
Diabetes Life Lines



A newsletter from your County Extension Office
Vol. 24 ♦ No. 1 ♦ Winter 2010

Preparing to Go to College

Going to college can be fun as well as challenging for a young person with diabetes. Ideally the young person, the family and the medical team will begin preparing as early as middle school for this big move. Slowly the teen will take over more diabetes self-care so leaving home will be as smooth as possible.

Jean Corrigan and Sheila Dennehy, two pediatric nurses at Winthrop University Hospital in Mineola, NY state that the final preparation for going to college really gears up during the junior year of high school. They have made a list of the topics that must be covered to prepare the young person for this important change:

- getting a personal insurance card

- setting up with a pharmacy to get needed diabetes supplies
- adjusting medication and food for the unpredictable college schedule
- using blood glucose records to manage self-care
- drinking alcohol safely
- not using illegal drugs
- wearing a visible diabetes I.D.
- compiling a list of contact numbers
- managing sick days
- using birth control
- dealing with peer pressure

The young person must also decide whom to tell about their diabetes for personal safety. This may include roommates, friends, coaches, resident assistants (RA) and teachers.

There are some other things Corrigan and Dennehy suggests you think about when visiting colleges:

- Will a written request for a certain dorm room be needed before rooms are assigned to allow for the self-care and privacy required?
- Can a refrigerator be put in the room to store food and insulin?
- How can syringes and medicine be secured in the room?
- What meal service is offered and can a campus dietitian provide the carbohydrate content of the food served? If

three meals are not served every day, where else can food be found nearby?

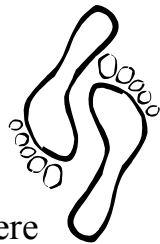
- What does the university health service provide and what should be done if the student needs help when it is closed?
- Are there fitness facilities on campus and can the people working there help if the young person has hypoglycemia?

Before the teen leaves for school, have his or her yearly blood and urine tests done during the summer. At the same time, schedule all routine health check-ups so they will fall during school breaks.

If the school is more than two hours from home, also arrange for the young person to visit an endocrinologist near the college during the first month of school to be sure that doctor is available if needed.

Protecting Your Feet (First in a series on foot care)

The American Podiatric Medical Association (APMA) estimates that about 60-70 percent of people with diabetes have mild to severe forms of diabetic nerve damage called neuropathy. Neuropathy impairs the feeling of pain in the feet and hands.



Severe nerve damage can lead to amputation of the toes, feet and legs. Sadly, more than 60 percent of non-traumatic lower limb amputations occur in people with diabetes. After one amputation, the risk of another amputation within 3-5 years is as high as 50 percent. The rate of amputation for people with diabetes is 10 times higher than for those who do not have the disease.

But amputations are NOT inevitable. “If you have diabetes or are at risk for the disease, regular checkups by a podiatrist – at least annually- are a vital measure to ensure that your feet remain healthy,” says Dr. Ronald Jensen, president of the American Podiatric Medical Association. “A comprehensive foot care treatment plan can reduce amputation rates by as much as 85 percent.”

The APMA offers the following ways to protect your feet:

- 1) **Know your risk factors.** Have your health care provider check your ability to feel sensation in your feet. If you have reduced feeling, you are more at risk for getting an ulcer that can lead to amputation. Even people at risk for diabetes should be paying attention to their feet and legs.
- 2) **Lose weight.** People with diabetes are often overweight,

which nearly doubles their risk for complications when it comes to foot care.

- 3) **Exercise.** Walking is one of the best exercises to keep your weight down and improve circulation.
- 4) **Wash feet daily.** Using a mild soap and lukewarm water, wash your feet in the morning or before bedtime at night. Test the water with your elbow to be sure it is not too hot.
- 5) **Inspect your feet and toes daily.** Check your feet daily for cuts, bruises and sores. Also note whether your toenails have gotten thicker or discolored. If you cannot do this check yourself, ask someone to help you, or use a mirror. Pay special attention to open sores or wounds that aren't healing properly. Either one could be a diabetic ulcer.

What is a diabetic ulcer? It is an open sore or wound that most commonly occurs on the bottom of the foot in about 15 percent of people with diabetes. Of those who develop a foot ulcer, six percent will be put in the hospital due to infection or other ulcer-related problems.

Once you notice an ulcer, immediately go to a podiatrist. Foot ulcers must be treated quickly to reduce the risk of infection and amputation. Quick action will also improve foot function and your quality of life plus cut your health care costs. If you want to learn more go to www.APMA.org.

Weight Loss and Physical Activity Still Work

Type 2 diabetes tends to run in families. Often family members think there is nothing they can do to prevent diabetes. However, ten years ago, the



Diabetes Prevention Program (DPP) showed that the risk of developing diabetes could be reduced 58% if people lost about 7% of their current body weight and

were active 30 minutes a day 5 days a week. Now a new study has followed up with the same people to find out whether the reduced risk has continued over time.

The DPP studied three different groups of people. One group took the drug metformin. This drug reduces insulin resistance so the body can use insulin better to control blood glucose levels. This group made no other changes in their lifestyle.

A second group called the lifestyle group received intensive counseling to lose



weight and become physically active. This group was not put on a drug to reduce insulin resistance.

The final group, called the control group, did not take metformin or enroll in the program to change their lifestyle.

At the end of the DPP, the lifestyle group had the lowest risk of getting Type 2 diabetes. The metformin group also had a reduced risk, but only about half of what the lifestyle group achieved.

After 10 years, those in the lifestyle group did regain some weight. The metformin group lost a smaller amount of weight than the lifestyle group during the DPP, but maintained their weight loss better over the 10-year period. Despite this fact, the incidence of diabetes was still reduced 34% in those in the lifestyle group, but only 18% in the metformin group.

This is very good news for anyone at risk for diabetes. For most people who are overweight, a weight loss of 7% is about 10-20 pounds. This is certainly much easier to achieve than trying to get to some ideal body weight on a chart. Also

working up to 30 minutes of moderate physical activity a day five days a week is a reasonable goal for many people. It can even be broken up into 10-minute segments three times a day if needed.

To lose one pound a week, a person will need to eat 500 fewer calories per day. This is equal to switching from a regular soft drink, medium fries and a fried chicken sandwich for lunch to a diet soft drink, plain baked potato and a grilled chicken sandwich. The second meal is still filling, but has only half the calories and about 5 teaspoons less fat than the first meal.

Newsletter Contributors:

Connie Crawley, MS, RD, LD, Extension Nutrition and Health Specialist, Writer and Editor

Editorial Board:

Jenny Grimm, RN, MSN, CDE,
Medical College of Georgia
Ian C. Herskowitz, MD, CDE, FACE,
Medical College of Georgia

Walk Georgia Is Coming!

What is Walk Georgia?

Walk Georgia is an on-line fitness program sponsored by the University of Georgia Cooperative Extension. You will log your minutes of activity on your own personal web page and virtually walk across Georgia using your own interactive map. Even if you have limited mobility, there are special exercises on the web site to meet your needs. As you “visit” each county, interesting facts will pop up and encourage you to continue your “journey.” You can participate as an individual or as part of a four-member team.

When is it?

Registration for the spring session begins February 14. You will log your physical activity for 8 weeks from March 1-April 25. Register for Walk Georgia and log your minutes of activity at www.walkgeorgia.org

Where is it?

You can participate in Walk Georgia wherever you have access to a computer! If you do not have a computer, you can use a computer at a local library or have one of your team mates log your minutes for you.

So there is no excuse!

Join the many active citizens of Georgia that during the last two years have walked close to 2 million miles as participants of Walk Georgia. Let Walk Georgia help you to become more active and control your blood glucose better.



Recipe Corner

A Quick and Easy Red Snapper Recipe from the National Diabetes Education Program

(This recipe also works with chicken breast if red snapper is not available.)

2 tablespoon olive oil	½ cup fat free, low sodium chicken
1 medium onion, chopped	broth or white wine
½ cup red or green pepper, chopped	12 ounces red snapper filets
½ cup carrots, cut into strips	1 large tomato, chopped
1 clove garlic, minced	2 tablespoons pitted ripe olives, chopped
2 tablespoons crumbled low fat feta or low fat ricotta cheese	

1. Heat a large skillet and add the olive oil. Add the onion, bell pepper, carrots and garlic. Sauté for 10 minutes then add broth or wine and bring to a boil.
2. Push vegetables to one side of the pan. Arrange filets in a single layer in center of skillet. Cover and cook for 5 minutes.
3. Add tomatoes and olives. Top with cheese then cover and cook for 3 minutes or until fish is firm, but moist.
4. Transfer fish to a serving platter and add vegetables and pan juices. Serve fish on top of vegetables with brown rice.

Serves 4.

Nutrition analysis (without rice):

Calories: 285 Carbohydrate: 8 grams Protein: 19 grams Fat: 10 grams
Saturated fat: 2 grams Cholesterol: 35 milligrams Sodium: 160 milligrams
Fiber: 2 grams

The University of Georgia

Cooperative Extension

College of Agricultural and Environmental Sciences / Athens, Georgia 30602-4356

Dear Friend,

Diabetes Life Lines is a bi-monthly publication sent to you by your local county Extension agent.

It is written by Food and Nutrition Specialists at the University of Georgia, College of Family and Consumer Sciences. This newsletter brings you the latest information on diabetes, nutrition, the diabetic exchange system, recipes, and important events.

If you would like more information, please contact your local county Extension office.

Yours truly,

County Extension Agent

Connie Crawley, Principal Writer

The University of Georgia and Ft. Valley State College, the U.S. Department of Agriculture and counties of the state cooperating. The Cooperative Extension Service offers educational programs, assistance and materials to all people without regard to race, color, national origin, sex or disability. An equal opportunity/affirmative action organization committed to a diverse workforce.

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, The University of Georgia College of Agricultural and Environmental Sciences and the U.S. Department of Agriculture cooperating.

Scott Angle, Dean and Director

Cooperative Extension
U.S. Department of Agriculture
The University of Georgia
College of Agricultural
and Environmental Sciences
Athens, GA 30602

Official Business

Diabetes Life Lines: Your current issue enclosed