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## Diabetes -the Medical Perspective

Urinary incontinence and nocturia may not be easy topics to discuss with your doctor. Urinary incontinence is urinating when you don't intend to – “accidents”. Nocturia is having to get up once or more at night to urinate.

Both urinary incontinence and nocturia occur more frequently in those who have diabetes. However, both conditions become more common in older people – even those without diabetes.

Both urinary incontinence and nocturia can be transient or chronic. The condition may come and go in relation to stress, infections, or even your blood glucose level. Higher blood glucose levels are associated with a more frequent need to urinate at night. If high blood glucose levels have

persisted and caused nerve damage, the incontinence and/or nocturia may become a chronic complaint.

However, there may be things you can do to lessen these conditions if you have them. For certain people, both caffeine and artificial sweeteners will stimulate urination. Acidic beverages and foods may also cause increased urination, as will alcohol. The timing of fluid intake may also be a factor.

There are exercises that can help people have more control over when they urinate. Your doctor or nurse can explain how to practice these exercises.

When you talk to your doctor, be prepared to explain

= timing – how long this has been happening, how frequently;

= quantity – has the amount voided changed;

= aggravating factors – anything also happening when the condition is worse;

= relieving factors – anything you've tried that seems to help.

Urinary incontinence and nocturia can severely compromise a person's quality of life. If you suffer from either condition, talk to your doctor.



## Diabetes and Food



Can I eat more if I also eat 1/4 teaspoon of cinnamon each day? Can I stop or cut back on my medication if I start taking cinnamon? Like all things too good to be true, this probably is too – at least for now.

Cinnamon has been in the news and linked to diabetes, first a human study and later a cell study. The human study was conducted in Pakistan. People with type 2 diabetes not taking insulin were given a dose of cinnamon. The cinnamon was ground and put in capsules. The participants received either 1, 3, or 6 grams of cinnamon or 1, 3, or 6 grams of a placebo. There were 10 people in each group. Those receiving the cinnamon generally reduced their blood glucose level after 60 days, but their blood glucose was still above normal.

The results of this small study are interesting, but not sufficient for health care providers to recommend that people with diabetes take cinnamon as a treatment. However, if you decide to “try cinnamon” on your own, be sure to check your blood glucose level often and communicate those results with your doctor.

Larger studies are needed to determine IF cinnamon works to lower blood glucose, WHO cinnamon may benefit, HOW cinnamon may “work”, and if there are any side effects. For instance, cinnamon made from cinnamon bark contains fat-soluble compounds. Those compounds may

have a negative effect if eaten every day for a long time.

The above cited studied was published in Diabetes Care. 2003 Dec;26 (12):3215-3218.

## Exercise as a Part of Living

If you walk at a brisk pace for 20 minutes a day, you might burn 80 to 100 calories. That’s about equal to a slice of bread or 2 small cookies. Doesn’t sound like much!

In the short term, exercise may not burn many calories. It is the long term that is more important. As you continue to walk 20 minutes each day you will increase the amount of lean body mass – muscle. Muscle uses more calories even at rest than fat tissue does.

For example, if a person weighed 140 pounds, and had 35% body fat, he or she would have 49 pounds of fat and 91 pounds of lean body mass. His or her basal calorie needs just to breathe and do nothing would be about 1260 calories a day. If that same person had only 20% body fat, he or she would have basal calorie needs of 1470 per day. Added to basal calorie needs are any calories needed for activity. So, the more active you are, the more calories you burn as lean body mass increases.

Keep walking – and talk to your doctor about your activity program.



## Recipes to Try

### Tomato and Black Bean Salsa

10 servings (1/2 cup each)

1 c. chopped green pepper	1 tbsp. basil
1/4 c. chopped red onion	1/2 tsp. thyme
3 plum tomatoes, chopped	1/2 tsp. salt
1 tbsp. jalapeno pepper, diced	1/2 tsp. chili powder
2 tbsp. olive oil	1/4 tsp. black pepper
2 tbsp. balsamic vinegar	1 tbsp. minced garlic
1 tbsp. lime juice	1 can black beans, rinsed

1. Combine all ingredients in a medium bowl.
2. Cover and chill at least 1 hour.

#### Per serving:

74 calories	3 grams protein	10 grams carbohydrate
3 grams total fat	35% calories from fat	0 mg cholesterol
3 grams fiber		

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### Spinach Salad with Chicken and Chickpeas

8 servings

9 oz. fresh spinach, cleaned	1 tsp. olive oil
1 chicken bouillon cube dissolved in 1/4 c. water	1 lb. skinless, boneless chicken
1 tbsp. lemon juice	1/4 tsp. pepper
1 tbsp. balsamic vinegar	1 1/2 c. chopped red onion
1 tsp. Splenda®	1 1/4 c. chopped green pepper
1 tsp. minced garlic	1 1/4 c. crumbled feta cheese
1 tsp. Dijon mustard	1 can (15.5 oz) chickpeas, rinsed

1. Combine bouillon in water, lemon juice, vinegar, Splenda®, garlic, mustard, and oil. Set aside.
2. Chop chicken into cubes. Cook in non-stick skillet until changes color, about 5 minutes. Add a small amount of water to keep from sticking if necessary. Add pepper onion, green pepper, and bouillon to mixture; cook until tender.
3. Put spinach in large bowl. Spoon chicken mixture over spinach. Add beans and feta cheese. Toss.

#### Per serving:

219 calories	20 grams protein	17 grams carbohydrate
8 grams total fat	33% calories from fat	60 mg cholesterol
6 grams fiber		

## Medication Update

Polypharmacy is a term used to describe the situation when someone is taking many medications.

For those with diabetes, this is not unusual, especially if the person also has high blood pressure, arthritis, or any other chronic condition.

It is hard for the person taking the medication to keep track of what they should take and when. It may also be difficult for the doctors to keep track, especially if a person has several doctors. It is even more difficult if the person is taking over-the-counter medication or herbals.

Unfortunately, medications can interact with each other and have unintended outcomes. That is called drug interactions. Sometimes these interactions can cause the drug to not be as effective.

To avoid having medications interact, have your doctor or pharmacist review all the medication you take at least once a year. Be sure to include the over-the-counter medications like non-steroidal anti-inflammatory drugs or aspirin, as well as any herbal supplements you may try such as ginkgo or chondroitin.

Keep your medication list up-to-date and in your wallet. Include how much you take and how often. If you are not sure of amounts, talk to your pharmacist.



## New Resources

Guide to Healthy Restaurant Eating by Hope S. Warshaw, RD, CDE. Nutrition information for more than 55 fast food & family-style chains. 480 pages, paperback. McGraw-Hill, 2002. \$13-\$18.

The Complete Diabetes Prevention Plan: A Guide to Understanding the Emerging Epidemic of Prediabetes and Halting Its Progression to Diabetes by Sandra Woodruff, M.S., R.D., L.D./N and Christopher Saudek, M.D. Consumer text about diabetes and dietary strategies for preventing diabetes, including recipes. 320 pages, hardcover. Avery Publishing, 2004. \$12-\$25.

Mes de Comidas: Sabor Festivo Latino, by the American Diabetes Association. ADA's Month of Meals Series in Spanish/English. 20,000 menu combinations, spiral. McGraw-Hill, 2003. \$14-\$20.

Diabetic Cooking for Latinos by Olga Fuste, M.S., R.D., C.D.E. Spanish/English. 450 pages, paperback. American Diabetes Association, 2002. \$12-\$17.

[www.adiabeteswebsite.com](http://www.adiabeteswebsite.com) by Stephanie Schwartz, RN, MPH, CDE and her husband William Quick, MD, FACP, FACE. Contains news, information, and links to other diabetes sites.