



Living Well with Diabetes Newsletter

DECEMBER 2020

Palm Beach Diabetes 12 Week Weight Loss program

A Testimonial By Peggy (Weight Loss Program Participant)



Stephanie Devaney, ARNP, and Jessica Cook, MS, RD, LD/N, CDE, deliver a Weight Loss Program that works! Of course, it only works if you do it!

Fat and fed up in July 2020, I saw the notice on Kathryn Reynolds, M.D., (my endocrinologist's) wall. I asked her if the program worked. She said, "It works if you do. Stephanie and Jessica are really good at this and it will work for you if you cooperate." Truer words were never spoken; however, I didn't quite get "the whole program" the first month. I went to the initial meeting with Stephanie, a compassionate, but no-nonsense professional, who explained the nuts and bolts of the diet and exercise program; how the body loses weight and gains muscle and what would be required to succeed with this weight loss program. I told her I didn't think I would have any problem with the liberal food choices. She reminded me that I needed to exercise every day. I said, "Sure, no problem. Does it matter what I do?" "No, just do it." So, I left with my mind convinced this would be "easy."

Next, I met Jessica, who is genius with diabetic nutrition, low carb eating, high protein snacks and she is overwhelmingly the most honest professional I have ever met. She makes you want to succeed. She never says, "No, you can't." Rather, she says, "This would be so much better on your program. Why don't you try this instead of that? In the meantime, she is building you up and telling you that you have this, you can succeed even if you have never succeeded before, even if you feel overwhelmed in a pandemic with diabetes, primary hypopituitary disease, hypothyroidism, insufficient cortisol function, and a host of other challenges including a pacemaker. "You can do this!"

That's what I love about the three of them: Dr. Reynolds, Ms. Devaney and Ms. Cook—they are there to tell you that you can do this and if you are feeling overwhelmed you can just call or email one of them. Then, the first weigh-in came and I was thrilled, I was down 8 pounds. Life was awesome until Stephanie innocently asked, "So what are you doing for exercise?" it was just a routine question. She's a nurse. She was charting my results in every category. She was just asking out of curiosity, but for

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me, it was an awakening. “Ah, exercise, well, I haven’t really worked that into my schedule yet.” Then, Stephanie said, “*but you promised.*” Now, I don’t know about you, but when I make a promise, I like to keep it and I do not ever want to break a promise. There it was, the reality of my life. I was only following the food program. I wasn’t walking, moving, or doing anything new that would help the weight loss become a permanent part of my life or improve the muscle tone in my body. You could actually look at my social media pages and know immediately that I was not the exercising type—I always avoided exercise. I’m sure you know the type—why walk if you can ride; why stair climb if there is an elevator; why bike if there is a car . . . The thought of breaking a promise was enough to catapult me into the reality of all of the “other times” that I have tried and not succeeded. So, that day I started walking and it was the middle of summer and I hate to walk, and I hate the heat, but I was not going to ever break a promise to Stephanie, again. By the next day, I figured out that swimming was a cooler activity than walking and I “didn’t mind” doing laps in the pool, so I was off doing laps. Then, I had my husband dust off one of my adult children’s bikes. Did I ride it at first? No, I took it and had a complete overhaul. (Always—there is a delay tactic with me!) Then, I was riding, again. I had totally forgotten the freedom of riding a bicycle. (Yes, I fell off twice and suffered minor cuts and abrasions, but I got back up just like I would have done when I was 10!) I probably hadn’t ridden a bicycle outdoors with any regularity for more than twenty plus years. It’s amazing what we forget! What I discovered was I loved it and when you find out what you love, you will actually do it!

Here’s what I discovered along the way of this weight loss program: each of us can succeed when we give ourselves permission to succeed. There are people along the way who will help us if we just ask and listen, i.e., Stephanie and Jessica and if you are like me, you need a doctor to supervise it. We are never too old to learn something new. Exercising is not as hard or as inconvenient as we make it out to be. Depending on our lifestyle and our likes and dislikes, we can all find something to do to move our bodies to improve our shapes, our muscle tone and our strength. We are all much more powerful than we can imagine. Our bodies are miraculously healable with the right food and exercise despite the abuse we have done to them!

Here’s what the twelve-week results are for me and you should not compare because each of us is unique: I’m now my own age, instead of ten years older! I’ve lost 13% of my original body weight or 32 pounds. I have lost more inches than I can count from my arms, waist, hips, thighs and calves—about 3 dress sizes (that’s what exercise does). Much more importantly, I have the CONFIDENCE and the KNOWLEDGE and SUPPORT to continue to succeed. So, thank you Stephanie for asking me what I was doing for exercise because now I’m starting to feel like someone training for a triathlon, but I’m way too smart for that! Thank you, Jessica, for finding me 9,000,000 snacks that are high protein and low carb. Thank you, Dr. Reynolds, for telling me that I could succeed if I worked the program. What’s the program? Consume less than you

expend! Make sure you get Jessica because she knows every “cheat” to feel full! Be sure to get Stephanie because she is the great sympathizer, but she will hold you accountable. We need them all! For the first time in decades all my blood tests are back in the normal range! I’m not at goal yet. Here’s what I want to accomplish . . . I actually want to keep achieving to get to goal. I’m 39% of the way . . . sounds like a lot to go? Not really, just take it one meal at a time, one snack at a time, one exercise choice a day. When we break it down, it’s achievable (especially if you take Stephanie and Jessica with you)! Then, the winds will always be at your back helping you cruise along!

To learn more about our weight loss program, diabetes, diet & health call 561-659-6336 ext 8012 to schedule an appointment with a certified diabetes educator or registered dietitian today. Please enjoy our December 2020 Living Well with Diabetes Newsletter!

Diabetes, Hypertension and COVID-19 risk

By: Kathryn Reynolds, M.D.

Since the outbreak of COVID-19, there have been more than 12 million cases and more than 550,000 deaths worldwide. Millions of people have been forced into isolation and quarantine. For multiple reasons, people have noted a lapse in their diabetes control. This may be related to stress, a lapse in diet, or an inability to exercise due to quarantine. Diabetes has been established as a significant risk for severe COVID-19 illness. Among those with severe cases of C-19 and those who died, there is a high prevalence of underlying conditions: diabetes, hypertension, cardiovascular disease, and obesity. Diabetes is associated with an increased risk of blood clotting (thrombosis) and inflammation. COVID-19 is also associated with severe inflammation, endothelial dysfunction, and increased coagulation. This could be an explanation for the worse prognosis in diabetic patients, outside of hyperglycemia. Most of the earlier reports are on people with type 2 diabetes (T2DM), although recent studies have shown that people with type 1 diabetes (T1DM) are also at risk of severe COVID-19.

COVID-19 may lead to a worsening of pre-existing diabetes. Mechanisms for this include stress hyperglycemia and the hyperglycemic effect of glucocorticoids (steroids) used to treat lung inflammation. In addition, the virus is reported to have a direct negative effect on the pancreatic beta cells, leading to a sudden reduction in insulin production. This leads to decompensation of existing diabetes and a significant increase in new-onset cases of hyperglycemia including diabetic ketoacidosis (DKA) which is being noted.

Having diabetes is known to increase the risk of infection, likely due to an immunosuppressive effect of elevated glucose levels. Diabetes does not seem to increase the risk of contracting COVID-19; however diabetes is associated with more severe illness and worse outcomes. Multiple recent

studies have shown that patients with COVID-19 and diabetes had a significant increased risk of ICU admission and death. The prevalence of diabetes increases with age, in both people with and without COVID-19. Thus, the average age of patients with COVID-19 and diabetes is older than in those COVID-19 patients without diabetes. One study of COVID-19 positive diabetic patients demonstrated that age > 70 to be an independent risk for in-hospital death. Another risk factor appears to be gender. Males and females are being infected at similar rates, but the mortality rate in males is higher. A UK study confirmed age and male sex as risk factors for worse outcomes.

The most frequent comorbidity seen in COVID-19 patients is hypertension. SARS-CoV-2, which is the virus that causes C-19, binds to a molecule called ACE2 to enter target cells. ACE2 is involved in the anti-inflammatory response. It was initially thought that the use of angiotensin converting enzyme inhibitors (ACE-I) and angiotensin receptor blockers (ARB) medications could explain the high prevalence of COVID-19 in people with hypertension. ACE-I and ARB drugs could increase ACE2 levels thus increasing the risk of infection and disease progression. However, it was later noted that ACE2 is not a target of these common blood pressure medications. In addition, ACE-I and ARB drugs were shown to have a favorable effect on the treatment of community acquired pneumonia. Studies of >8000 patients from multiple countries have not shown an association between ACE/ARB use and an increased risk of death due to COVID-19. Thus, in people who develop coronavirus infection it is not necessary to change the blood pressure medication regimen.

Hyperglycemia is a significant predictor of increased morbidity and death in patients with COVID-19. Recent studies have shown that hyperglycemia upon hospital admission to be a strong predictor of worse outcomes. Random hyperglycemia during the hospital stay has also been shown to contribute to a worse prognosis. In a US study of > 1000 patients with COVID-19 admitted to the hospital, those with hyperglycemia during the stay and/or preexisting diabetes had a four-fold increase in mortality. A large number of COVID-19 patients develop diabetic ketoacidosis (DKA) or hyperglycemic hyperosmolar state (HHS), with negative outcomes. These conditions are associated with severe dehydration which likely increases the risk of blood clotting. Good glucose control should be maintained during COVID-19 infection, to reduce the risk of metabolic deterioration.

Despite the above, the majority of patients who contract COVID-19 fare well, with only mild symptoms. It is important to continue to try to minimize the risk of exposure: social distancing, frequent hand washing, and wearing facial coverings. Patients with diabetes and other comorbid risks should take extra precaution to try to ensure their safety during these times. It is very important that people with diabetes try to follow a healthy diet and engage in regular exercise, to keep their blood sugar levels controlled so as to reduce their risk of severe COVID symptoms. It

is important to contact your healthcare providers if you become infected with COVID-19. Adjustments to diabetic medications may need to be made in order to keep the blood glucose levels adequately controlled. In addition, certain diabetes medications may interfere with certain antiviral medications used to combat COVID; therefore non-insulin diabetes medications may need to be temporarily stopped in patients receiving antiviral therapy for the coronavirus.

FreeStyle Libre 2 Flash System

By: Ines Cobo, RN, CDCES

The FreeStyle Libre 2 Flash Glucose Monitoring System is a continuous glucose monitoring (CGM) device with real time alarms capability indicated for the management of diabetes. The system is intended for single patient use in patients 4 years or older, requires a prescription, and is available in participating retail pharmacies. It is intended to replace blood glucose testing for diabetes treatment decisions.



The system comes with a reader that measures glucose every minute and stores readings every 15 minutes, showing 8 hours of glucose history. The FreeStyle Libre 2 is now available with optional, real time glucose alarms that alert patients when their reading is too high or too low. The reader can capture data from the sensor when it is 1cm to 4cm from the sensor. Freestyle Libre Link is not available yet to view glucose insights on a mobile device, is waiting on FDA approval.

The system does not require fingerstick glucose testing for calibration, sensor warm up is 60 minutes, up to 14 days sensor wear, sensor is water resistant in up to 3 feet of water for up to 30 minutes.

Sensor must be removed for MRI, CT Scan, Xray, or Diathermy Treatments. Do not take high doses of vitamin C (more than 500mgs per day) as this may falsely raise sensor readings. System is not approved to use in pregnancy.

**Join our Socially Distanced
Healthy Holiday Meal Planning
For Diabetes Class Sessions!**



**Join our classes to stay motivated,
Stay healthy & stay safe!**

Online Class on Zoom:

Tuesday December 8th 10am-12pm

Jupiter Location:

550 Heritage Drive, suite 150 Jupiter FL, 22458
Wednesday December 9th 5:30pm-7:30pm

Boynton Beach Location:

6056 Boynton Beach, Suite 245
Boynton Beach FL 33437
Thursday January 21st 10am-12pm

If interested attending this program please contact our scheduling department at (561) 659-6336 Extension 8001 today!

At Healthy Living with Diabetes we want to ensure that you are satisfied with all services received. We also would like your input on educational workshops that you would like us to offer, information you would like to read about in Healthy Living with Diabetes Monthly or feedback on any workshop that you may have attended. You can contact the director of education personally by email jcook@PBDES.COM or leave a message at (561) 659-6336 ext. 8012. We would love to hear from you!

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