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exercise

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CHOICES



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support

meals

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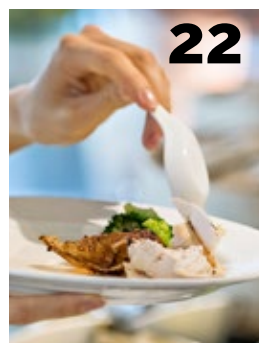


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1 in 4

Number of Americans older than age 65 who have diabetes.

Source: American Diabetes Association



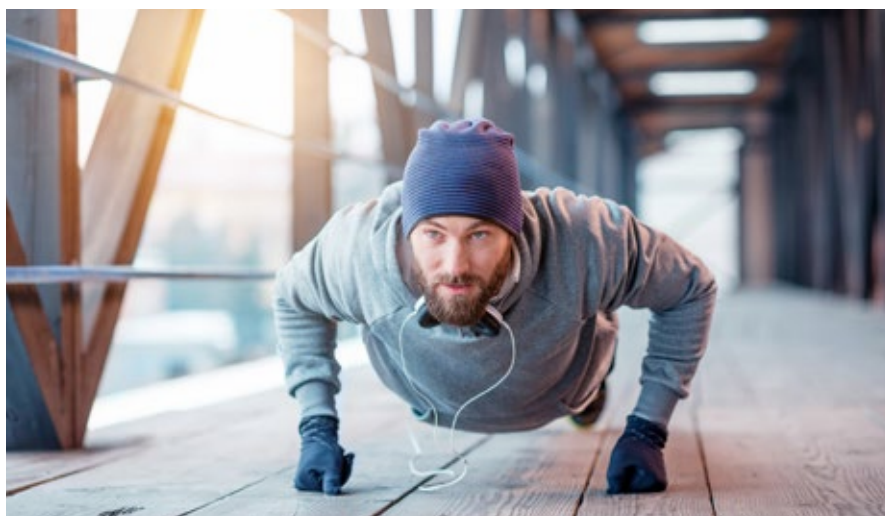
EARLY TO RISE

Night owls are more likely to be obese than early birds. One reason could be the timing of their breakfast. In a study of 210 people with type 2 diabetes, those who considered themselves “evening people” had a higher body-mass index than self-proclaimed morning people—though both ate about the same amount each day. While morning people ate all their meals earlier than late-nighters, only an early breakfast time was connected to a lower BMI. Early birds butter their toast between 7 and 8:30 a.m., while night owls scramble up eggs between 7:30 and 9 a.m. The later mealtime, the researchers suggest, may slow metabolism.

Source: *Diabetic Medicine*

220
CALORIES
a 154-pound man
burns playing
basketball for
30 minutes.

Source: USDA



KEEP MOVING

Do you hibernate in the wintertime? Try to keep up with your exercise routine year-round. Even short-term reductions in daily activity—like when you hunker down in the colder, darker months—can set you back. When 45 very active people took just two weeks off of regular exercise, their bodies became less sensitive to insulin, which makes it harder to regulate blood sugar. They saw substantial gains in body fat, too.

Source: *Diabetologia*



AGE MATTERS

The younger you are when you're diagnosed with type 2 diabetes, the higher your risk for complications later in life. In a study of 5,115 people with type 2 diabetes, those younger than age 45 at diagnosis were in worse health than their older counterparts. They had poorer blood sugar control, higher rates of obesity, higher cholesterol, more kidney and eye damage, and more of the inflammation that could be a precursor to other chronic diseases. Younger people with type 2 diabetes, the study suggests, need more awareness of their health risks and possibly more intensive treatment.

Source: *Diabetes/Metabolism Research and Reviews*

1.5 MILLION

Number of new cases
of diabetes every year.

Source: American Diabetes Association

OFF-CYCLE

About 20% of girls who develop type 2 diabetes during adolescence have irregular periods. In a study, girls with diabetes who had three or fewer periods in the last six months received two years of more intensive diabetes management. But their irregular periods continued after the intensive treatment, which included either more medication or more exercise in addition to their regular medication. Infrequent periods could be connected to heavy, painful periods; increased risk for fatty liver disease; fertility problems; and increased risk for uterine cancer. Girls who develop type 2 diabetes might need treatment for abnormal cycles.

Source: *Journal of Clinical Endocrinology and Metabolism*



FIBER FACTS

More fiber could help keep your type 2 diabetes under control. When researchers put people with type 2 diabetes on a high-fiber diet for 12 weeks, they found that it increased levels of gut bacteria that are helpful in managing diabetes. These bacteria produce short-chain fatty acids, which help control appetite and inflammation. People with too few short-chain fatty acids have increased risk for diabetes. After 12 weeks

on the high-fiber diet, people in the study had higher levels of the beneficial bacteria, lower levels of certain harmful diabetes-promoting bacteria, and better long-term control of their blood sugar. The high-fiber diet included whole grains and traditional Chinese medicinal foods rich in dietary fibers and prebiotics, which promote the growth of short-chain fatty acid-producing gut bacteria.

Source: *Science*



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DRIVING SAFETY TIPS

Pack a snack. A non-perishable combo of carbs and protein, like nuts and dried fruit, is ideal when you feel your blood sugar dipping. You may also want to keep some hard candy, glucose tabs, or glucose gel on hand.

Stay on top of eye exams. Ask your doctor how often you should be screened, so you can treat any vision problems promptly.

Check before you drive. Test your blood sugar before you get in the car, especially if you've developed hypoglycemic unawareness.

When in doubt, ask your doctor. Not sure if you're healthy enough to drive? Ask your physician to weigh in. In some states, doctors have to report to the department of motor vehicles whether or not a person with diabetes is fit to drive.

➔ Search for the slideshow [How Blood Sugar Levels Affect Your Body](#) at [WebMD.com](#).

Drive Right

Ready to hit the road? Make sure you know how to do it safely.

BY BARBARA BRODY



Generally speaking, adults with diabetes can do anything and everything that other people do. That certainly includes driving a car, which is pretty crucial for getting around most places outside of major cities.

That said, “people with diabetes have more things they need to actively manage to stay healthy,” says Debra L. Simmons, MD, professor of medicine at the University of Utah and director of Clinical Affairs at the Utah Diabetes and Endocrinology Center.

“Don’t be afraid or be in denial. It’s wise to think about what your personal risks are related to your diabetes treatment so you can be prepared.”

The biggest issue to consider is that you might go low. “Everyone with type 1 diabetes and many people with type 2 take insulin, which puts you at risk for hypoglycemia,” says Simmons. Sulfonylureas, an older class of medication still often prescribed for type 2 diabetes, can also be a problem. These drugs help the body make more insulin, but if you end up taking (or producing) too much insulin compared to the amount of sugar (energy) in the foods you eat, your blood sugar level will drop.

If you become hypoglycemic you’ll probably get shaky, dizzy, or feel anxious, which could distract or disorient you—a big problem when you’re driving. Sidestep this by

keeping an emergency glucose source with you in the car. You also may want to consider testing your blood sugar before you drive.

Note, too, that while most people notice the warning signs of hypoglycemia, Simmons says you can lose your ability to sense low blood sugar. This issue, called hypoglycemic unawareness, is more likely to happen if you’ve had diabetes for many years. It’s dangerous because you could pass out or become confused before noticing any warning signs. If you’ve had problems detecting low blood sugar symptoms in the past, be sure to test yourself before driving. If your levels are low, you’ll need to eat something to raise them before getting behind the wheel.

Of course, you also need to see clearly to drive, so keep tabs on your eye health. Ask your endocrinologist or eye doctor how often you should be screened for common complications, including diabetic retinopathy, glaucoma, and cataracts.

Some people with diabetes also develop nerve damage (neuropathy) in their hands and feet. Simmons says this problem rarely gets bad enough to interfere with feeling foot pedals or gripping the wheel, but it’s possible. If you have diabetic neuropathy be sure to ask your doctor if you can drive safely.

REVIEWED BY NEHA PATHAK, MD, WEBMD MEDICAL EDITOR

QUESTIONS TO ASK YOUR DOCTOR

Can medications help me feel aroused? Your doctor can suggest treatments to help your libido.

I have pain with sex. Will a muscle relaxant or vaginal dilation work for me? One of these treatments could help your situation.

Do male impotence medications work for women? Your doctor can explain the latest research on these drugs.

Will couples counseling help with intimacy? A session with a therapist could benefit your relationship.

➔ Search for the article [Women, Sex, and Diabetes at WebMD.com](#).

Perk Up Your Sex Life

Don't let diabetes steal your confidence in the bedroom. These tips can help solve some common problems.

BY MICHELLE LEIFER

Diabetes can cause physical and emotional issues that can affect your sex life. For women, the problem can be less obvious than it is for men. If you don't feel quite like yourself in the bedroom, you can take steps to be more comfortable and at ease.

Common Problems

Dryness. Vaginal dryness is the most common sexual issue for women who have diabetes. High blood sugar levels can harden the blood vessels in the vaginal wall. That can affect lubrication and make sex uncomfortable. Prescription or over-the-counter vaginal lubricants can help.

Less feeling. High blood sugar also can affect the tiny blood vessels that bring blood to your nerves. If those nerves don't work the way they should, you can lose some feeling in your vagina. That can make you less likely to get aroused or to have an orgasm.

Vaginal infections. If your blood sugar isn't managed, you're also more likely to get a yeast or urinary tract infection. The itching, burning, and irritation they cause can make sex uncomfortable. See your doctor at the first sign of one of these infections.

Depression. The challenges of managing diabetes can make you feel anxious or depressed. That can affect your desire for sex. Type 2



diabetes also can cause you to gain weight. That can affect your self-esteem. Therapy, medication, or a combination of both can help.

What to Do

If diabetes affects your sexual satisfaction, try these things to help:

Keep your blood sugar under control. This can go a long way toward fixing many sexual problems. Vaginal dryness, yeast infections, and a decreased sex drive can all get better when your blood sugar levels are well managed. That can even help reverse some nerve damage.

Talk to your doctor. Don't be shy. Your doctor can help narrow down the possible causes of your issues and suggest treatments. Some causes may not be linked to diabetes. Medications like antidepressants and blood pressure pills can also affect your sex life.

If you're uncomfortable talking to your doctor about sex, see a doctor who specializes in sexual medicine.

Talk to your partner. These issues can take a toll on your relationship, especially if you keep them to yourself. To keep your relationship with your spouse or partner on solid ground, talk about what you're feeling. Being open with your partner can help ease any tension that may be affecting your sexual relationship. It may even bring you closer together.

REVIEWED BY MINESH KHATRI, MD, WEBMD MEDICAL REVIEWER

WINTER SAFETY TIPS

Stay safe with these winter workout tips from ACE-certified trainer Jeanette DePatie, MA.

Check with your medical team before trying a new exercise program. They may tweak your medication or give you specific guidelines.

Don't exercise if your blood sugar isn't at a safe level. For most people, that's at least 100 mg/dL, but follow your doctor's recommendations.

Bring quick-acting glucose supplements or boxed juice. Being prepared is especially important for longer workouts.

Just because it's cold doesn't mean you won't sweat. Wear layers you can take off when you're warm and put on when your workout is over.

Protect your feet. Even if the rest of your body is cold, your feet may sweat. Wear synthetic, moisture-wicking socks. Cotton socks may lead to blisters and other foot problems.

➔ Search for the slideshow **Best Exercises if You Have Diabetes** at WebMD.com.

Winter Wonderland

Don't let Jack Frost stop you from feeling good and managing your diabetes. Stay active this winter with our guide to fun, safe outdoor workouts.

BY KARA MAYER ROBINSON



When the temperature dips and the days get shorter, it's easy to slip out of your fitness routine. But going outside to get your blood flowing can stave off winter blues while helping you manage your diabetes.

Instead of curling up on the couch, try these winter workouts to lower your blood sugar, help you sleep better, and boost your energy. ACE-certified fitness trainer Jeanette DePatie, MA, shares tips on which workouts are best—and how to stay safe while doing them.

Walking

Walking is a simple way to keep yourself moving all winter long. You just need a good pair of sneakers, moisture-wicking socks, and a few layers of clothing to keep you protected from the cold.

“Walking is relatively safe, and it's a great workout for your quads, glutes, hamstrings,

calves, and to some extent, your upper body,” says DePatie. If you're new to exercise, start with 15 minutes at a leisurely pace, then work your way up.

To stay safe, try repeating a short loop rather than venturing too far in one direction. “That way, if the workout ends up more strenuous than you anticipated, you'll never be too far from home,” says DePatie.

Cross-country skiing

Cross-country skiing packs a punch. Not only is it a powerful cardio workout, it strengthens your core, quads, glutes, hamstrings, pectorals, triceps, biceps, shoulders, and upper back. “It's also a peaceful way to commune with animals and nature after a fresh snowfall,” says DePatie.

However, keep your eye on safety. “Cross-country skiing can be very strenuous and burns a lot of calories,” says

DePatie. It's easy to get caught up in the fun and lose track of how it affects your blood sugar. “Start small and test often,” she says.

Ice skating

“An outdoor rink with twinkly lights and music can be a magical place to get in a workout,” says DePatie. It's a fun way to strengthen your quads, glutes, and calves—and it has bonus benefits. “The gliding motion of skating is especially good for building strong joints. It can also improve your balance,” she says.

Skating also requires a few safety precautions. Get skates that fit well so you don't run into problems with your feet. And if you have neuropathy, says DePatie, it's best to avoid ice skating.

Sledding

Does sledding really count as exercise? Yes! But it's not cruising downhill that gives you a workout—it's the flip side. “Climbing up those hills is a great aerobic exercise that also strengthens your hamstrings, glutes, calves, and your upper body,” explains DePatie. Just be sure to wear layers and stay hydrated. “And of course, make sure the way is clear so you avoid a crash,” she says.

REVIEWED BY MICHAEL W. SMITH, MD, CPT, WEBMD CHIEF MEDICAL EDITOR

Baby on Board

Are you pregnant or planning to conceive? Women with diabetes need to work closely with their doctors to ensure good health for mom and baby.

BY ERIN O'DONNELL



When a woman with type 1 or type 2 diabetes discovers she's pregnant, one of her first phone calls should be to her endocrinologist, says Kevin Borst, DO, staff endocrinologist at the Cleveland Clinic, who specializes in treating diabetes in pregnancy. In an ideal world, Borst encourages patients to set up an appointment with him before trying to conceive. "I stress the importance of pregnancy being a planned event for these patients," he says.

Here's a look at how you can address special concerns for women with diabetes during pregnancy.

Achieve blood sugar control. Elevated blood sugar levels in mom increase the risk of birth defects, including heart defects and neural tube defects in baby. "The higher the blood sugar from baseline, the higher the risk," Borst says. This makes tight blood sugar control important, especially in the first trimester, when a baby's organs develop. Borst encourages most of his patients to aim for a hemoglobin A1C level of about 6.5% or lower, as long as they can do so without developing very low blood sugar.

Review your medications. Some medications—such as statins and ACE inhibitors—are teratogens, meaning that they can cause birth defects. If you didn't stop these drugs before conception, discontinue them as early as possible in your pregnancy, Borst says.

Prepare for insulin shifts. Given the need for careful blood sugar control, know that insulin

sensitivity changes throughout pregnancy. For example, women with type 1 diabetes often need less insulin than usual in the first few weeks of pregnancy. In the late second and third trimester, hormones made by the placenta can worsen insulin resistance, so women with types 1 and 2 may need much more insulin than usual. That insulin resistance usually lifts at birth, causing your blood sugar levels to plummet after delivery. Your endocrinologist and diabetes educator can help you anticipate and track these shifts and address insulin requirements throughout your pregnancy.

Monitor eye and kidney health.

Retinopathy, an eye disease common with diabetes, can worsen in pregnancy, Borst explains. Women with retinopathy before pregnancy should visit an ophthalmologist once each trimester. All other pregnant women with diabetes should see an eye doctor early in the first trimester. Similarly, pregnant women should have their kidney function assessed and monitored, Borst adds.

Get enough folic acid. Women with preexisting diabetes need more folic acid than other women to prevent neural tube defects. The Endocrine Society recommends that pregnant women with diabetes take 5 mg of folic acid daily, starting three months before they conceive, if possible. "That's a big increase over the amount in a prenatal vitamin," Borst says.

ASK YOUR DOCTOR

Should I see a dietitian or certified diabetes educator? Yes. These professionals can help you eat right to keep your blood sugars controlled and ensure that you're getting enough folic acid.

What are my blood glucose targets in pregnancy? Most pregnant women should aim for a fasting blood sugar of 60 to 90 mg/dL and a two-hour post-meal blood sugar of less than 120 mg/dL.

Can my hospital manage diabetes during labor and delivery?

Some women require intravenous insulin during labor, and your blood sugar will need close monitoring after delivery. You may also want a hospital with a neonatal intensive care unit in case your baby experiences diabetes-related complications.

Can I breastfeed? Yes. You may need to track your insulin requirements carefully while nursing. Also, some diabetes drugs are not safe while breastfeeding, so you may need to switch. Ask your doctor what is best for you.

➔ Search for the article **Diabetes and Pregnancy** at WebMD.com.

REVIEWED BY NEHA PATHAK, MD, WEBMD MEDICAL EDITOR



BY Erin O'Donnell // REVIEWED by Neha Pathak, MD, WebMD Medical Editor // RECIPES by Kathleen Zelman, MPH, RD, LD
PHOTOGRAPHY by Rick Lozier // FOOD STYLING by Charlie Worthington

weeknight
wonder

Research shows big health benefits from eating with loved ones. These tasty meals are designed to get everyone to the table for major flavor and minimal fuss.

<<
TEX MEX BRISKET
Tacos

This can't-miss taco recipe involves roasting flavorful brisket for three hours until super-tender. To make this recipe weeknight-friendly, cook the beef the night before or over the weekend and reheat just before assembling the tacos.
SERVES 6

- | | |
|--------------------------------|--|
| 1 tbsp chili powder | 12 6-inch corn tortillas, warmed |
| 1 tbsp cumin | |
| 1 tbsp minced fresh garlic | Black Bean Salsa: |
| 2 tsp smoked paprika | 1 15-ounce can unsalted black beans, drained |
| 1 tsp crushed Mexican oregano | 1 cup chopped fresh tomatoes |
| ½ tsp salt | ¼ cup sliced green onions |
| Freshly ground pepper | 2 tbsp finely chopped cilantro |
| 2 pounds beef brisket, trimmed | 1 tbsp olive oil |
| 2 cups low-sodium beef stock | 1 tbsp fresh lime juice |
| 1 medium onion, chopped | ½ tsp chipotle chili powder |
| ½ cup chopped carrot | ½ tsp cumin |
| ½ cup chopped celery | |

Preheat oven to 350°F. In a small bowl, combine chili powder, cumin, garlic, paprika, oregano, salt, and pepper. Rub mixture on both sides of the brisket and place it in a roasting pan. Pour beef stock around the meat, but not directly over it. Place onion, carrot, and celery around the meat. Cover and bake for 3 hours.

Remove brisket from pan. Strain juices and set aside. Shred or slice brisket and moisten with strained juices.

For the salsa, in a medium bowl combine beans, tomatoes, green onions, cilantro, olive oil, lime juice, chipotle chili powder, and cumin.

To assemble, place brisket on warm tortillas, top with salsa, and serve.

PER SERVING: 473 calories, 42 g protein, 42 g carbohydrate, 16 g fat (5 g saturated fat), 94 mg cholesterol, 9 g fiber, 3 g sugar, 377 mg sodium. Calories from fat: 24%

>>

PORK AND VEGGIE

Stir Fry

Stir fry is a fast, flexible meal that cooks in minutes. To ensure that the veggies are perfectly crisp-tender, start with all ingredients washed and chopped before you heat the oil. It also helps to prepare brown rice (a hearty, wholesome grain) over the weekend because it takes a while to cook. Just reheat the rice in the microwave before dinner. **SERVES 4**

- | | |
|--|------------------------------------|
| ½ cup low-sodium beef stock | 1 cup snow peas, sliced diagonally |
| 1 tbsp cornstarch | 1 cup broccoli florets |
| 2 tbsp low-sodium soy sauce | 1 cup sliced mushrooms |
| 1 tbsp brown sugar | 1 tsp sesame oil |
| 2 tsp minced garlic | 2 cups hot cooked brown rice |
| 2 tbsp canola oil | 3 green onions, chopped |
| 1 pound pork tenderloin, cut into strips | Toasted sesame seeds (optional) |
| 1 medium red pepper, cut into strips | |

In a small bowl, whisk together beef stock and cornstarch until combined. Add soy sauce, sugar, and garlic; set aside.

In a wok or large skillet, heat canola oil over high heat. Stir-fry pork in hot oil for 3 to 5 minutes or until just done; remove and set aside. Add red pepper, snow peas, and broccoli and stir-fry until just tender, about 2 to 4 minutes. Add mushrooms and continue cooking for 1 minute. Add stock mixture and cook until thickened. Add sesame oil and pork to wok and heat through. Divide brown rice into four bowls, top with pork mixture. Garnish with green onions and/or toasted sesame seeds, if using.

PER SERVING: 415 calories, 33 g protein, 39 g carbohydrate, 14 g fat (2 g saturated fat), 82 mg cholesterol, 5 g fiber, 7 g sugar, 360 mg sodium. Calories from fat: 24%



HEALTHY EATING HACKS

REGISTERED DIETITIAN **ELLEN LISKOV, MPH, CDE**, OUTPATIENT NUTRITION SPECIALIST AT YALE NEW HAVEN HEALTH, OFFERS HER BEST TIPS AND TRICKS TO SIMPLIFY HEALTHY EATING

+ MAKE MASON JAR MAGIC. Next time you make a salad for dinner, make another salad for the next day in a quart-size mason jar. Layering it the right way will keep it crisp and fresh. Add salad dressing ingredients first, followed by the “wettest” salad ingredients such as tomatoes and cucumbers. Next add protein such as chicken or black beans left over from a previous meal, followed by cooked grains if you have them, and end with a large layer of salad greens. Combine just before eating.

+ MASTER A VINAIGRETTE. Quick homemade dressings transform salads and other veggies. The typical proportion is one part acid (such as vinegar or lemon juice) to three parts oil (such as olive oil, canola, or grape-seed), though you can adjust to taste. Add herbs or other flavors, such as a



pinch of Italian seasoning, red pepper flakes, or cumin.

+ COOK ONCE, EAT TWICE. Get in the habit of reusing leftovers for a second meal. For example, roast a chicken one night to eat with vegetables. On night two, combine leftover chicken with red peppers and onions and a sprinkle of cheese on tortillas for quesadillas. Or add the chicken to salads or sandwiches.

+ HAVE BACKUP. Always keep your pantry or fridge stocked with the ingredients for one simple, no-big-deal meal for those evenings when everyone’s famished

and impatient. Liskov’s go-tos are a spinach-and-cheese omelet and whole-grain toast, or whole-grain or chickpea pasta, frozen veggies, and leftover chicken. “If it stops you from calling for takeout or going out for a burger and fries, it’s worth it,” she says. Food you make at home is likely to be healthier and cheaper, she adds.

+ DUST OFF THE SLOW COOKER. Use it to make soups and stews. Liskov recommends assembling the ingredients in the lift-out crock on Sunday night and storing it in the fridge so that it’s ready to plug in on a busy Tuesday morning.



PHOTOGRAPHY: ANDY LYONS (BRUSSELS SPROUTS); RICK LOZIER (ALL OTHERS)

«
CHICKEN TORTILLA
Soup

Nothing tastes better on a cold night than a warm bowl of satisfying soup with a kicky dash of pepper. This recipe calls for tomato-based vegetable juice; we prefer low-sodium brands. **SERVES 6**

- | | |
|--|--|
| 2 tbsp olive oil | 2 limes, divided |
| 1 medium onion, minced | 2 tbsp minced garlic |
| 5 cups low-sodium chicken stock | 1 tsp cumin |
| 3 small boneless, skinless chicken breasts (about 1 pound) | 1 tsp ground coriander |
| 1 14-ounce can low-sodium petite diced tomatoes | 1 tsp chili powder |
| 1 cup whole corn kernels | ¼ tsp salt |
| 1 cup low-sodium vegetable juice | ¼ tsp cayenne pepper |
| | 1 8-inch corn tortilla, cut into strips |
| | 1 avocado, seeded, peeled, and diced |
| | ½ cup chopped fresh cilantro |
| | 3 ounces fat-free Greek yogurt (about ½ cup) |

Heat a Dutch oven over medium heat; add oil and onion. Cook and stir until translucent, about 5 minutes. Add chicken stock, chicken, tomatoes, corn, vegetable juice, the juice from one lime, garlic, cumin, coriander, chili powder, salt, and cayenne pepper. Cover and simmer until chicken is cooked, about 30 to 40 minutes. Remove chicken and shred with two forks; return to broth.

Spoon soup into bowls and garnish with a lime wedge, tortilla strips, avocado, cilantro, and yogurt. Serve immediately.

PER SERVING: 289 calories, 26 g protein, 25 g carbohydrate, 11 g fat (2 g saturated fat), 43 mg cholesterol, 5 g fiber, 7 g sugar, 310 mg sodium. Calories from fat: 33%

SMARTER GROCERY SHOPPING

THE FIRST STEP TO EATING WELL WITH DIABETES IS MAKING SAVVY CHOICES WHILE FOOD SHOPPING. REGISTERED DIETITIAN **ELLEN LISKOV** OFFERS THESE TIPS FOR FILLING YOUR CART.

MAKE A LIST. Take an inventory of your pantry and fridge before you go, and then make a shopping list. Liskov likes the free MyPlate shopping list, downloadable at www.choosemyplate.gov/budget-grocery-list, because it's a helpful reminder to choose an array of healthy ingredients. At the store, "make sure you're actually following that list," she says.

SHOP THE OUTER EDGES OF THE STORE. Spend most of your time in the perimeter of the store, home to fresh ingredients such as produce, meat, chicken, and fish. The inner aisles tend to hold processed foods. "Do not go up and down the aisles searching for what looks good," Liskov says. "Too much of the wrong stuff is going to look good."

SKIP THE COUPONS FOR NEW FOODS. Most coupons are for unhealthy, processed products.

CONSIDER FROZEN VEGGIES. At the end of the day, when you're hungry and tired, you may not feel like washing and chopping fresh broccoli—frozen veggies will save you time and still offer plenty of valuable nutrients.

SPLENDID SIDE DISHES

One simple way to eat better is to fill half your plate with non-starchy vegetables, advises registered dietician Ellen Liskov. Tasty veggie side dishes are key. Expand your repertoire with a few of Liskov's favorites.

» VEGETABLE AND BARLEY RISOTTO

Using barley instead of rice in your favorite risotto turns this creamy comfort food into a whole-grain powerhouse. Toast 1½ cups barley in a medium saucepan until just brown. Add 3 cups vegetable stock and bring to a boil, then reduce to simmer about 25 minutes, stirring occasionally, until liquid is absorbed. Stir in frozen peas or other vegetables just before serving.

CARROT CUMIN SALAD

Boil a bag of baby carrots for 5 minutes or until just tender. Drain and cool slightly, then dress carrots with lemon juice, olive oil, crushed garlic, a little cumin, salt, and freshly ground black pepper.

WHEAT BERRY SALAD

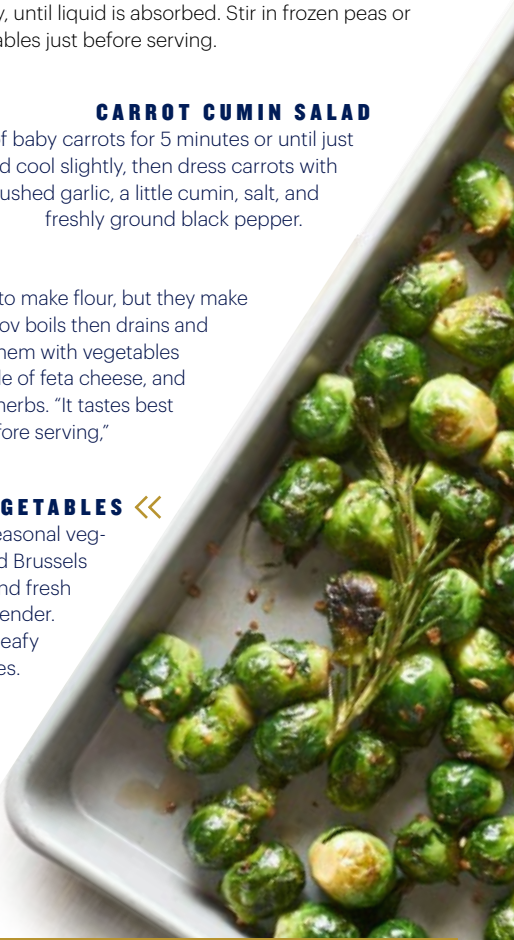
Wheat berries are the tiny kernels ground to make flour, but they make satisfying salads when cooked whole. Liskov boils then drains and cools them to room temperature, tosses them with vegetables such as chopped spinach or kale, a sprinkle of feta cheese, and some lemon juice, olive oil, and chopped herbs. "It tastes best if you can let it sit for about a half hour before serving," Liskov advises.

ROASTED VEGETABLES «

Wash and chop an assortment of seasonal vegetables (such as carrots, onions, and Brussels sprouts). Toss with olive or canola oil and fresh herbs, and roast on a sheet pan until tender. Serve immediately or use to garnish a leafy salad or stack on sandwiches.

TOMATO CUCUMBER SALAD

Chop cherry or grape tomatoes, a peeled cucumber, and a small onion. Toss with vinaigrette. Leave the salad at room temperature while you prepare the rest of the meal, then serve. (It tastes even better after 24 hours, Liskov says.)



A FAMILY AFFAIR



GETTY IMAGES

BY STEPHANIE WATSON
REVIEWED BY BRUNILDA NAZARIO, MD
WEBMD SENIOR MEDICAL EDITOR

DOES SOMEONE IN YOUR FAMILY HAVE DIABETES? WHEN PARENTS, SIBLINGS, AND PARTNERS GET INVOLVED, EVERYBODY'S HEALTH IMPROVES.

Diabetes is a family affair in more ways than one. The genes that increase susceptibility to this disease run in families, as do the eating patterns that contribute to weight gain and insulin resistance.

When one family member is diagnosed with diabetes, how the rest of the household responds can have a big impact on their outcome. Studies find that support from family members positively affects a person's self-care behaviors and leads to better blood sugar control. Conversely, a lack of support and understanding can sabotage diabetes management.

Yet the stigma and negative perceptions surrounding this disease can sometimes make support hard to find. Families don't always rally around the person with diabetes like they would after a different diagnosis.

"If you're diagnosed with cancer, the family comes around and they're supportive. 'What can I do? Can I help?'" says registered dietitian Sharon Denham, PhD, CNE, a nursing professor at Texas Woman's University, Dallas. But that's not always the case with diabetes. "Without having the right kind of encouragement, often the individual with the disease is left sitting by themselves, trying to figure this out."

Here are a few things everyone in the family can do to get on board with diabetes care.

GET SMART ABOUT DIABETES

"People in families often come to the table with preconceived notions about what living with diabetes should be like and what the person should be doing. Often, they'll judge the person if they think they're not behaving in a way they should

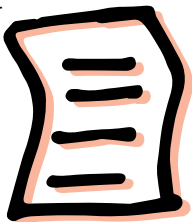
be," says registered dietitian J. Lynne Chimon, MS, CDE, director of the Diabetes Education Center at NYU Winthrop Hospital.

A lack of understanding can lead to the wrong response—for example, nagging the person with diabetes or underestimating the severity of their disease and offering them unhealthy foods. Both approaches undermine diabetes care.

"If family members understand diabetes, they can help the person make changes—especially in the areas of food and physical activity," Chimon adds.

What to do

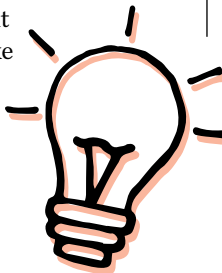
- Read educational materials from a reputable organization like the American Diabetes Association or CDC.
- Get tips on blood sugar monitoring, diabetes meal planning, exercise requirements, and treatments from a certified diabetes educator.
- Go to medical appointments with your family member to meet the health care team. Bring along a list of questions.



REDESIGN YOUR MEALS

Good nutrition is essential to manage blood sugar levels and prevent diabetes complications. Families share patterns of eating, which aren't always healthy. When someone at home is diagnosed with diabetes, their relatives can engage in what Denham calls "sabotage behaviors."

"I know I'm not supposed to have cake, but my mom made this cake, and when I go to visit she says, 'Have a piece,'" is a common



scenario, she says. When you tempt a person with unhealthy foods, it becomes much harder to stick with the eating plan a doctor has recommended.

This is where a dietitian can help. “A registered dietitian is going to create a meal plan that’s tailored to the individual. It’s personalized

in terms of their lifestyle, culture, and dietary needs,” Chimon says.

Family members can help by buying and preparing foods that fit within that plan. Although everyone in the house doesn’t have to go on the same diet, it can’t hurt to make a few changes to their eating routine, given that diabetes risk runs in families. “The lifestyle recommendations for people with diabetes are a healthy way of living for everyone,” Chimon adds. Eating more fruits and vegetables and avoiding processed and fast foods are smart choices for the entire family.

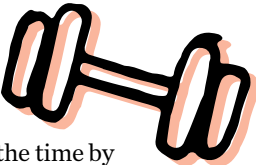
and makes your body respond better to insulin.

Just like diabetes, inactivity runs in families. Parents who spend more time on the couch watching TV than they do exercising have children who do the same thing, research finds. If you’re not in the habit of exercising, take baby steps. “Set reasonable goals that you can attain and build up as you get stronger,” Denham suggests. One idea is to start a nightly family walk. At first, you might only make it to the mailbox or the end of the block. Go a little bit farther each night. Then add other activities, like a basketball game or a bike ride in the park.

To add motivation, have everyone in the household wear a fitness tracking device. Challenge each other to see who can walk the most steps, and you’ll all go farther. “It keeps people on their game,” Chimon says.

What to do

- Start with 10 minutes of fitness a day. Gradually increase the time by five- or 10-minute increments until you’re exercising at least 30 minutes daily.
- Incorporate strength training at least twice a week. Lift light weights or work out with resistance bands.
- Carry a high-carb snack during exercise in case your family member’s blood sugar drops.



BE A HELPER, NOT A HINDRANCE

Despite your best intentions, you can take the wrong approach when responding to your loved one’s diabetes. “Very often families turn into nags,” Denham says. “That’s not helpful. The better way is to sit down and be rational—think about a plan. Ask the person with diabetes, ‘How can I best support you?’”

The help you offer can be straightforward and

simple. You might drive your loved one to doctor appointments or remind them to take their medications. Offer to cook healthy meals, or sign both of you up for an exercise class. Another way to be helpful is to plan family activities that everyone can enjoy. Instead of going out for pizza or ice cream, go ice skating or play tennis.

What to do

- Start a to-do list. Ask your family member to write down all the things—from cooking meals to picking up prescriptions—that you can do to help out.
- When you offer advice, be positive. Instead of saying, “Don’t eat two slices of pizza—you’ll get fat!” you could say, “Why don’t we each have one slice of pizza and order a salad to go with it?”
- Know when to step back and give your family member some breathing room.



BE SUPPORTIVE

One of the most helpful things you can do for the person with diabetes is to offer understanding and support. People with supportive families have a more positive outlook, are more likely to stick to a healthy eating plan, and achieve better blood sugar control, research finds.

Even something as simple as a compliment can be encouraging. “Rather than correct them because they do something wrong, compliment them when they do something right,” Denham says. For example, you might say, “I noticed you’ve been working hard to eat more vegetables. Great job!”

Sometimes the best thing you can offer is a little bit of your time and attention. “Support can come in the form of listening,” Chimon says. “Just an ear to talk to.”

What to do

- Acknowledge how hard the person is working to manage his or her diabetes.
- Set aside time—even just a few minutes—to just listen when he or she needs to vent.
- Offer to go to a support group together. You can find one through your local American Diabetes Association office.



GETTY IMAGES

HOW TO GET YOUR FAMILY ON BOARD

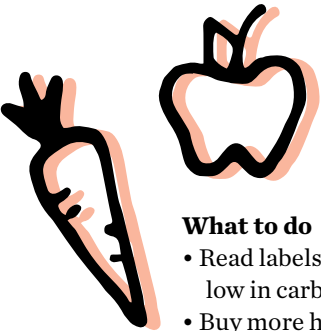
If you have diabetes, your family’s support can be critical to successful control. How do you tell them what you need? Here are a few tips:

- Ask your family members to come to doctor appointments or diabetes support group meetings with you so they can learn what the disease is about and find out how to help you.
- Plan meals together. Look on websites or in cookbooks for healthy, diabetes-friendly recipes.

- Schedule a weekly family activity—like roller skating or a basketball game—to get everyone in the house moving more.
- Encourage everyone to get their blood sugar tested. Diabetes runs in families.
- Ask for help when you need it. Be specific about what you need. Instead of saying, “I need you to do more for me,” say, “I need you to pick up my prescription at the drug store once a week and do the grocery shopping.”

➔ Search for the **Diabetes Newsletter** at WebMD.com.

“IF FAMILY MEMBERS UNDERSTAND DIABETES, THEY CAN HELP THE PERSON MAKE CHANGES—ESPECIALLY IN THE AREAS OF FOOD AND PHYSICAL ACTIVITY.”



What to do

- Read labels when you shop. Buy foods that are low in carbohydrates, sugar, and salt.
- Buy more high-fiber foods, which will fill you up for longer. Fruits and vegetables are naturally high in fiber.
- Bake, grill, or broil food rather than frying it to reduce calories and fat.

START A FAMILY FITNESS ROUTINE

Exercise is like a triple dose of medicine. It helps you shed extra weight, lowers your blood sugar,

Diabetes is a disease of high blood sugar. Yet too much medicine, skipped meals, and intense exercise can all cause blood sugar to drop. Hypoglycemia—or low blood sugar—can be dangerous if not treated quickly. Watch for these signs your family member’s blood sugar may be too low:

- | | | |
|-------------|----------------|------------|
| • Dizziness | • Sweating | • Anxiety |
| • Shakiness | • Irritability | • Headache |

LOW BLOOD SUGAR—KNOW THE SIGNS



CAREGIVER PRIMER

What you need to know when you care for someone with type 2 diabetes

If you've recently become the caregiver for your spouse, child, aging parent, or other family member who has type 2 diabetes, it's normal to feel overwhelmed. You're caring for someone with a condition that you may not know much about, and you're facing a shift in your relationship, too.

You don't have to know everything about diabetes to take good care of someone. You just need to know what's most crucial for them. "You could go to a diabetes class and hear 150 things that you should be doing, but not all of those are important," says Susan Guzman, PhD, director of clinical education at the Behavioral Diabetes Institute in San Diego, California. "You don't have to do everything perfectly to be a good caregiver."

WHERE DO I START?

What your family member needs depends on their care goals and what they can do unassisted. A visit to their health care provider can help define your new role.

"I would discuss with the patient what help and support they need, and then discuss that with the caregiver—making sure they are offering support and taking care of the person's needs, rather than just babysitting," says Andrew Bzowickyj, PharmD, a diabetes educator and professor at the University of Missouri-Kansas City School of Pharmacy. If you feel you just can't do everything, "you need to ask the health care provider, 'What are the most important tasks?'" says Guzman.

GETTY IMAGES

Diabetes management varies from person to person, but you might help with medication, blood-sugar monitoring, diet, exercise, foot care, and stress relief.

MEDICATION

Your family member could be on a single medication or a combination of drugs, such as insulin, blood-sugar-lowering pills, aspirin, blood pressure medication, and cholesterol-lowering medication, that work together to control diabetes and lower risk for other complications. "Probably the most important thing," says Guzman, "is knowing whether [your family member] is on the right medication and whether he or she is taking it."

BLOOD-SUGAR MONITORING

How often your family member checks their blood sugar depends on what kind of medication they take, their condition, and how many test strips insurance covers. They may check a few times a week or several times a day. You and your family member need to know how often to check blood sugar, the goal range, and what to do when the measurement is too high or too low.

DIET

A big part of blood-sugar management is diet. Your relative might have a prescribed meal plan that you can keep in mind if you are the one to prepare meals for them.

Typically, people with type 2 diabetes should eat at the same time every day, drink plenty of water, spread their carbohydrate intake evenly across the day, and eat carbs with lean protein.

"Balancing carbs with fat and protein helps delay absorption of the carbs," says Bzowickyj. There's no limit to the amount of vegetables and salad greens a person with diabetes can have, but fruit is best in moderation. "Fruit is a natural sugar. You can still have it," he says. "Just don't overdo it."

EXERCISE

Exercise is a part of the care plan for anyone who's able. This is where you can play an important role. "People are much more successful if they have someone to hold them accountable to exercise," Bzowickyj says. National guidelines recommend that adults get 150 minutes of moderate physical activity every week. That activity should be spread throughout the week since exercise helps lower blood sugar for up to 24 hours after a workout. If your family member needs extra motivation, take a walk with him or her. "After all," Bzowickyj says, "staying healthy is important for everyone, whether you have diabetes or not."

FOOT CARE

If your family member can't check his or her own feet for cracks and sores, you might take on that duty. Diabetes-related nerve damage can cause loss of sensation in the feet, which means someone with diabetes could step on a nail or glass and keep walking while the injury becomes infected. "A crack is like a highway into the foot that leads to infection," says Bzowickyj. You should check the feet for cracks and keep them moisturized with lotion—everywhere except between the toes.

STRESS RELIEF

The change in a relationship when one becomes the caregiver for the other is stressful—for both of you. Unfortunately, stress can raise blood sugar, so it's important to keep it in check. If you sense that your relative is under stress, coordinate or encourage stress-relieving activities, such as a hobby, seeing friends, walking, or some other exercise.

Don't forget to manage your own stress, too. "Making time for your own wellness is so important," says Guzman. "Remember: You matter, too."

WHAT TO ASK THEIR DOCTOR

If you're taking over some of the responsibilities of care for a family member with type 2 diabetes, a health care provider can explain the nuts and bolts of care. Consider asking these questions.

- What's his or her ideal blood sugar range?
- What should we do when blood sugar levels are very high or very low?
- What are the signs that the condition is improving or worsening?
- What are the signs that we should call our doctor?
- When is the best time to check blood sugar? Which testing times should we prioritize if we're running low on strips?

Search for the article [Helping a Loved One with Diabetes](#) at WebMD.com.

BY SONYA COLLINS

REVIEWED BY AREFA CASSOOBHROY, MD, MPH
WEBMD SENIOR MEDICAL EDITOR

STATS

2,400
AVERAGE NUMBER
of calories Americans
consume at
game day parties,
along with 121
grams of fat—more
than the amount
recommended for
an entire day.

1.3
POUNDS
Amount of weight
Americans gain
during the holiday
season.

5 MONTHS
Time needed to
lose that extra
holiday weight.

\$13
MILLION
Amount Americans
spend on
vegetable trays
for Super Bowl
parties.

➔ Search for the
Diabetes Message Board
at WebMD.com.



Navigating the Party Buffet

Birthday, Super Bowl, and holiday party tables overflow with seemingly innocent foods that are often filled with enough hidden sugar and carbs to wreck your glucose control. Take this quiz to learn how to make healthy choices.

QUIZ

By Stephanie Watson

1. Which of these is the healthiest appetizer choice?

- Pinwheel sandwiches
- Crackers and cheese
- Vegetables and dip

3. Which side dish is the smartest choice?

- Grilled asparagus
- Potato salad
- Broccoli casserole

2. To measure out a portion of cheese, use this as a guide:

- The palm of your hand
- Your thumb
- One-quarter of your plate

4. If you have alcohol, which of these drinks is best?

- Craft beer
- Dry white wine
- White Russian

ANSWERS

1. Vegetables and dip. Veggies—especially broccoli, cauliflower, baby carrots, and tomatoes—make a good start to any party meal. They're high in nutrition and low in calories, plus they'll fill you up to prevent you from overindulging on less healthy buffet choices. Because dips can be calorie- and fat-dense, take only a small spoonful or skip the dip entirely.

2. Your thumb. A serving size of cheese is 1 ounce—about the size of your thumb. If you choose to eat it with crackers, limit yourself to one or two and cut back on other carbs (like rolls) later in the meal.

3. Grilled asparagus. Watch out for starchy vegetables like potatoes and ones prepared with butter, mayonnaise, cheese, or cream. When it comes to vegetable sides, grilled or broiled plain or with vegetable oil is the healthiest choice.

4. Dry white wine. Provided it's safe for you to drink, stick to alcohol that has a low sugar and calorie content. Cream liquors are heavy on both, as are craft beers, which can have twice the calories and alcohol as light beer. Limit yourself to one or two drinks. And get some food in your stomach before you start drinking to prevent a blood sugar dip.

REVIEWED BY HANSA BHARGAVA, MD, WEBMD SENIOR MEDICAL EDITOR



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ASK YOUR DIABETES EDUCATOR

Should I count carbs?

Possibly, especially if you take insulin. Ask for help creating a meal plan and tracking your intake.

Is the ketogenic diet safe for me?

This low-carb meal plan might be OK for some people with diabetes, under a doctor's supervision.

Will cutting carbs impact my medication?

If you use insulin you'll need less. Other diabetes medications may also need to be adjusted as well.

➔ Search for the slideshow [Best Diets When You Have Diabetes](#) at [WebMD.com](#).

Go Low

How much and which kinds? Get a handle on carbohydrates for better glucose control.

BY BARBARA BRODY

Everyone needs carbohydrates—even people with diabetes. Without them, your body wouldn't have the fuel it needs to function. But all carbs aren't created equal, and it's easy to overdo some of them. While most people should be paying some attention to carbs, people with diabetes ought to know a few more details because “when you eat carbohydrates, blood sugar levels rise,” explains registered dietitian Lori Zanini, CDE, author of the *Diabetes Cookbook* and *Meal Plan for the Newly Diagnosed*. Here are some key carb facts to know.

There are three types

Yes, starches like bread and pasta are carbs, but that's not all. Sugars, including added and natural ones, are also carbs. Fiber is a carb, too.

“Anyone with diabetes needs to be aware of the amount and quality of carbs” he or she eats, says Zanini. “Examples of good sources of carbohydrates include non-starchy vegetables, fruit, whole grains, lentils, beans, nuts, seeds, and some dairy. Poor choices would be things like processed and refined grains, sugar-sweetened beverages, and packaged desserts.”

Some people with diabetes should count carbs

There's no one-size-fits-all diet for people with diabetes. “People with uncontrolled diabetes and those requiring the use of insulin would benefit the most from ‘carb counting,’ since the amount of insulin used is often dependent

on the amount of carbohydrates consumed,” says Zanini.

If you're not counting carbs, it's still smart to limit your intake of starches and sugars. One easy way to do that is to simply fill half your plate with non-starchy vegetables, such as broccoli, onions, and spinach. Grains and other starches should take up a quarter. The remaining quarter is for protein.

Carbs aren't always easy to spot

Zanini says that her patients often turn out to be eating twice as many carbs as they think they are. Even if you've scaled back on starches, watch out for sneaky sources. “Many people are surprised by how many carbohydrates are in condiments and marinades like ketchup, teriyaki sauce, marinara sauce, BBQ sauce, and bottled dressings,” she says. “Other surprisingly high-carb foods are sweetened coffee drinks, cocktails, smoothie bowls, kombucha, and flavored yogurts.”

Don't go too low on carbs

A low-carb diet may help you lose weight, but you need to be a little cautious. If you have diabetes and want to cut carbs, Zanini suggests limiting them to about 45% of your total daily calories. “This is lower than the standard ‘acceptable range’ of 45% to 65% of calories from carbs for the average healthy adult, yet not so low that hypoglycemia or nutrient deficiencies could be an issue,” says Zanini.



REVIEWED BY BRUNILDA NAZARIO, MD, WEBMD SENIOR MEDICAL EDITOR

Meet the Endocrinologist

Why is this health care professional an essential part of a diabetes care team?

BY JODI HELMER

BY THE NUMBERS

1 in 3

NUMBER OF American adults expected to receive a diabetes diagnosis by 2050.

5,496

Number of board-certified endocrinologists in the U.S.

2025

Year the supply of endocrinologists is expected to meet the demand; until then, expect a shortage of health care professionals specializing in diabetes care.

Endocrinologists specialize in the diagnosis and treatment of diseases related to hormone-secreting glands in the endocrine system, including issues with insulin and the pancreas. If you have diabetes, these specialized pros work alongside your family doctor to ensure the disease is well managed.

Diabetes drives demand

Although endocrinologists help patients diagnosed with a range of conditions, including thyroid disease and Cushing syndrome, sharp increases in the number of diabetes diagnoses has created a significant demand for specialized care.

You might be referred to an endocrinologist after your initial diagnosis to learn about diabetes management; these specialists can also help if you have type 2 diabetes and are struggling to get the disease under control or dealing with complications. Endocrinologists work in hospitals, medical centers, and private practices.

They help with a complicated disease

The more complex your diabetes, the more likely you are to need an endocrinologist on your health care team. Your primary care phy-

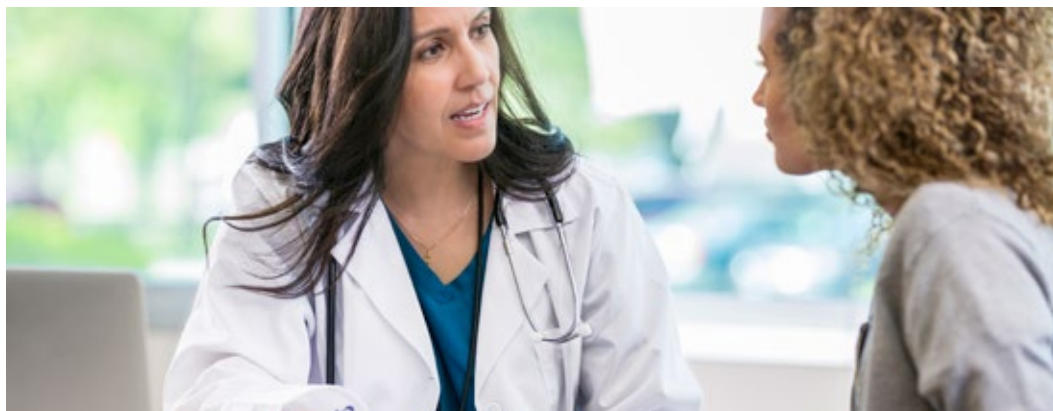
sician may refer you to a specialist if you have (or need) an insulin pump or require three or more injections per day to keep your blood sugar in check.

During an appointment, your endocrinologist will ask about your symptoms and recommend blood glucose, urine, and cholesterol tests to determine whether the disease is affecting other parts of your body. Since eye disease is an early complication of diabetes, he or she may recommend a visit to an eye doctor.

They offer expanded treatment options

Endocrinologists are medical doctors with advanced training that includes a three- to four-year residency and an additional two to three years of specialized training or a fellowship in endocrine and metabolism studies and a state license. Thanks to their specialized knowledge of hormonal diseases like diabetes, endocrinologists possess up-to-date information on the latest research and treatments. If conventional treatments don't control your diabetes, an endocrinologist may recommend cutting-edge options to manage the disease. Endocrinologists are also up-to-date on clinical trials and can refer you to possible opportunities to participate in diabetes research.

➔ Need a specialist? Use [WebMD's Physician Directory](#). Go to [Doctor.WebMD.com](#).



REVIEWED BY BRUNILDA NAZARIO, MD, WEBMD SENIOR MEDICAL EDITOR

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