

Living Well with Diabetes Newsletter

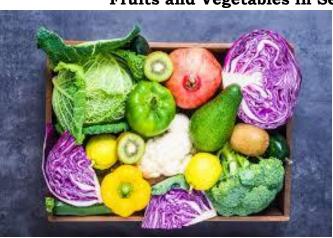
SPRING 2019

Put Some Spring in Your Menu!

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

Spring is truly a beautiful time of year! It is filled with warm weather, new life, Spring holidays and Spring time produce! Focusing on fruit and vegetables currently in season can not only make it more fun to create healthy meals, but more tasty and affordable as well!

Fruits and Vegetables in Season for Spring:



- Asparagus
- Peas
- Strawberries
- Arugula
- Artichokes
- Spinach
- Rhubarb
- Radishes
- Apricots
- Beets

Spring Time Healthy Recipe: By Real Simple Magazine

Lemon Asparagus

Total Time 10 Mins **Yield** Serves 4 By **KAY CHUN** May 2004

Ingredients

- 1 1/2 pounds asparagus, trimmed
- 1 tablespoon lemon juice
- 1 teaspoon Dijon mustard
- 2 tablespoons olive oil



- kosher salt
- black pepper
- 1 shallot, thinly sliced

Nutritional Information: Calories 112, Carbohydrate 4g, Cholesterol Omg, Fat 7g, Fiber 2g, Iron 1mg, Protein 2mg, Sat fat 1g, Sodium 188mg

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 April 2019 Living Well with Diabetes Newsletter!

Keeping Your Kidneys Healthy With Diabetes: CREDENCE

By: Dr. Barry S. Horowitz

The medications that we have available to us to treat diabetes and control blood sugars have increased significantly over the past two decades. We now have a dozen classes of non-insulin medications which work differently and can be used synergistically in combination. What is also fascinating is that some of these medications have been shown to be beneficial in protecting the heart and now the kidneys.

While cardiovascular disease is the number one killer of diabetics, many diabetics also suffer from lower kidney function which can ultimately lead to kidney failure and dialysis. How have we traditionally protected the kidneys in diabetic patients? The first step is good blood sugar control. It has been clearly shown in many clinical trials that better control of blood sugars will lead to less kidney disease and also prevent the progression of kidney disease in those patients who already have it.

The other important thing to do to protect the kidneys is to control blood pressure adequately. The vast majority of diabetic patients have high blood pressure and good control also has been proven to reduce kidney problems. In addition, there are specific types of blood pressure medications called ACE inhibitors or ARB agents which have been specifically shown to prevent kidney problems in diabetics. Thus, all diabetics who have high blood pressure or who have protein in the urine should be on one of the medications unless there is a reason that they cannot be on them.

Enter the SGLT2 inhibitors. These are medications (Invokana, Farxiga, Jardiance and Steglatro) that work in the kidneys to help control blood sugars. Essentially, they block the kidneys from reabsorbing the sugar that has been filtered back into the blood stream so more sugar is

excreted in the urine and blood sugars go down. Other benefits of these medications can be lower blood pressure and weight loss.

These medications have now been shown to actually protect the kidneys. The CREDENCE study was just published in the New England Journal of Medicine. In this study, 4400 patients who had reduced kidney function were placed on Invokana or placebo. The patients who were placed on Invokana had a 30% reduction in the composite outcome of kidney failure, worsening of kidney function or death from kidney or cardiovascular disease versus patients who received placebo. Studies such as this one have changed the way we prescribe medications to control diabetes.

The American Diabetes Association recommends in its current guidelines to place patients who have either cardiovascular disease or kidney disease on medications that will not only lower blood sugars but have also been shown to be protective against these outcomes. Please speak to your physician for more information and to see if any of these medications may be appropriate for you.

Sensor Security

By: Monika Lambertson MS, RD, LD/N, CDE

Maintaining adhesion is critical for successful use of

continuous glucose monitor (CGM) devices. If you are among the growing number of people who use a CGM – or sensor - to help manage your diabetes, you have probably experienced problems with keeping the sensor attached to your skin for the life of the sensor - particularly in the Florida summer heat! With sensors having longer and longer wear times – some up to 14 days, this has become an even bigger challenge. Having to replace a sensor early is not only costly and inconvenient, but can be very disruptive to your blood sugar control. So next time you are due for a sensor change, keep in mind the following tips:

#1 - Site Selection – Finding the right spot to wear your sensor probably has the most impact on overall comfort and sensor performance. Choose an area at least two inches from your naval and two –three inches from an injection site or infusion site. Avoid areas where your body bends, the pant line or beltline, moles, scars, stretch marks, or hardened/lumpy areas indicative of scar tissue. Sites that work well include the abdomen (above or below the pant line), the fatty area on your sides ("love handles"), upper buttocks, upper back of arms, and even the thigh. Although sensors are FDA approved for a particular site(s), most physicians allow the sensor to be used in alternative sites if the approved area does not work well for you. Think about your work responsibilities, exercise preferences, the type of clothes you wear (tight jeans), and sleep habits. To help avoid sensor reading inaccuracies, choose a site that will

reduce to possibility of the sensor being bumped or knocked off, or pulled or tugged, and one where you won't be lying on it all night long when you sleep.



2 - Site Preparation - Always start with clean skin, free of lotions, creams or perfumes. Use an alcohol wipe to clean and remove the natural oils on your skin which can reduce sensor tape adhesion. Start with the intended insertion spot and work your way outward at least 3-4 inches to ensure complete coverage. Let dry completely. NEVER use anything other than alcohol to prepare the skin as use of these may interfere with the sensor function if

applied to skin prior to insertion (such as Skin Prep®, IV-Prep®, Skin Tac®). When changing a sensor after bathing or showering, allow ample time for the skin to dry completely, usually about 30 minutes.

For those who live in hot climates, who sweat a lot, swim frequently, or have oily skin, use of additional adhesive wipes and/or tapes can really help the sensor remain securely in place for its full life. Skin Prep® and IV-Prep® improve adhesion, but for real staying-power I recommend Skin Tac® or Mastisol® to provide extra "stick" for your sensor. It is important that the sensor not come into contact with the adhesive wipe, so apply the product in a donut fashion, leaving a hole in the middle where the sensor will be inserted, or apply the product after sensor insertion but before taping. Allow the site to dry for 15 seconds before inserting sensor or applying over tape. Always follow product label directions.

- # 3 Taping Although some do not find the need for supplemental tape, most people do, particularly those who live in hot, humid climates, who work outdoors, athletes, swimmers, and those who exercise regularly. For added security, I suggest applying an over tape such a simpatch, StayPutTM, or GrifGrips. These are highly flexible, breathable, waterproof tapes that come in different shapes and sizes with precut holes to meet your particular sensor shape and specification. Order over the internet at a cost of \$0.75 to \$1 each they are well worth the investment. Make sure to purchase the tape that's designed for your particular sensor. When your sensor ends, products like UNI-SOLVETM, Tac Away® or Detachacol® wipes can make for easier removal.
- **#4 Other Considerations** Remember that sensors should be removed before X-ray, CT scan, MRI, diathermy treatment, hot tubs and saunas, so plan accordingly when scheduling procedures or activities. The magnetic fields and heat could damage the sensor components and cause inaccurate readings or may prevent low or high sensor alerts. For airport/security screenings, always request a "hand wand" to avoid possible sensor damage. Metal detectors do not cause sensor damage. Through a trial and error process, you will find the right combination of

supplemental products to greatly improve sensor success. If you are

having sensor difficulties and would like to meet with one of our Certified Diabetes Educators®, please call 561-659-6336 and make an appointment today, or call the manufacturer helpline for assistance. For more information and additional manufacturer-specific tips, click on the following links:

Abbott Freestyle Libre 1-855-632-8658

Palm Beach Diabetes and Endocrine Specialists

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jcook@pbdes.com

Dexcom 1-888-738-3646

Sensor adhesion

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Medtronic 1-800-646-4633

https://www.medtronicdiabetes.com/sites/default/files/library/download-library/workbooks/Tape%20Tips%20and%20Site%20Management.pdf

Mediterranean Diet

By: Christina Raphael Nutritionist, Dietetic Intern

Is known for its rich health benefits and has been recognized by many health organizations for its rich anti-inflammatory property's fibers and healthy fats. Mediterranean Diet is encouraged by our interdisciplinary team. Mediterranean Diet is a way of living that could take longer to adapt, but it is worth changing to.

Question is: Where do you start?

well, here are few tips:

- Read your **label:** If you can NOT read it, do NOT eat it
- Prepare all your meal under **FIVE** ingredients.
- Use FRESH **herbs** rather than prepared seasoning; they are usually high in sodium and unnatural food coloring.

- COMPLEMENT all your **meals** with freshly prepared vegetables and/or salads.

RECIPE OF THE DAY – OKRA - 15 minutes only!! GROCERY LIST:

1 Cup of freshly Chopped Onions
 1 Cup of Broth OR Water
 2 Sticks of Celery
 1 ½ Cup of Okra

- 1 Medium Tomato - 5 Cloves Garlic - 1 tbsp of Avocado Oil

Prep:

- Chop Onions -Slice Okra & Celery -Dice Tomato -Minced Garlic

Cooking:

- Bring water or broth to a simmer
- Add chopped celery and chopped onion. Let it cook for 5 minutes
- Add the finely sliced fresh okra and let it cook for 10 minutes
- Blend the okras using a blender or a food masher and let it cook for a minute.
- Add the minced garlic to the pot some people pan fry the minced garlic separately before adding it to the mix.
- bring it to boil for 20 seconds.
- Turn the stove off and ENJOY!

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 June 18th 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 June 19th 10am-12pm

3. Jupiter Location:

Well tower Building 550 Heritage Drive, Suite 150

Jupiter, FL 33458

Wednesday June 12th 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 or leave a message at (561) 659-6336 ext. 8012. We would love to hear from you!

Check us out on the web!

www.palmbeachdiabetes.com

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