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Summer 2012

Facing Up to Diabetes

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for managing
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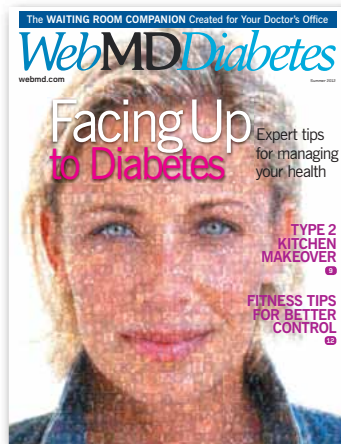
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ask the experts ▶ YOUR QUESTIONS ANSWERED

Snooze Cues

How can you get a better night's sleep?

Q ▶ I have diabetes, and I'm not sleeping well. Are the two related, and what can I do?

A ▶ Yes, people with diabetes often have reduced sleep quality and quantity. Sleep apnea, medications, lack of exercise, and abnormal glucose and hormone levels—all of which are common in people with diabetes—can disrupt rest. So can nerve pain and frequent nighttime urination (called nocturia), which cause people with diabetes to wake up more often and have trouble falling back to sleep.

Restoring good sleep can be challenging. But many of the steps you take to manage your condition will also help you sleep more soundly and longer. A healthy diet, exercise, and good sleep habits (such as going to bed at a reasonable hour and relaxing in a long bath before bedtime) can make a real difference in both your diabetes and your sleep.

More specifically, you can reduce how often you urinate at night by drinking fewer liquids before bedtime and by elevating your legs for several hours in the evening. This prevents any fluid retained in the lower legs from being reabsorbed into the body, resulting in more urine. If you have sleep apnea, work with your doctor on treatment. Finally, ask your doctor to adjust your medications (or add new ones) to help you sleep better.



Michael Dansinger, MD
WebMD DIABETES EXPERT

My husband has diabetes and says it's OK to drink alcohol. Is that true?

While it's fine for some people with diabetes to drink some alcohol, your husband's blanket statement is FALSE. The more accurate answer would be "it depends."

In general, "adults who are in good health and have good blood sugar control can drink alcohol," says Elizabeth Bashoff, MD, a senior staff physician with Joslin Diabetes Center, an affiliate of Harvard Medical School. "But it shouldn't be more than one drink per day for women and two per day for men."

Alcohol poses several problems for people with diabetes, Bashoff explains. First, after an initial spike in blood sugar, alcohol causes that level to drop. Because being tipsy causes the same symptoms as low blood sugar (sleepiness and disorientation), your husband may not know his levels are low. Second, if he drinks alcohol while taking glucose-lowering medications, his blood sugar levels can drop to dangerous levels. Third, heavy alcohol use can aggravate some diabetes complications, including nerve and kidney disease.

Encourage your husband to drink only at meals and only when his blood glucose is under control. Ask him to wear an ID explaining he has diabetes, in case people mistake his low blood sugar symptoms for drunkenness. Make sure he talks to his doctor about alcohol, so he can get personal advice.

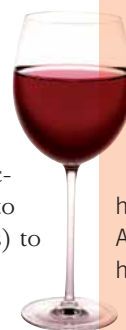


PHOTO: GETTY IMAGES

diabetes care

KITCHEN CONFIDENTIAL

Healthy food choices are easy when you've got the right items on hand. Make over your kitchen with expert tips

By Erin O'Donnell
WebMD Contributing Writer

One of the first steps on the road to a healthier you is your kitchen. When it's stocked with good-for-you—but still tasty—foods, making type 2-friendly choices is a lot easier. Kathleen Zelman, MPH, RD, LD, WebMD's director of nutrition, tells you what to toss and what to add for the healthiest fridge, freezer, and pantry ever. How's that for a makeover incentive?

REFRIGERATOR

TOSS: Sticks of margarine

REPLACE WITH: Trans fat-free spreads
Type 2 diabetes increases your risk of heart disease. So do the trans fats in some kinds of margarines because they raise LDL (bad) cholesterol and lower HDL (good) cholesterol. Choose trans fat-free brands instead. Also, consider spreads fortified with plant sterols, substances that help block your body's absorption of LDL cholesterol.

PETER DAZELEY/GETTY IMAGES

Reviewed by
Laura J. Martin, MD
WebMD MEDICAL EDITOR



TOSS: Sugar-laden yogurt
REPLACE WITH: Plain nonfat or low-fat Greek yogurt
Can you do without the excess sugar and calories of most yogurts? Yes, you can. Plain Greek yogurt skips the sweeteners and contains twice the protein, which helps keep hunger at bay.
Add flavor and natural sweetness with fresh or frozen berries or a teaspoon of fruit preserves.

TOSS: Sugary sodas
REPLACE WITH: Sparkling water
Soft drinks are a top source of empty calories for Americans and contribute to weight gain. They're also packed with carbohydrates (up to 30 in one can!), which can throw your daily allowance out of whack.
Opt instead for calorie-free sparkling water, flavored with sliced lemon, a splash of citrus or cranberry juice, or a few crushed mint leaves.



FREEZER
TOSS: High-sodium frozen dinners
REPLACE WITH: Low-sodium versions
To reduce heart attack and stroke risk, adults shouldn't get more than 1,500 mg (a little less than three-quarters of a teaspoon) sodium daily, says the American Heart Association. People with diabetes need to be extra careful with salt because they're at higher risk for high blood pressure. That makes your typical frozen dinner unwelcome in your freezer.
Replace with frozen meals that have less than 600 mg sodium each—even less, if possible, Zelman says.

TOSS: Premium ice cream
REPLACE WITH: Light ice cream or frozen yogurt
Just a half cup of some premium ice creams has more than 300 calories and 10 grams saturated fat—not healthy for people watching their weight and cholesterol levels. When you crave a treat, instead scoop a serving of frozen yogurt or low-fat ice cream, which is less likely to blow your daily fat and calorie allowance.

TOSS: White bread
REPLACE WITH: Whole-grain rolls
Compared with their white-bread cousins, whole-grain breads deliver more fiber and more nutrients, such as vitamin E and magnesium. Bonus: Studies show whole grains can help reduce your risk of heart disease and diabetes. Zelman likes frozen whole-grain dinner rolls, which smell and taste can't-resist appetizing after a few minutes in the oven.

PANTRY
TOSS: Sugary cereals
REPLACE WITH: High-fiber, low-sugar cereals
For a healthy breakfast, Zelman chooses cereals with more than 5 grams fiber and 5 grams protein and less than 12 grams sugar per serving. The fiber and protein combo is filling, so you're not famished an hour later.

TOSS: Peanut butter with sugar and hydrogenated oils
REPLACE WITH: Healthier versions
The best butters contain only one ingredient: peanuts. But if your family dislikes "natural" versions, choose one with no partially hydrogenated oils (a source of unhealthy trans fats) and no more than 2 grams sugar per serving.

TOSS: Regular chips
REPLACE WITH: Baked chips and popcorn
Baked chips have a fraction of the calories and fat of deep-fried chips. An even better choice: healthy versions of microwave popcorn (look for trans-fat-free, 100-calorie packs), a tasty source of whole grains.

STOCK UP
Be sure to always keep these items on hand:
Fruits and vegetables Loaded with nutrients and fiber that help protect against disease (and lacking saturated fat), fruits and veggies are healthy diet essentials. Fresh produce can be scarce and expensive in winter, so fill your freezer with frozen versions (but steer clear of those with added sauces). Toss frozen peas with pasta, roast frozen broccoli along with chicken breasts, and whip up smoothies from frozen berries, mango, and yogurt.

Eggs Compact and inexpensive, eggs are packed with protein (more than 6 grams per egg). And they're not just for breakfast. A veggie-stuffed omelet or spinach quiche makes a super supper.

Canned beans A cost-saving and nutritious addition to soups, pasta dishes, and salads, beans deliver protein and fiber and help lower cholesterol. But beware—they're also a sneaky sodium source. Choose low-sodium versions, and rinse them thoroughly, which lowers their sodium content by 40%, Zelman says. Better yet, go for no-sodium options.

Low-fat dairy Lower-fat yogurts and cheeses offer all the calcium and protein of full-fat dairy with fewer calories and less saturated fat. Zelman says she almost always prefers low-fat over fat-free versions: "When you pull out all the fat, the texture and the taste are affected," she says. One exception: fat-free milk. Zelman says she doesn't miss the fat when she pours skim milk on cereal or into coffee.



GRILL MATE

LIGHTEN YOUR PLATE WITH THESE SUMMER RECIPES

Kathleen Zelman, MPH, RD, LD, WebMD's director of nutrition, created this delicious and colorful meal of grilled salmon with black bean corn salsa and salad. It's a low-calorie lunch or dinner that is rich in fiber, antioxidants, and heart-healthy omega-3 fatty acids. The balance of complex carbs, protein, and good fats makes it diabetes-friendly, too.



healthy recipe

→ Southwestern Grilled Salmon

Makes 4 servings

- Ingredients**
- cooking spray
 - 1 tsp ground cumin
 - 1 tsp chili powder
 - dash of salt
 - freshly ground pepper
 - 4 4-oz skinless salmon fillets
 - 1 lime, cut into wedges
 - black bean corn salsa (recipe at right)

- Directions**
1. Prepare grill to medium-high heat. Coat grill rack with cooking spray.
 2. Combine cumin, chili powder, salt, and pepper. Rub spice blend on both sides of salmon.
 3. Place salmon on grill 4 minutes on each side or until done. Serve with a squeeze of lime and black bean corn salsa.

Per serving: 235 calories, 23 g protein, 1 g carbohydrate, 15 g fat (3 g saturated fat), 62 mg cholesterol, 90 mg sodium. Calories from fat: 58%

healthy recipe

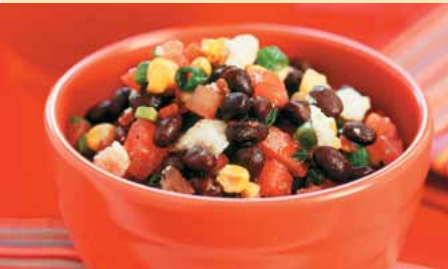
→ Black Bean Corn Salsa

Makes 16 2-oz servings

- Ingredients**
- 1 15.25-oz can low-sodium whole-kernel corn, rinsed
 - 1 16-oz can low-sodium black beans, rinsed
 - 1 cup chopped fresh tomato, or 1 14.5-oz can fire-roasted tomatoes
 - 1 red pepper, finely chopped, or 1 12-oz jar roasted red peppers, drained and chopped
 - 2 tbsp balsamic vinegar
 - 1 tbsp olive oil
 - 1 tbsp dried basil
 - 1 tsp cumin
 - 2 tbsp lime juice
 - baked tortilla chips

- Directions**
1. Combine all ingredients except tortilla chips. Refrigerate 1 to 2 hours before serving.
 2. Serve salsa with baked chips, or top grilled chicken, halibut, or salmon.

Per serving: 118 calories, 6 g protein, 2 g fat, 6 g fiber, 2 g sugar, 4 mg sodium. Calories from fat: 40%



healthy recipe

→ Grilled Vegetable Salad With Goat Cheese

Makes 4 servings

- Ingredients**
- cooking spray
 - 1 tbsp olive oil
 - 1 tbsp sherry vinegar
 - 1 shallot, minced
 - 1 tbsp chopped fresh basil
 - dash of salt
 - freshly ground pepper
 - 1 lb asparagus, trimmed
 - 1 large zucchini, cut lengthwise into slices
 - 1 yellow bell pepper, cut into 8 pieces
 - 1 large onion, peeled, cut into 4 wedges
 - 2 oz soft goat cheese

- Directions**
1. Prepare grill or nonstick grill pan to medium-high heat. Coat grill or pan with cooking spray.
 2. Whisk together oil, vinegar, shallot, basil, salt, and pepper to make vinaigrette, and set aside.
 3. Place vegetables on grill and grill 5 to 7 minutes on each side or until tender.
 4. Divide grilled vegetables onto 4 plates, drizzle with vinaigrette, and garnish each with 1 tbsp goat cheese.

Per serving: 135 calories, 7 g protein, 14 g carbohydrate, 7 g fat (3 g saturated fat), 6 mg cholesterol, 4 g fiber, 6 g sugar, 89 mg sodium. Calories from fat: 44%

Changing Course

One woman's turning point and how exercise put her on a new path to wellness

Two years ago, when Jennifer Auyer's father died at age 64 from complications related to type 2 diabetes, she faced a turning point in her own struggle with the disease.

Her father's diabetes had led to heart disease, a quadruple bypass, a foot amputation, and vision problems, among other serious health troubles. "It was a really painful experience, for him and for all of us," says Auyer, 40, of Nashua, N.H.

Four years ago, she, too, was diagnosed with type 2 diabetes, shortly after giving birth to her child, Grace. "If I were to pass away in 20 years, where would my daughter be?" she asks.

By Katherine Kam, WebMD Contributing Writer

Reviewed by
Brunilda Nazario, MD
WebMD LEAD MEDICAL EDITOR



When Auyer was growing up, she never saw her father, a heavy man, exercise. She had become overweight, too. In addition to caring for Grace, she commutes to Boston to work as director of sales for a hotel company. But she eventually decided her busy life could no longer be an excuse to keep from getting into shape.

"I said, 'I don't want to go through what he went through.' I was following the same path, and what am I going to do differently? I wanted to find something to help me. I was desperate."

When she found out about a weight loss and exercise class at Joslin Diabetes Center in Boston, she signed up fast. In the course, Jacqueline Shahar, MEd, a clinical exercise physiologist at Joslin, taught her to do the best exercises for people with type 2 diabetes.

For example, Auyer is now a believer in resistance training and works out with elastic bands to improve muscle strength. This

form of strength training helps patients use glucose more efficiently, Shahar says. "If we can get them to do some resistance training, they're going to be able to increase their muscle mass so they're actually burning more glucose."

Other payoffs come, too. "They increase their metabolism and they lose weight," Shahar says. Resistance training also helps people with diabetes improve their cardiovascular health, lower blood pressure, and reduce abdominal fat. It benefits posture and helps strengthen muscles to prevent injuries.

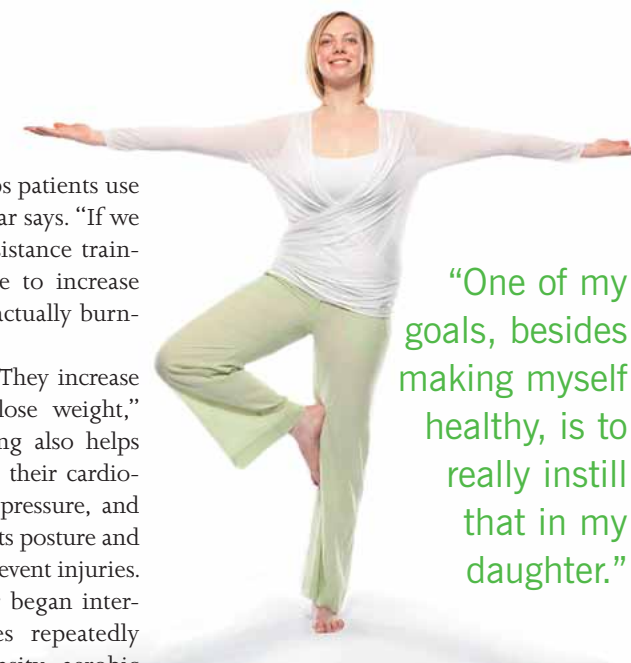
In another big step, Auyer began interval training, which involves repeatedly mixing bouts of high-intensity aerobic activity with less intense work—the segments are called "intervals." For example, you can pedal fast on a bike for 30 seconds, then go at a slower speed for 90 seconds.

Altering the speed and intensity of the workout challenges the muscles, helping burn more calories, boost fitness, and improve insulin sensitivity, according to Shahar. "That's actually my favorite," Auyer says of interval training. "It keeps everything fast-paced and fresh."

At home, long stretches of treadmill walking bored her. But now, she'll walk on the treadmill for 10 minutes, then run for another few minutes. "Then I'll jump off and do the resistance bands for a few minutes, then squats or side steps, then maybe I'll jump back on the treadmill for 10 minutes," Auyer says. "The next thing you know, an hour has gone by, and I feel so invigorated."

Shahar advises Auyer and other diabetes patients to exercise at least three or four times a week. Blood glucose levels can keep dropping up to 48 hours after exercising, she says. "I always use this analogy in people with diabetes: Their muscles are kind of sleeping, so they're not burning glucose or calories. But if they exercise, they keep their muscles awake all the time. They keep burning calories, they lose weight, they make the glucose work more efficiently in their body."

Auyer is delighted with her improved blood glucose levels. "Almost immediately, I noticed a change in my morning blood



"One of my goals, besides making myself healthy, is to really instill that in my daughter."

sugars, which are always really high," she says. But after she started exercising, "they were dropping from an average of about 140 to 110. I was so excited one day—I had one under 100."

She exercises in class once a week to make sure she's doing it right, then repeats the routines at home. She aims to lose weight gradually—she has about 80 pounds to go—and hopes to eventually run a 5-kilometer race.

Grace is already following by example, playing with the resistance bands when her mom exercises in her playroom. "Kind of funny—she's 4 years old and she wants to exercise, too. Honestly, growing up, I didn't have that," Auyer says. "One of my goals, besides making myself healthy, is to really instill that in my daughter so that she doesn't have to go through what I'm going through."

"I'm setting her up for potentially having diabetes as well because of the history in my family," Auyer says. "Hopefully, that won't be her curse, but if we can cut it now—get her to see that this is what Mommy does, we exercise—then it's not so foreign."

Like every working mom, Auyer sometimes gets off her exercise routine for a few days. But she gets back on track by reminding herself why she started. "For me, that reason was my father. This is what he would want and this is important," she says. "That's the motivation to keep going." ■

Safe Sweat

Ready to get fit? Jacqueline Shahar, MEd, who manages exercise services at Joslin Diabetes Center, offers these tips for getting started.

Talk with your doctor. People with heart problems might need a stress test, while those with hypertension should make sure their blood pressure is stable. If you have retinal problems, ask your eye doctor if you should avoid certain exercises that increase pressure on the retina, Shahar says. If you have orthopaedic problems, such as knee pain, back problems, or foot issues, an exercise physiologist can teach you appropriate exercises, including using a stationary recumbent bike.

Check your blood sugar before and after exercise. "No. 1: It's a motivation tool. When you exercise and see your blood glucose improve, you'll probably do more because it's going in the right direction," Shahar says. In time, your doctor might be able to reduce your insulin or oral diabetes medication. But you should also be checking to make sure your blood sugar isn't too high or too low.

Keep snacks on hand for low blood sugar. Be prepared. Bring fast-acting snacks to the gym or along on your outdoor workout in case your blood sugar drops too low while you're exercising.

Wear a diabetes ID. Wear a bracelet or necklace or carry something that identifies you as having diabetes. List an emergency contact, and indicate whether you take insulin.

Wear comfortable shoes. Good shoes will help you avoid foot problems, which can be more serious when you have diabetes.



Water Power

Olympic Hall of Fame swimmer Gary Hall Jr. stays ahead of his toughest competitor—diabetes

By Stephanie Watson
WebMD Contributing Writer

Reviewed by
Louise Chang, MD
WebMD SENIOR MEDICAL EDITOR



It was the 2000 Summer Olympics in Sydney, Australia. Eight of the top swimmers in the world were lined up, ready to hit the pool for the 50-meter freestyle. The buzzer sounded. They propelled themselves into the water. In just under 22 seconds, the race was over. American Gary Hall Jr. had won gold, tying with teammate Anthony Ervin for the medal.

Only a few elite athletes can claim a gold win at the Olympic games, but what makes Hall's achievement even more exceptional is that he did it only a year after he was diagnosed with type 1 diabetes. At the time, his doctors had told him he'd never swim competitively again. His reaction? "Despair. Utter despair," he says. "You spend so much time dedicated to fine-tuning your body to be able to compete with the best athletes in the world, and to have your body fail you at a young age—it's scary." Hall was 24 at the time, and had no family history of the disease.

The news was devastating to someone who has, as Hall has said, "chlorine in the bloodline." His father, Gary Hall Sr., was a three-time Olympian who competed on the 1976 U.S. Olympic team along with Hall Jr.'s maternal uncle, Charles Keating III. His mother was also a nationally ranked swimmer. All six of the Hall children were expected to swim, which Hall Jr. began doing competitively by his early teens.

At the 1996 Olympics in Atlanta, he swam away with two silver medals, but he was still reaching for gold. "Winning an Olympic gold medal is the pinnacle, I believe, in any athletic endeavor," he says.

Training for the 2000 Olympics while enduring diabetes symptoms like blurred vision and crippling fatigue wasn't easy. "It was baby steps from the very beginning," he says. "We did it through trial and error. There weren't any books on how to win the Olympics with diabetes."

Step one was to get through an entire swim practice, testing his blood sugar and injecting insulin whenever he needed it. By small increments, he gradually increased the length of his workouts. "This was something



From left, U.S. gold medal winners Anthony Ervin and Gary Hall Jr., and Dutch bronze medal winner Pieter van den Hoogenband at the 2000 Summer Olympics.

that wasn't new to me, testing the boundaries of human capacity. The disease certainly put a twist on that, but I was still interested in identifying what the limits are."

Hall far exceeded the limits his doctors had put on him. Not only did he compete in the Olympics with type 1 diabetes—which had never been done before—he won a total of 10 Olympic medals, including five golds, and set new speed records. After retaining his title in the 2004 Olympics, Hall retired from competitive swimming in 2008, at 34. In May, he was inducted into the U.S. Olympic Hall of Fame.

He remains every bit as driven today, but his focus has shifted. Now, his goal is to improve the lives of people with diabetes. "I'll challenge you to find a more active advocate in the world of diabetes," he says, the same kind of pride audible in his voice as when he talks about his swimming career.

As a member of the Juvenile Diabetes Research Foundation's Government Relations Committee (jdrf.org), Hall travels around the country advocating new therapies for the estimated 3 million Americans living with type 1 diabetes. People with type 1 do not produce enough insulin, a hormone needed by the body to

use blood sugar (glucose) for energy. Though type 1 used to be known as juvenile diabetes, it can be diagnosed in adults, like Hall, too.

One of his pet projects is the artificial pancreas, a breakthrough system that continuously monitors blood sugar levels and automatically releases insulin to accommodate changing blood sugar levels. He wants to work with insurance companies to get this product to patients who need it. "We need to get this out there as quickly as possible," he says. Hall has

also testified before the Senate, encouraging lawmakers to renew the Special Diabetes Program, which funds diabetes research as well as treatment and prevention programs for Native Americans.

When he's not focusing on advocacy, Hall serves on the Sanford Children's International Board, a part of Sanford Health, the nation's largest nonprofit health care system, which provides medical services to rural communities. Sanford has several diabetes clinics and is engaged in research to find a cure for type 1 diabetes. Hall also promotes a line of nutritional supplements designed to enhance athletic performance. And he's a consultant for a diabetes documentary tentatively titled *Big Shots*, profiling famous athletes and musicians with the disease, to highlight the realities of living with type 1 diabetes. Hall says the goal is to release the film in November, coinciding with American Diabetes Month.

These days, what time Hall does spend in the pool is usually in the company of his two children, ages 4 and 6. Yet he's not pushing them to follow him into the Olympic record books. "I'm more interested in teaching them the proper form of the cannonball," he says. ■

AP PHOTO/DAVID LONGSTREATH

Get tips for **staying healthy** with diabetes.



WebMD.com

Diabetes Quiz

Is your diabetes in control?

If you have diabetes, “tight control”—monitoring and managing your blood sugar levels to prevent the disease from getting worse—is crucial. It’s not always easy.

“It sounds like you are not feeling well and, based on the information you’ve received, you’ve realized it’s time for change,” WebMD member [jambajuice](#) recently told a member in the WebMD diabetes community. “Congratulations on the hard work you’ve done to this point...the only thing left is to take the last step: Get control.”

Have you taken that step? Take our quiz.

- | | |
|---|---|
| 1 I follow my diabetes food plan: | 3 I exercise: |
| <input type="radio"/> Every day | <input type="radio"/> Regularly, checking my blood sugar before and after |
| <input type="radio"/> Most days | <input type="radio"/> I prefer spectator sports |
| <input type="radio"/> What food plan? | |
| 2 I check my feet for cuts and sores: | 4 I check my blood sugar levels: |
| <input type="radio"/> Daily | <input type="radio"/> Per my doctor’s instructions |
| <input type="radio"/> Sometimes | <input type="radio"/> When I feel like it |
| <input type="radio"/> When my doctor reminds me | <input type="radio"/> I rarely remember |

Answers: **1.** Follow your diabetes food plan. If you don’t have one, ask your doctor about seeing a dietitian/nutritionist who specializes in diabetes. **2.** Check your feet every day and maintain proper foot care, including nails and skin. Check for cuts, blisters, red spots, and swelling. **3.** Get 30 to 60 minutes of activity on most days of the week. Before changing your level of routine physical activity, check with your doctor. **4.** Check your blood glucose the way your doctor tells you to. High blood sugar can make you feel thirsty and tired, cause blurry vision, or make you urinate often. Low blood sugar can make you feel weak, tired, confused, or shaky.

Source: American National Diabetes Education Program and the [WebMD Diabetes Health Center](#)

DID YOU KNOW?

Blood glucose levels should be between **70 and 130** before meals (readings taken from monitors that read whole blood).



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QUESTIONS FOR YOUR DOCTOR

- | | | | |
|---|--|---|---|
| 1 What kinds of dietary and fitness changes do I need to make? | 2 What other doctors and medical professionals should I see? How often? | 3 Will I need to inject insulin or take medications? If so, how often? | 4 How do I avoid complications? What kinds of things do I need to be aware of? |
|---|--|---|---|

