



# Living Well with Diabetes Newsletter

MARCH 2019

## Why Not Lose Weight The Mediterranean Way?!

By: Jessica Cook, Director of Education MS, RD, LD, CDE

Looking to eat in a healthier way this year? Have you ever considered going Mediterranean? The Mediterranean diet is mostly composed of whole grains, vegetables, fruits, fish, beans, lentils, nuts and seeds. The diet includes smaller amounts of red meat, pork, chicken, dairy and minimal amounts of sweets, breads and processed grains i.e. crackers, chips, pretzels, etc.



The Mediterranean diet has been shown to aid in weight loss, lower blood pressure and reduce need of diabetes medications in people with type 2 diabetes mellitus. A recent study published in the American Journal of Clinical Nutrition showed people with type 2 diabetes following a Mediterranean diet for 18 months had lower waist circumference, reduced triglycerides and improved blood lipid ratios than people with type 2 diabetes following a low fat diet (<30% of calories from fat, <10% of calories from saturated fat.) The Mediterranean diet is comprised of 30% of caloric intake from healthy fats (olive oil, nuts, seeds, avocado, olives), no more than 50% of caloric intake from carbohydrates (whole grains, fruits, vegetables, beans, lentils) and 20% of caloric intake coming from lean protein (fish, low fat dairy such as Greek yogurt, chicken, eggs, beans.) Overall, the researchers concluded in their study abstract that “The Mediterranean diet, rich in unsaturated fats and restricted in carbohydrates, is superior to a [low-fat] diet in terms of the [intra-pericardial fat] burden reduction.”

### **To slowly switch over to the Mediterranean style diet here are a few tips:**

1. Eat more vegetables. Try making half your plates veggies whether that is salad, roasted vegetables, steamed veggies or a warm vegetable soup. Replace crackers with raw vegetables with hummus or Greek yogurt dip. You can even add vegetables to scrambled eggs at breakfast for a great way to start your day!

2. Limit sweets. Try removing goodies from the home such as cookies, chocolates, candy, ice cream as well as cake and replace them with fruit, vanilla flavored Greek yogurt and dark chocolate squares. When craving sweets try reaching for one of these heart healthy options instead and save the cake for parties, holidays or special occasions.
3. Have lean protein with each meal. Protein with each meal will keep you satiated for a longer period of time and help control blood sugar levels. Try including eggs, chicken without skin, fish or shellfish, beans, Greek yogurt or lentils to meals for an added protein boost you will truly notice a difference in your weight loss.
4. Limit red meat and alcohol intake. Again try saving these foods for special occasions, parties or holidays. Choosing leaner cuts of red meat such as sirloin or tenderloin as well as choosing lower carbohydrate alcohol sources such as dry red wine, help you reach your weight loss goals without giving up your favorite foods.
5. Be patient with yourself. Losing weight is a slow process. Your body is not meant to lose fat quickly and doing so will not be sustainable. Try making small swaps before overhauling your whole diet! Eat more meals at home, add in a daily salad, daily walk or increase your water intake. Focus on one new swap every few weeks for a less overwhelming diet transformation.



To learn more about diabetes, the Mediterranean diet, health and weight loss call 561-659-6336 ext 8012 to schedule an appointment with a certified diabetes educator or registered dietitian today. Please enjoy our February 2019 Living Well with Diabetes Newsletter!

Reference:

Tsaban G et al. "Dynamics of intrapericardial and extrapericardial fat. tissues during long-term, dietary-induced, moderate weight loss." *Am J Clin Nutr.* 2017 Oct)106(4):984-995. doi: 10.3945/ajcn.117.157115. *Epub* 2017 Aug 16.

## Why Diabetics Take New Medications For Treatment



By: Dr. Jaime Steinsapir

Glucagon like peptide receptor antagonist (GLP1-RA) are injectable medicine agents that increase insulin-secretion in a glucose dependent fashion. They are synthesized in small GI cells (L cells.) They are also able to slow gastric emptying, suppress glucagon secretion from alpha cells of the pancreas, and increase satiety. This is important to understand how diabetes mellitus is treated.

The role of GLP1-RA in glucose control is a reflection of the so called incretin effect, in which oral glucose has a greater stimulatory effect on insulin secretion than intravenous glucose. In patients with diabetes mellitus, an impaired insulin response to GLP1 relates to a decrease in post prandial GLP secretion. GLP1 receptor agonists are resistant to degradation by the enzyme dipeptidyl peptidase 4 (DPP-4), and as a consequence have a larger half life.

Trials have been carried out to examine cardiovascular effects of GLP1-RA in high risk populations. This increase has hazard rates for major cardiovascular events. Few data are available on cardiovascular effects in low risk populations. In patients with type 2 diabetes mellitus and cardiovascular disease, there was a decrease in cardiovascular outcomes with liraglutide, semaglutide and albiglutide. Lixisenatide and XR-exanatide did not modify cardiovascular outcomes. It is important to understand these medical agents for treatment of diabetic complications, of which heart disease is one of them.

Trials to examine microvascular outcomes (renal disease, retinopathy) have been of short duration. Weight loss may be due the effects of GLP1 on slowed gastric emptying and side effect of nausea as well as vomiting.

GLP1 receptor agonists are not considered initial therapy for most patients with type 2 diabetes mellitus. They are used in combination with metformin. They are also used combined with basal insulin. Liraglutide or semaglutide are mostly used in the setting of a prior MI. In patients without cardiovascular disease, a long over a short acting GLP-RA are preferred (liraglutide, exenatide, once a week, dulaglutide, semaglutide.)

Short acting GLP1-RA. These agents are exenatide and lixisenatide. They are short lived GLP1-RA that as a consequence, have a more pronounced effect on postprandial hyperglycemia and gastric emptying with less effect on fasting glucose. It is not recommended to use lixisenatide with a

glomerular filtration rate below 30ml/min/1.73 m<sup>2</sup>.

Long acting GLP1-RA. These agents have greater resistance to dipeptidyl peptidase 4 (DPP-4) degradation. They activate the GLP 1 receptor continuously and have a prolonged half life, allowing for once daily or once weekly injections. They have a more pronounced effect on fasting glucose and less effect on gastric emptying and postprandial glucose, compared with short acting GLP1 receptor agonists. Liraglutide (once daily), exenatide XR (once a week), dulaglutide (once a week) and semaglutide (once a week) are long acting GLP1 receptor agonists. Semaglutide have structural modifications to reduce renal clearance and decrease degradation by DPP-4. Reduce titration rate of semaglutide to avoid worsening of preexisting retinopathy.

## Are You Ready to Lose Weight and Take Control of Your Blood Sugars?



## Then come to our Healthy Meal Planning Classes! At 3 Convenient Locations!

### 1. West Palm Beach Location:

Temple Israel

1901 N. Flagler Drive

West Palm Beach FL, 33401

**Tuesday April 9<sup>th</sup> 10am-12pm**

Parking is located on Pine Street behind the Temple. Please buzz in to alert staff for diabetes refresher class. Classroom is located in the Program Room.

### 2. Boynton Beach Location:

6056 W. Boynton Beach Blvd. Suite 245

Boynton Beach, FL 33473

**Wednesday May 15<sup>th</sup> 10am-12pm**

### **3. Jupiter Location:**

Well tower Building 550 Heritage Drive, Suite 150

Jupiter, FL 33458

**Wednesday April 10<sup>th</sup> 5:30-7:30pm**

**Will provide Healthy Snacks!**

**\*\*May bring one guest!**

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](mailto:jcook@PBDES.COM) or leave a message at (561) 659-6336 ext. 8012. We would love to hear from you!

#### **Check us out on the web!**

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