
Diabetes Life Lines



A newsletter from your County Extension Office
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Do You Need Insulin?

About 40% of people with Type 2 diabetes do not achieve A1C levels below seven percent. Sadly having higher A1C levels increases a person's chances of getting diabetic complication like diabetic eye disease (retinopathy) and diabetic kidney disease (nephropathy).

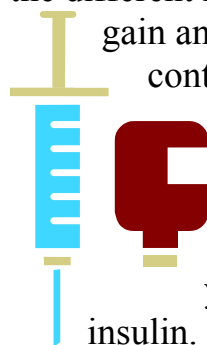
If you have Type 2 diabetes, it is common for the beta cells in your pancreas to make less insulin over time. Even if you take good care of yourself, your blood glucose may creep up the longer you have diabetes.

Both you and your doctor may be reluctant to start insulin. Some reasons people give for delaying insulin are:

- 1) fear of pain from the injection;
- 2) concern about weight gain;
- 3) fear of hypoglycemia (low blood glucose);
- 4) not wanting to change ones lifestyle;
- 5) guilt about not following diet or physical activity guidelines;
- 6) concern that diabetes is getting worse.

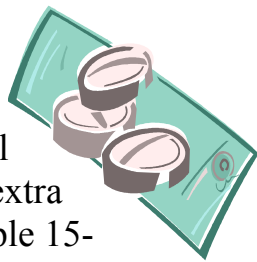
Because of new treatment options, some of these issues either are no longer a problem or can be controlled. First, the concern about pain - the needles used for injecting insulin are so fine and short that they are basically painless.

Second, if you work with a medical team that knows a lot about the different kinds of insulin, weight gain and hypoglycemia can be controlled. At first, you may take one or two shots of long acting insulin along with diabetes pills. Then over time you may switch totally to insulin. You may then take a combination of short or rapid-acting insulin before meals along with the long-acting insulin. You may need several doses per day to get the control you want.



Taking smaller amounts of insulin more often along with controlling calories and regular physical activity may help limit weight gain. Check your blood glucose several times a day to figure out the right amount of insulin to help prevent low blood glucose reactions while giving you the best control.

Your medical team will show you how to treat any low blood glucose levels with glucose tablets or food and beverages containing fast-acting carbohydrate. By not over treating low blood glucose reactions with too much carbohydrate, you will be less likely to gain extra weight. For most people 15-30 grams of carbohydrate is enough to correct a low blood glucose level. More than that will just raise your blood glucose too high.



Taking insulin does require planning and more regular monitoring. But it takes less time than you expect. Keep good records of your insulin doses, food intake and physical activity so you can see the correct balance of food, medicine and activity.

Any diabetes medicine works better if you watch your carbohydrate and calorie intake and exercise

regularly. But for some people following a perfect diet and being active every day still will not keep them from needing insulin as their pancreas wears out.

Also physical stress can make insulin necessary. If you are pregnant or plan to get pregnant, you usually need to go off diabetes pills and start insulin to protect the baby. You may also need insulin if you take cortisone or are having surgery or treatment for a serious illness like a heart attack. A few people are allergic to the ingredients in diabetes pills or have health problems that make the pills dangerous. For them, insulin may be the only diabetes medicine they can use.

A certified diabetes educator can show you how to use insulin best. The educator can teach you about the different kinds of insulin, work with you and your doctor to decide the right dose for you, show you how to use a syringe, insulin pen and/or insulin pump and explain how to adjust insulin when you are sick, change your activity level or eat more or less carbohydrate.

Fungal Infection of the Nails

Onychomycosis (on-e-ko-mi-ko-sis) is a fungal infection of the nails. It mainly affects the toe nails,

but it can also occur in the finger nails. At first, most people seek treatment because the nail changes color and shape. At this point there may be no pain or other symptoms.

Over time the nails may get white, powdery spots or turn yellow, brown, green or black and break apart. The tissue under the nail may get thick and hard and the nail may separate from the surrounding skin. The nails of the big and the small toes are more likely to get the infection since they often are injured by poorly fitted shoes.

If the infection is not treated, your shoes may get too tight because the nail becomes so thick. The pressure of the shoe will then cause blisters on the feet and breakdown tissue under the nails. This can lead to cellulitis and infection of the bone that may require amputation. People who have diabetic neuropathy (nerve damage) are particularly at risk for this.

One in three people with diabetes have onychomycosis. Other factors that increase risk for getting the infection are:

- Wearing tight shoes or hose;
- Not washing feet properly;
- Being male;

- Using public locker rooms or showers where the fungus is spread;
- Getting older;
- Using regular nail polish;
- Having circulation and nerve problems;
- Having poor immune function;
- Having retinopathy or cataracts that prevent regular foot inspection.

Onychomycosis causes about 50% of nail infections so your doctor will need to send a sample of your nails to a lab to be sure you have it. If the diagnosis is confirmed, he will decide what treatment is best.

The most common treatment is to take a pill called terbinafine (brand name Lamisil) for about three months. The doctor may also suggest using a special clear nail polish each day that contains another anti-fungal drug.



Once the infection is gone, you may be told to use a powder for athlete's foot containing miconazole nitrate to prevent the infection from coming back. Also be more careful about checking your feet daily for any foot problems. This condition does come back sometimes.

Don't ignore this problem! It will NOT clear up on its own. You will save time and money if you get it treated when it first appears before it has time to spread and get worse.

Januvia: A New Diabetes Drug

Januvia (generic name sitagliptin) is a unique diabetes pill that was approved by the Food and Drug Administration in October, 2006.



What makes Januvia different is that it only works when your blood glucose is high. It affects the incretin system of your body that increases insulin production and prevents release of glucose from your liver. Since it only works when the blood glucose is high, it will not cause low blood glucose reactions unless you take it with other drugs that cause hypoglycemia.

Januvia can be used alone or with metformin, Actos or Avandia. It is not yet recommended to be used with other diabetes drugs. It is designed to help when a meal plan and physical activity are not enough to control your blood glucose. It can be taken with or without food.

Presently it is not recommended for children less than 18 years of age or for pregnant or breast-feeding women.

Januvia is removed from the body by the kidneys. People who have kidney disease may need to take less than the typical 100 milligram dose per day.

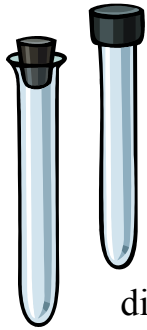
Side effects from taking Januvia alone are rare. The ones reported have been upper respiratory infection, runny or stuffy nose, sore throat or headache. For a few people, it has caused diarrhea or stomach upset. It seems to have no effect on weight.

Januvia is not cheap. Merck and Company, its maker, expects it to cost about \$4.86 per pill or about \$150 per month.

What Medicare Covers for Diabetes Care

Anyone who has dealt with Medicare will tell you that it can be confusing. This article will be the first in a series of articles that explains what Medicare will cover for diabetes care. The information is based on a fact sheet provided by Medicare called "Important Updates to Medicare's Diabetes-related Covered Services in 2007." For more

information about Medicare, call 1-800-633-4227 or go to MyMedicare.gov on the internet.



Diabetes Screening

Tests: While this may not apply to you if you already have diabetes, it may help your relatives at risk for getting diabetes. Medicare will cover tests to check for diabetes. These tests are available to people who have any of the following risk factors: high blood pressure; high cholesterol or triglyceride levels; obesity; or a history of high blood glucose. Medicare will also cover these tests if the person has two of the following characteristics:

- Age 65 or older;
- Being overweight;
- Family history of diabetes (parents, brothers, sisters);
- History of gestational diabetes or delivery of a baby weighing more than 9 pounds.

Depending on the results of this test, a person may be eligible for up to two diabetes screenings per year. People on Medicare will not have to pay any Medicare Part B deductible or coinsurance or co-payment for this screening.

Diabetes Self-Management Training: Medicare covers outpatient training for people at risk for the complications of diabetes or recently diagnosed with diabetes to teach them how to manage their disease. A person's doctor or other health care provider must write an order to a certified diabetes self-management education program for this training. A plan of care must be written to include the number of sessions that are recommended and how often and how long they should be provided. The person getting this service will be responsible for coinsurance or co-payment and the Part B Medicare deductible.

The next issue will discuss what diabetes supplies and services are covered.

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Recipe Corner

Baked Roasted Veggies

2 teaspoons vegetable oil
2 medium potatoes, peeled
and thickly sliced
2 carrots, peeled and cut into sticks

1 green pepper, cut into ½ inch pieces
1 teaspoon paprika
1 teaspoon salt (optional)
1 teaspoon dried oregano

1. Wash hands and assemble clean equipment.
2. Preheat oven to 375 degrees. Two 14-inch lengths of foil will be needed for the veggies.
3. Wash and prepare all vegetables. Combine all ingredients in a bowl (or zip-lock bag) and toss to combine oil and seasonings.
4. Divide veggies in half and place on the center of two sheets of foil. Fold up and fold edges closed. Place on a baking sheet and bake for 45 minutes.

Makes 2 servings.

Analysis, per serving: 134 calories, 26 grams carbohydrates, 3 grams protein, 3 grams fat, cholesterol 0 milligrams, 4 grams fiber, sodium 499 milligrams (312 milligrams with ½ teaspoon of salt or 21 milligrams with no added salt.)

Exchanges: 1 ½ starches, 1 non-starchy vegetable, ½ fat

Suggested Menu

<u>Menu Item</u>	<u>Exchanges</u>	<u>Carbohydrate Grams</u>
3 ounces Broiled Tuna Steak	3 meats	0 grams
* <i>Baked Roasted Vegetables</i>	1 ½ starch, 1 non-starchy vegetable, ½ fat	26 grams
½ cup Broccoli, steamed	1 non-starchy vegetable	5 grams
½ cup Chocolate Sugar-Free Pudding	1 starch	15 grams

*This month's featured recipe

Note: Portions may need to be adjusted for your meal plan.

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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

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