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Diabetes -the Medical Perspective

Foot infections are a serious complication of diabetes, sometimes leading to hospitalization. Feet become infected when bacteria infect foot ulcers. These ulcers are sores. Nerve damage and loss of feeling in the feet caused by diabetes make those with diabetes more susceptible to foot injury.

Usually these infections are treated with antibiotics. If someone has been taking a lot of antibiotics, their infections may become resistant to the antibiotics commonly used. A fairly new antibiotic has been shown to be effective in these cases. Linezolid (sold as Zyvox, by Pfizer, Inc.) is now used to treat a variety of infections, including foot infections.

Getting a foot exam at least once a year is important for those with diabetes. People with diabetes should also check their own feet daily. If you find an ulcer, see your doctor before it becomes infected. Other tips for keeping your feet healthy:

= Wear socks and shoes that allow for proper circulation. Socks should be soft cotton or wool and should be the appropriate size. Shoes should be the correct size and should not pinch your feet anywhere. Check to make sure the soles of the shoes have not worn out and replace them if they are.

= Don't walk barefoot. Wear slippers or shoes even inside your house.

= If you can see and reach your toenails, trim them each week or when needed. Never trim your toenails if you are unsure of your ability to do so.

= Get out and be physically active, this will help improve circulation.

= Wash your feet every day in warm water and soap. Make sure to dry your feet well, especially in between your toes.

= Take care of your diabetes!
Check and maintain your blood



sugar.



Diabetes and Food

What are “Net Carb” and “Net Effective Carb”? First of all, these are not-approved FDA statements. They are usually on the front of the package and won’t be found in the FDA-regulated Nutrition Facts Label. “Net carbs” are the total carbohydrates minus the fiber. “Effective carbs” are the total carbohydrates minus the fiber and sugar alcohols. Net carbs might be very low and total carbohydrates might be high if a product has a high fiber content. Effective carbs might be low and total carbohydrates might be high if a product has high fiber or sugar alcohols (sorbitol, mannitol, xylitol). Products using the terms net carbs or effective carbs are marketing to those people who are trying a high protein diet – which is not recommended for those with diabetes.

The American Diabetes Association (ADA) states that “The grams of sugar and fiber are counted as part of the grams of total carbohydrate. If a food has 5 grams or more fiber in a serving, subtract the fiber grams from the total grams of carbohydrate for a more accurate estimate of the carbohydrate content.” Don’t rely on Net Carbs.

What about effective carbs? ADA states that “Sugar alcohols... have fewer calories than sugars and starches, although use of the sugar alcohols in a product does not necessarily mean the product is low in carbohydrate. Always remember to

check the label for the grams of carbohydrate.” Remember - eating too much of any sugar alcohol can cause gas and diarrhea.

How can a package say “low carb” if the Nutrition Facts Label shows it to have a fair amount of total carbohydrate? It appears that “low” can be used on foods that can be eaten frequently without exceeding dietary guidelines for one or more of these components: fat, saturated fat, cholesterol, sodium, and calories. Carbohydrates seem to not be regulated.

Total calories are the important part of the Nutrition Facts Label for those with diabetes – as well as portion size. Use these two every day. If you are still determined to try to change your diet using net carbs or effective carbs, check your blood glucose level often and talk with your health care team.

Exercise as a Part of Living

“I don’t have time to exercise for 30 minutes a day.” Sound familiar? Lack of time is a number one reason why more people don’t exercise. If you have diabetes, you know that exercise is an important part of your diabetes management. First, take a realistic assessment of what you do. Write it down even if you only walk down the driveway to get the mail and unload the dishwasher. Make small realistic goals – walk to the mailbox twice! Talk to your doctor about what



you are doing, and what you plan to do more of.

Recipes to Try

Warm Beet Salad

8 servings (1/2 cup each)

2 -15 oz. cans sliced beets
1 clove garlic, minced
1 green pepper, diced
½ cucumber, peeled, diced
½ cup chopped onion

1 tbsp. olive oil
2 tbsp. lemon juice
1 tbsp. vinegar
1 tbsp. capers, chopped
1 tsp. Dijon mustard

1. Heat beets in medium saucepan.
2. In small skillet, melt margarine. Add garlic, green pepper, cucumber, and onion. Cook until tender.
3. Add remaining ingredients to the green pepper mixture.
4. Drain beets. Put in serving bowl. Top with green pepper mixture.

Per serving:	62 calories	1 gram protein
	8 grams carbohydrate	0 mg cholesterol
	10 grams total fat	48 % calories from fat

Broiled Salmon Rosemary

4 servings

12-14 oz. salmon, 4 fillets
2 tsp. liquid margarine
2 Tbsp. dried rosemary

1. Preheat broiler.
2. Place water in broiler pan bottom and place fillets on broiler rack.
3. Brush fillets with liquid margarine and sprinkle with rosemary.
4. Broil about 8 minutes, depending on thickness of fillets. Fillets should be done when flakes are visible, liquid turns white, and top is bubbly.

Per serving:	178 calories	21 grams protein
	0 grams carbohydrate	51 mg cholesterol
	10 grams total fat	49% calories from fat

Medication Update

The medication that your doctor started you on when you were first diagnosed with diabetes has probably changed. You may be taking more of that medication, the first-prescribed medication plus another medication, or a different medication entirely. This situation is often called *secondary oral agent failure*.

The oral agent you were first prescribed may not control your blood glucose well any longer because the amount of insulin you once secreted on your own has declined. This doesn't mean that you haven't stayed on your diet, or taken your medication as prescribed. It may be a natural decline. However, gaining weight can make your body less receptive to the small amount of insulin your body may be producing as well as the oral agent your doctor has prescribed.

If the original medication has not kept your blood glucose within your goal range, your doctor may prescribe another medication along with your original oral agent, a new medication entirely, or you may need to begin insulin therapy. Insulin therapy may be prescribed either with oral medication or alone.

Your doctor will want to control your blood glucose to as close a normal range as possible in order to minimize complications in the future. Make sure you understand what medication you are taking and why.

New Resources

Stevia is not approved by the FDA as a food additive. The United Kingdom also has not approved its use. The World Health Organization has asked for more studies to determine whether stevia is safe for human use. See <http://www.diabetesmonitor.com/stevia.htm> for more information on this topic, or ask your Extension personal for the handout "Alternative sweeteners: Stevia", or check the website <http://www.urbanext.uiuc.edu/diabetes/> for more information.

Looking for computer software to help you keep track of your blood glucose levels? There are 27 different products ranging from about \$25 to \$100! For a review of these products, visit <http://www.diabetesmonitor.com/software.htm>.

Do you know someone who has developed diabetes while they were pregnant? The book *101 Tips for a Healthy Pregnancy with Diabetes*, by Pattie Geil, MS, RD, FADA, CDE and Laura Hieronymus, MEd, CDE would make a nice gift. Published last year, the book has 116 pages filled with good ideas, and is available through the American Diabetes Association's bookstore at www.store.diabetes.org or through your local bookstore.

