apple-shaped variety. Its other features are hypertension, high blood lipid levels, insulin resistance, and glucose intolerance—often found with Type 2 diabetes.

A further vital feature of the Metabolic Syndrome is its strong association with both increased incidence of heart attacks and strokes. Simply put, the Metabolic Syndrome is very bad for your health.

So what to do about it? Gene therapy, or insulin, or high blood pressure medicine, cholesterol-lowering drugs, or all of the above? Steve Blair of the Cooper Aerobics Institute in Dallas, suggests as therapy: physical activity. When he surveyed 19,173 male Cooper Clinic enrollees he found that 40 percent of the obese subjects had Syndrome X. Four percent of normal-weight people had it. When

he looked at the health histories of this large group, Steve discovered that the prescription of 30 minutes of physical activity on most days of the week was able to offset the increased cardiovascular disease mortality of those with the Metabolic Syndrome.

In another recent report published in the February 2005 issue of

Obesity is the first hallmark of the Metabolic Syndrome, particularly of the apple-shaped variety. Its other features are hypertension, high blood lipid levels, insulin resistance, and glucose intolerance—often found with Type 2 diabetes.

Diabetes Care, Steve, along with research workers from the Queen's University in Ontario, Canada, evaluated these men with particular reference to the results of their maximal exercise test. This test provided a rigorous evaluation of the degree of fitness of the subjects. Nineteen and a half percent of the cohort had the Metabolic Syndrome. Over the follow-up period of 10.2 years, there were 477 deaths, 160 were due to cardiovascular disease. When the statistics were analyzed it was found that both the obese participants as well as those who had the Metabolic Syndrome had cardiovascular disease mortality rates that were 1.3-2.8 times higher than the normal-weight

healthy men. However, when the fitness data were included, both the obesity and Syndrome X effects on mortality were explained. Said in another way, the suggested elevated cardiac disease and overall death rates found in obese men and those with the Metabolic Syndrome, are not secondary to these entities per se, but rather to the poor physical conditioning that is common to both of these conditions.

The implication of these observations is clear. If we are to establish an effective antidote to the epidemic of premature disabilities and deaths that the US is experiencing, particularly those associated with diabetes, we must find ways to increase our national level of physical fitness, with all that that entails.

This means walking to school; this means having real physical education as part of the regular school curriculum. This means having exercise breaks, instead of coffee breaks, at the workplace. This means taking the stairs. This means giving the car a vacation. This means turning the TV off and getting outside for recreation. This means discovering your local parks and trails. This means putting your legs to work from cradle to grave. The young and old must put energy back into their lives.

Life is not a spectator sport. Spectators get the Metabolic Syndrome. Don't be one of them.

Innovative Pump Therapy

OmniPod™ Insulin Management System Released

Insulet Corporation has designed a tubeless insulin delivery system. The system consists of the OmniPod™, a lightweight device worn on the skin as the infusion set. It has an automated insertion cannula and an insulin reservoir that holds 200 U of insulin. The Personal Diabetes Manager (PDM) is a hand-held wireless device used to program the OmniPod™ with basal rates as well as bolus dosing. It also is a glucometer that allows you to test your blood glucose levels. This easy-to-use system can be carried in your purse or backpack. For more information check out their Web site at: www.MyOmniPod.com



News from Annual Meetings of the American Association of Clinical Endocrinologists and the American Diabetes Association

The president of the American Association of Clinical Endocrinologists (AACE), Paul Jellinger, MD, MACE, announced a new A1C standard of 6.5 percent or lower for patients with Type 2 diabetes. AACE is concerned about the results of a study which reported that 2/3 of the patients with Type 2 diabetes have poor control of their blood sugars and 61 percent are unaware of their A1C levels or do not understand what an A1C level is. Recommendations from AACE include fasting blood glucose levels below 110 mg/dl, and less than 140 mg/dl two hours after a meal. Another recommendation announced at their annual meeting was for all individuals with risk factors for diabetes to have a two-hour 75-g glucose challenge test. The take-home message is that health care providers need to utilize one or multiple therapies to assure blood sugars are well controlled in order to reduce the risk of complications and to reach the goal of 6.5 percent for all of their patients.

An **A1C** is a measure of control of blood sugar levels, it is a blood test that should be done on all individuals with diabetes, and measures the sugar coating on the red blood cells. The life of a red blood cell is three months, so measuring the sugar coating on the red blood cell will provide an average blood sugar level.

A1C%	Blood sugar mg/dl
6	135
7	170
8	205
9	240
10	275
11	310
12	345

RISK FACTORS FOR DIABETES:

Family history, obesity, sedentary lifestyle, gestational diabetes, polycystic ovarian syndrome, peripheral vascular disease, high blood pressure, high cholesterol, coronary artery disease, and members of high risk ethnic groups – American Indians, African Americans, Asians, Pacific Islanders, Hispanics.

150, A1C greater than 7, and total cholesterol minus HDL cholesterol is greater than 130.

Women considered high risk should be placed on statin medications even if their LDL cholesterol is below 100.

If their HDL levels are low or if their (total cholesterol) - (HDL cholesterol) is greater than 130 they should be placed on niacin or fibrate therapy.

Women's Heart Disease Risk Continues to Rise

Aggressive treatment needed to reduce risk of heart disease in women

A presentation by Judith A. Hsia, MD, director of the Lipid Research Center at George Washington University Medical Center in Washington, DC announced the new guidelines released by the American Heart Association for women at risk for heart disease. All women should stop smoking, engage in physical activity for a minimum of 30 minutes per day, and should be referred to a cardiac rehabilitation program if they have had a heart attack. If Body Mass Index (BMI) is above 25, or waist circumference is greater than 35, a weight reduction program should be started. All women should eat a heart-healthy diet (see sidebar).

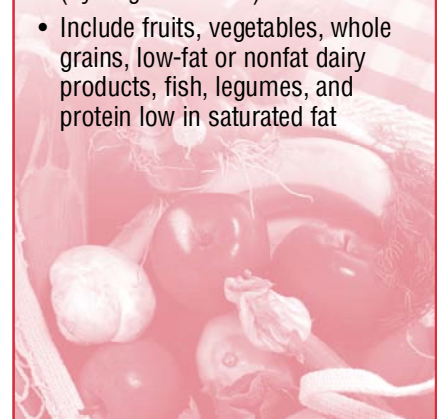
Women are grouped into three risk categories: high risk, moderate risk, and low risk. Those in the high risk group will have blood pressure levels greater than 120/80, LDL cholesterol greater than 100, HDL less than 50, triglycerides greater than

A HEART-HEALTHY DIET INCLUDES:

- 300 mgm/day of cholesterol
- Saturated fat intake should be less than 10 percent of daily calories
- Restrict trans fats (hydrogenated oils)
- Include fruits, vegetables, whole grains, low-fat or nonfat dairy products, fish, legumes, and protein low in saturated fat

FOR WOMEN AT HIGH RISK OF HEART DISEASE

- 200 mgm/day of cholesterol
- Saturated fat intake should be less than 7% of daily calories
- Low intake of trans fats (hydrogenated oils)
- Include fruits, vegetables, whole grains, low-fat or nonfat dairy products, fish, legumes, and protein low in saturated fat



Continued on page 7

Tight Control Pays Dividends

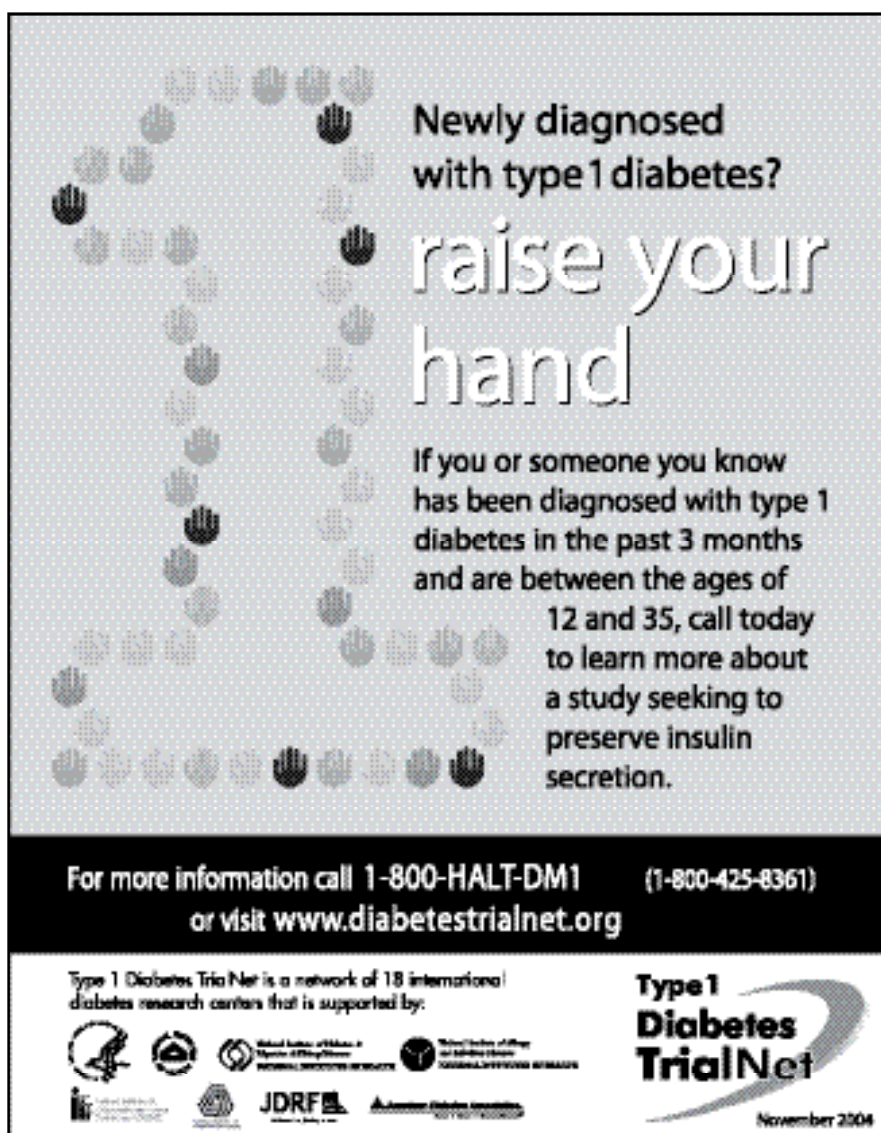
Heart disease risk dramatically lower in intensively treated patients

Results of the follow-up study of patients with Type 1 diabetes who participated in the Diabetes Control and Complication Trial (DCCT) continue to offer encouragement to those who maintain tight control of blood glucose levels. Of the 1,375 volunteers who continue to be followed in the EDIC (Epidemiology of Diabetes Intervention and Complication) study, those in the intensive control group had half the number of cardiovascular events (heart attack, stroke, angina, angioplasty or bypass surgery) as those treated with conventional therapy. The intensively controlled group's A1C levels were 7, compared to 9 in the conventional group, but the long-term benefit still seems to be paying dividends as both groups now average an A1C level of about 8. Those in the intensive control group experienced 46 "events" compared to 98 by the conventionally treated group. Dr. Alan D. Cherrington, president of the American Diabetes Association, states, "The take-home message is that good glucose control should be started as early as possible to delay or prevent serious diabetes-related complications."

End-stage Kidney Disease Incidence Dropping

Reports from the CDC show improvements

The incidence of end-stage kidney disease is down by 30 percent and preventable diabetes-related hospitalizations decreased 35 percent from



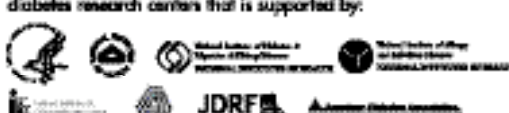
Newly diagnosed with type 1 diabetes?

raise your hand

If you or someone you know has been diagnosed with type 1 diabetes in the past 3 months and are between the ages of 12 and 35, call today to learn more about a study seeking to preserve insulin secretion.

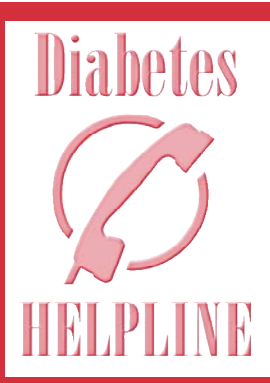
For more information call 1-800-HALT-DM1 (1-800-425-8361) or visit www.diabetestrialnet.org

Type 1 Diabetes TrialNet is a network of 18 international diabetes research centers that is supported by:



Type 1 Diabetes TrialNet
November 2004

1994-2002. In 1996, 327/100,000 individuals with diabetes experienced end-stage kidney disease and by 2002 that number decreased to 229/100,000. The majority of the decrease occurred in the under-65 age group. Hospitalizations also decreased in four categories – kidney disease, lower extremity amputation, uncontrolled diabetes, and short-term complications such as uncontrolled blood sugars or ketoacidosis. The reasons for the decrease in hospitalizations may be related to a change in hospital admission policies and a younger population with diabetes who have not as yet suffered complications.



Diabetes

HELPLINE

IF YOU HAVE A NON-URGENT QUESTION ABOUT DIABETES MANAGEMENT, YOU CAN CALL OUR TOLL-FREE HELPLINE FOR ASSISTANCE.

1-800-941-4635

BOOK REVIEW

Quit Digging Your Grave with a Knife and Fork

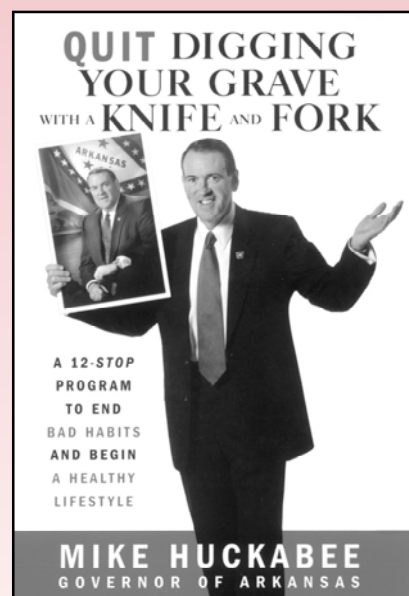
By Mike Huckabee

Reviewed by Kathy Gold, RN, MSN, CDE

In the May issue of the *Diabetes Wellness News*, I shared with you my interview with Arkansas Governor Mike Huckabee concerning his efforts to lose weight. Now I'd like to encourage you to read his book, *Quit Digging Your Grave with a Knife and Fork*. I have read numerous self-help books about diabetes, but I have to say Governor Huckabee's is my favorite. He provides an insight that individuals who have not struggled with weight loss would not have. He has broken down his efforts into "12 stops" and shares his own personal experiences and efforts. He has experienced the denial, the hopelessness, and he successfully shows how one can move forward to make a positive change to improve one's health.

Lifestyle changes are never easy, and his 12-STOP program works as a supplement to whatever weight loss regimen you choose to use. Changing behavior is not easy, and following meal plans, eating special foods and limiting calories is only half the work.

The hard part is creating a mindset that guarantees the success of your weight-loss program. His 12 STOPS identifies the obstacles individuals must overcome to take charge of their weight loss. This easy-to-read—but highly motivational—book will support you through your struggles and give you the tools you need to continue. Governor Huckabee's goal is to be healthy, and in order to achieve this goal one needs to eat healthy and be physically active. His concrete advice is given with humor and hard reality. He "tells it like it is," and in so doing has motivated individuals from Arkansas and around the world with his very public weight-loss efforts. Each chapter shares a story of how Mike Huckabee inspired other individuals to take charge of their health, as well as how he managed to take charge of his own. From STOP Procrastinating, to STOP Sitting on the Couch, to STOP Storing Provisions for Failure, this book will provide the millions struggling with weight loss the motivation they need to improve or restore their health.



Are Your Medications Safe?

The Food and Drug Administration has developed a new Web site that will provide information about the safety and effectiveness of medications that are being used for unapproved purposes. This Web site will provide information so the public can make informed decisions about the benefits, as well as the risks involved, in the use of specific medications, and information on the off-label use. Off-label use is the use of medication for the treatment of a condition other than what it was originally approved for. An example would be the use of Elavil, an antidepressant that is frequently used to treat neuropathy.

The web site:

www.fda.gov/cder/drugsafety.htm

Diabetes Wellness Network

Diabetes Wellness News (U.S. and Canada residents only)

The Diabetes Wellness News is published monthly for an annual subscription price of \$24.00.

For subscription and billing questions please call toll free at: 1-866-293-3155, Monday–Friday 8am–5pm (EST). Or mail to:

Diabetes Wellness Network™

Subscription Office

PO Box 8337

Gaithersburg, MD 20898-9905

Diabetes Wellness Helpline

Do you have a question about your diabetes? Please call the helpline toll free for any non-urgent medical questions: 1-800-941-4635 Monday through Friday, 9am–7pm (EST)

Executive Offices (New address)

Diabetes Research and Wellness Foundation™

5151 Wisconsin Ave, NW, Suite 420

Washington, DC 20016

www.diabeteswellness.net

202-298-9211



COMBINED FEDERAL CAMPAIGN
Combined Federal Campaign #0414

