
Diabetes Life Lines



A newsletter from your County Extension Office
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Is Your Blood Pressure Under Control?

High blood pressure is the most common chronic disease in this country. Although symptoms are rare until your pressure is really high, it can be deadly. It increases risk for

- Heart disease
- Stroke
- Circulation problems
- Diabetic nerve damage (neuropathy)
- Kidney disease
- Diabetic eye disease (retinopathy)

When you combine high blood glucose with high blood pressure, both become more dangerous. That is why controlling your blood pressure is so important. May is National High

Blood Pressure Education Month. Here is what you need to know to control your blood pressure:

- 1. The ideal blood pressure is under 120/80.** If your blood pressure is over that, talk to your medical team about ways to get it down.
- 2. If your blood pressure is 130/80 or more, you need blood pressure medicine.** For people without diabetes, a doctor may not prescribe blood pressure medicine until the numbers are at least 140/90. Since people with diabetes are so at risk for heart disease and stroke, the blood pressure level for needing medicine is lower.
- 3. You may need more than one blood pressure medicine for good control.** It is common for a person to need two or more drugs to lower the blood pressure to the best level.
- 4. Lose weight if you are overweight.** Just losing 10-20 pounds can improve your blood pressure.
- 5. Eating the DASH diet will help.** The DASH diet is the only diet proven to lower blood pressure. It recommends four or more cups of fruits and vegetables a day, plenty of whole grains, three servings of low or non-fat dairy foods each day, beans and nuts several days a week and no more than 2-3 ounces

of lean meat, fish and poultry at a meal.

6. **Cut the sodium.** The DASH diet works even better if you eat less sodium. Read labels to find the foods with the lowest amount of sodium, consume more fresh food without added salt and eat out only once or twice week.
7. **Limit alcohol to 1-2 drinks per day or less.** Drinking three or more drinks of alcohol increases blood pressure. One drink equals about 5 ounces of wine, a 12-ounce light beer and 1 ½ ounces of distilled liquor. Don't drink if you have a history of drug or alcohol abuse.
8. **Be active daily.** Becoming fit tends to lower blood pressure. It also helps with weight control. Aim for at least 30 minutes day. Talk to your medical team before you start if you are inactive now or have diabetic complications.



9. **Don't stop your medicine without talking to your doctor.** Just because your blood pressure

goes under 120/80, don't stop your medicine. High blood pressure drugs do NOT cure high blood pressure. If you have any side effects from the medicine, talk to your doctor. There are many drugs to choose from and one may be better for you. You may

change your eating and activity enough that you need less medicine, but only a few get off it totally.

10. **Quit smoking.** The American Lung Association and many state health agencies have smoking cessation programs or Quit Lines. In Georgia, call the Tobacco Quit Line at 1-877-270-STOP (1-877-270-7867).

Weight Control: What Really Works

This is the first in a series of articles on what really works for long-term weight control.

Weight control is a process, not a diet. No one wants to hear this because we all want a quick fix. In reality, weight control is like shooting arrows at a target. At first, you miss the target a lot, but as you practice, you get closer to the target more often. You may still go way off at times, but big errors become less frequent if you keep adjusting your aim. Finally, you begin to figure out what really gets you on target.

This new series will focus on proven ways to help you hit the weight control target more often. You may not like every tip, but try each one for at least two weeks before you reject it. Practice makes perfect, and it takes

time before a new idea begins to work.

The first strategy that works is keeping a record of what you eat.

Keep a small notebook in your purse or pocket and write down everything you eat or drink BEFORE YOU CONSUME IT. The goal is not to write down the food, but to make you AWARE of what you eat. Many of us are unconscious eaters. We eat while we watch TV, play on the computer, talk on the phone, enjoy a party or just lounge on the couch after a hard day to zone out. We have no idea how much we eat and are shocked when we see it on paper.

Ideally you will also record -

- How much you ate;
- Where you ate;
- When you ate;
- How you felt; and
- How hungry you were when you ate.

This sounds like a lot, but you can abbreviate. For example, you could put K for kitchen as the meal location and B for bored or D for depressed if that is how you felt. You can rate your hunger from 1-10 with 1 being

starved and 10 being so stuffed you can't eat another bite. You just need to know what each number or letter means.

Measure how much you consume with measuring cups and spoons for at least two weeks. Soon you will be able to estimate portion sizes and will only need to measure once or twice a week to check how accurate you are.



Each week search your food records for patterns of overeating.

Highlight them or circle them. You will see there are times and situations where you eat more. Think about how you could change these conditions so you will eat less.

Maybe you eat a lot after 6 pm. What can you do so you will not eat then? Get out of the house and exercise? Talk to a friend on the phone? Take up a hobby so your hands are busy? Keep tempting snack foods out of the house? Eat a bigger breakfast and lunch so you are not too hungry when you get home?

If you don't know, talk to a dietitian or even a close friend to brainstorm what may work. Then try the ideas out. You may try several before you hit the "target" you want of eating less at night. Remember this

is a process that takes time. Don't be hard on yourself if you aren't perfect. Just keep trying.



Also think about your hunger. Do you often eat when you really are not hungry? The appetite control area of your brain works best when you are

slightly hungry (score of 4-7 on the hunger scale). If you eat when you are too hungry or not hungry enough, you'll likely overeat. Being too hungry makes your body overeat to protect itself from starvation. It doesn't know you skipped breakfast so you could eat the buffet at lunch. If the body is not hungry at all, the body cannot send signals to the brain to say it has had enough to eat. In both cases only will-power or discomfort will make you stop eating.

What other type of hunger are you trying to satisfy if it is not physical hunger? Are you hungry for attention? Are you hungry for the approval of a parent or spouse? Are you hungry for recognition for how hard you work? This may be something you need to discuss with a counselor or a close friend.

Food records will also show when you are making progress. You will

see how your food choices and habits have changed over time. The records will clearly show how close you are to the target of healthy eating you are aiming for. You can then reward yourself for all your efforts. Just keeping the records and analyzing them is worth something, right? Just be sure it is NOT food!

Foot Care Tips from the National Diabetes Education Program

Diabetes increases risk for poor circulation and infection in your feet and legs. This can lead to amputation. However if you treat your feet right, you can prevent problems or at least find them early and get treated quickly.



1. Take care of your diabetes.

- Work with your health care team to keep your blood sugar within a good range.

2. Check your feet every day.

- Look at your bare feet every day for cuts, blisters, red spots, and swelling.
- Use a mirror to check the bottoms of your feet or ask a family member for help if you have trouble seeing.

3. Wash your feet every day.

- Wash your feet in warm, not hot, water every day.
- Dry your feet well. Be sure to dry between the toes.

4. Keep the skin soft and smooth.

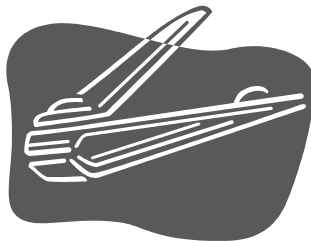
- Rub a thin coat of skin lotion over the tops and bottoms of your feet, but not between your toes.

5. Smooth corns and calluses gently.

- If your feet are at low risk for problems, use a pumice stone to smooth corns and calluses. Don't use over-the-counter products or sharp objects on corns or calluses.

6. If you can see and reach your toenails, trim them each week or when needed.

- Trim your toenails straight across and file the edges with an emery board or nail file.



7. Wear shoes and socks at all times.

- Never walk bare foot.
- Wear comfortable shoes that fit well and protect your feet.

- Feel inside your shoes before putting them on each time to make sure the lining is smooth and there are no objects inside.

8. Protect your feet from hot and cold.

- Wear shoes at the beach or on hot pavement.
- Wear socks at night if your feet get cold.
- Don't test bath water with your feet.
- Don't use hot water bottles or heating pads.



9. Keep the blood flowing to your feet.

- Put your feet up when sitting.
- Wiggle your toes and move your ankles up and down for 5 minutes, 2 or 3 times a day.
- Don't cross your legs for long periods of time.
- Don't smoke.

10. Be more active.

- Plan your physical activity program with your doctor.

11. Check with your doctor.

- Have your doctor check your bare feet and ask whether you are likely to have serious foot problems. Remember that you may not feel the pain of an injury.
- Call your doctor right away if you find a cut, sore, blister, or bruise on your foot that does not begin to heal after one day.
- Follow your doctor's advice about foot care.

12. Get started now.

- Begin taking good care of your feet today.
- Set a time every day to check your feet.

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Use the list of foot care tips I just read and put it where I will see it every day.	
Get a pair of nail clippers if my doctor recommends it.	
Get an emery board and a pumice stone if my doctor recommends them.	
Buy soft, cotton or wool socks.	
Buy a pair of shoes that fit well and cover my feet.	
Give away shoes that don't fit.	
Place slippers beside my bed to wear when I get out of bed.	
Get a mirror to help me see the bottoms of my feet.	
Ask for help from a family member or caregiver if I can't see my feet.	
Keep my next doctor's appointment.	
Ask my doctor if I qualify for special shoes covered by Medicare or other insurance plans.	
Ask my doctor or nurse to inspect my feet at every visit.	
Plan my physical activity program with my doctor.	
Stop smoking.	

Here is a To-Do List that can help you to take care of your feet:

Check each item when completed	By when:
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Recipe Corner

Minted Cucumber Salad

(from the North Carolina Agriculture Dept.)

1/2 cup vanilla low-fat yogurt	1 cucumber, thinly sliced
3 tablespoons chopped fresh mint	1 small purple onion, sliced
2 tablespoons white wine vinegar	and separated into rings
1 packet artificial sweetener	
dash of hot sauce	
Bibb lettuce leaves	

1. Combine yogurt, mint, vinegar, sweetener and hot sauce in a small bowl, stir well.
2. Place cucumber and onion slices in a shallow dish.
3. Spoon yogurt mixture over vegetables.
4. Cover and chill at least 30 minutes.
5. Serve over Bibb lettuce leaves.

Yield: 6 one-cup servings.

Exchanges: 1 vegetable

Nutrition information: 33 calories, carbohydrate: 6 grams , protein: 2 grams, fat: less than 0.5 grams; cholesterol: 1 milligram; sodium: 17 milligrams; Fiber: 0.5 grams

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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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