

Diabetes Care News

FOR FRONTLINE DIABETES EDUCATORS

Childhood Obesity

Our Newest Health Care Crisis

By Lesley McCoy

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Much has been said recently in the media concerning the alarming increase in the rate of childhood obesity and at last we are starting to sit up and take notice. The question is, what can we do about it? Is it an individual issue, a family issue, or a societal issue? It is obvious that childhood obesity is a concern that needs to be addressed at many levels. The hard part is knowing where to start.

Probably the biggest concern regarding childhood obesity is the likelihood that the extra weight will carry into adulthood, increasing the risk of health concerns associated with obesity. There are now serious efforts on the part of Health Canada to address the rising incidence of type 2 Diabetes, and this is where the attention to childhood obesity comes in.

The underlying issues contributing to childhood obesity are incredibly varied and diverse. We know that the incidence has increased considerably since the early 1980's, and that because of the speed of this change, its unlikely genetics is the culprit. Coincidentally, the 1980's was when the Canadian economy experienced a severe downturn, and Food Banks came into being, so was there a change in the level of food security, that parents are now passing on to their own children? Family life as we know it has become unrecognizable from just a decade ago with more single parent families, those that need two incomes to survive and those that have opted for the security of two pay cheques, giving them a potential economic cushion, but which severely limits the time they all have for healthy lifestyle behaviors (cooking well balanced meals and

regular family based activity) that used to be taken for granted. Is after-school supervision now a thing of the past, limiting the opportunity to play outdoors, engage in after-school extra-curricular activities, and consume healthy snacks? Today TV is acting as the baby-sitter, not only minimizing energy output, but also encouraging the continuous consumption of food. Is there a difference in the rate of childhood obesity between families earning the same income, by either one or two people? There are definitely policies at the federal level that are affecting childhood obesity.

There are also issues at the school level that must be addressed. With cutbacks to education funding, how much time is the average Canadian child spending in gym class? Do they have enough space and equipment to learn necessary skills, or are they crammed together using insufficient, inadequate equipment? Some schools have their students eat their lunch sitting on the gym floor, thereby eliminating the possibility of lunch-time activities. Are the teachers able and encouraged to provide after school activities and if so, can the child stay for those activities, or do they have to go home on the bus because their parents are working and can't pick them up? Are schools feeling so squeezed financially that they must engage in fund raising through the use of in-school vending machines, or sales of chocolate bars and other higher calorie foods to pay for what the provincial governments consider extras? Do school cafeterias feel compelled to sell nothing but deep-fried foods for fear of not making a profit? It seems schools are reluctant to set acceptable standards for healthy lunches, and discourage the

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consumption of high calorie, but low nutrient foods. We know that peanut allergies can be life threatening, and that many schools have opted to be peanut free, but an unhealthy diet can be just as life threatening over the long term. So why have schools not yet taken a stand, and their health curriculum not yet contain a strong enough message? Even helping children to understand that a picture of fruit on a box does not mean fruit is inside can be helpful. Many parents are discouraged by what their children demand in their lunches (potato chips and pop are regular staples for many children). Parents want their child to be the same as everyone else, so they feel compelled to give in to their demands. Collaboration between the school and home could be extremely helpful.

The resources that are available to the family to facilitate healthy lifestyle activities differ greatly across Canada. Some communities have walking and bike paths, which are kept clear during the winter, but many do not. Our communities could be planned so that stores and services are within walking or cycling distance. In some communities, buses are equipped with bike racks, making it easier for cyclists to use their bikes for transportation. There should be indoor recreation facilities that are available to all, regardless of financial means. Some facilities do provide subsidies for low-income families, but in many cases the family does not know to ask. Having safe and accessible facilities can provide an opportunity to get in that play time which is essential to a healthy, active childhood.

On the home front, there are also many factors that appear to influence the potential for weight issues to occur. The common theme is time, or lack of it. There is not enough time to prepare healthy, nutritious meals and snacks, and to participate in activities either individually or as a family. The pace of our lives has picked up, but the impact of the change is only now starting to

be recognized. Even having to take children grocery shopping can impact the eating habits of the family, as children are drawn to the brightly colored foods that are offered at their eye level. Consider the message that we give as we take children to their soccer game, stopping at the drive-through on the way. These days children are no longer able to play freely outdoors after school. They stay inside until their parents get home. We no longer have time to build friendships with our neighbors that used to provide the benign infrastructure that kept an eye out for the children after school. The after school snack that Mom used to provide is now more usually in the form of money that they can use to buy snack foods at the corner store? Many children and their parents have no concept of the calories in a slushy drink or pop, and these calories do not appear to be recognized by our body as food, so children may eat just as much even though their bodies have consumed many extra calories.

The time crunch also has other impacts on the family, namely stress and conflict. Children experience stress too. While adults have a number of ways they can deal with stress, whether positively or destructively, children's resources are a lot more limited and they may turn to the one thing that is consistently available - food. Sibling conflict can result when one child needs more attention because of health, learning or behavior problems. Will the child use food to make sure he gets his fair share? Will a child use food to impact the relationship between his parents? We know that a child's weight is most closely linked to that of their mother or primary caregiver. If that person has issues with weight, what then? The parent with the weight issue needs support as well, and so if we strictly address the child's weight, we are unlikely to help the child succeed.

The issue of childhood obesity is challenging. Although we would like children to take more responsibility for their healthy lifestyle

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1. EMPTY 1 pouch Crystal Light Strawberry Orange Banana Drink Mix, 1 1/2 cup softened frozen vanilla nonfat yogurt, 1 cup sliced strawberries and 1 ripe banana in blender container; cover.
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Makes 6 cups.

Per Serving

Calories 82
Protein 2.0 g
Fat 1.2 g
Carbohydrate 16.2 g

Canadian Diabetes Association Food Choice Value

1 serving = 1/2  + 1 

behaviors, the truth is, they are often not in a position to do so. It is very difficult for a child to follow through on recommendations for improving their eating or activity, when the structure is not in place to support them. We have heard the saying that it takes a village to raise a child but, in current terms, it takes a nation. While it is a step in the right direction to see that the Ministry of Health has released the Physical

Activity Guidelines for Children and Youth, perhaps the Ministry needs to step back a bit further and consider what they are doing to support the guidelines for increasing physical activity. Unfortunately, a piece of paper, no matter how well designed, will not fix the current problems that exist with childhood obesity which is an issue that we can no longer afford to ignore.

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Dry Skin Complications of Diabetes

By Dr. Charles Lynde

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D iabetes affects many body organs, including the skin, the largest organ of the body. Some skin conditions are specific to diabetes, but most of them also occur in the general population. In addition, the clinical symptoms and complications of skin disease are frequently more severe in the context of diabetes.

Dry skin (also called xerosis or asteatosis) is one of the numerous dermatological problems associated with diabetes. Although by no means the most serious complication of diabetes, patients may find it extremely bothersome and problematic.

What is Dry Skin?

Rough, dry and scaly skin affects at least 75 percent of people with diabetes over the age of 64. Dry skin is aesthetically unappealing, uncomfortable, itchy and can set the stage for eczema like outbreaks and other skin infections. Dry skin covered with scale may appear in a generalized pattern or in localized round patches. In more severe cases, the skin loses its suppleness and cracks with erythema (redness or inflammation) becoming evident in and around the involved areas. Pruritus (itching) is the most prominent feature of this condition. Rubbing and scratching can aggravate dry skin, causing more itching and inflammation and potentially leading to infection. Dry skin can be localized such as on the legs, feet, hands and/or face or it can progress to the whole body.

What are the Causes of Dry Skin?

Dry skin is usually caused by environmental factors. Although dry skin may be present in a person with diabetes year round, it is a condition which worsens during the winter because of the following

- 1) people turn on the heat in their houses which causes the indoor humidity to decrease and
- 2) there is increased exposure to cold dry winds outdoors.

Soaps, detergents, hot baths and showers remove the skin's natural oils (sebum) and also promote dry skin. When you run the water in your tub, keep the temperature cool to lukewarm. People with diabetes may get damage to small blood vessels and to small nerves which further promotes dry skin and its complications.

It is important to treat dry skin because:

- 1) it can cause intense itching and irritation,

- 2) it can lead to secondary infection, localized folliculitis (inflammation of the hair follicles on the skin) or even cellulitis*; and
- 3) it can lead to ulceration particularly on diabetic feet with loss of sensation.

Daily treatment can prevent these problems and complications.

Treatment

Addressing the environmental factors is the foundation of treatment and prevention. This includes keeping the temperature as low as is comfortable and increasing the humidity through the use of humidifiers. The skin should be protected by wearing gloves when using cleaning agents, solvents and other household detergents. Bathing should be kept to a minimum and extremely hot baths and showers should be avoided. Products such as Dove® unscented cleaning bar or Cetaphil® wash (a grease-free emollient) can be used for washing. After bathing, an appropriate emollient can be applied in liberal amounts. A good skin tip is to blot yourself dry after showering or bathing, leaving some water on the skin. The emollient can then be applied to trap some of the moisture in the skin. An alpha-hydroxy acid (AHA) containing product or a urea containing product can be added to this regimen. Products such as Dermalac, an alpha-hydroxy acid (AHA), holds the moisture in the skin and it can often restore the structure and function of dry skin. Creams and lotions are generally preferred by people as they are less greasy and thus more cosmetically acceptable. Urea and lactic acid mixtures are often not well tolerated for dry skin on very sensitive areas such as the face, and they may sting if applied on open areas (i.e. unhealed cuts or rashes). If there are eczematous changes or infected areas associated with the dry skin, a family physician or dermatologist should be consulted as topical steroids or antibiotics may be necessary. Special attention should be paid to the "diabetic foot" as it is very prone to infection and ulceration. Roughness, dryness and fissuring require prompt treatment to avoid more serious consequences.

A simple regimen of emollient and AHA- or urea-containing preparations can be used. The simple act of putting a cream or lotion on the foot

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daily also forces one to check the feet daily. Daily treatment of dry skin is a highly recommended, necessary and cost-effective way of preventing further problems and complications.

*Note: Cellulitis is an infection of the surface and the underlying layers of the skin that is

accompanied by local heat, redness, pain and swelling. It may also be accompanied by fever, tiredness, chills and headaches. The symptoms may be less obvious when accompanied by diabetes, but they are still serious. Antibiotics are needed to treat this condition.

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1. EMPTY 1 pouch Crystal Light Raspberry Ice Drink Mix in large pitcher.
2. ADD 4 cups cold light cranberry juice cocktail, stir well. Refrigerate until chilled.
3. STIR in 4 cups chilled club soda. Serve over ice cubes.


Makes 8 cups.

Per Serving

Calories 23
Protein 0.0 g
Fat 0.0 g
Carbohydrate 5.7 g

Canadian Diabetes Association

Food Choice Value

1 serving = 1/2 

SMUCKER'S

No Sugar Added Fruit Spreads

Here's a tasty treat for people who follow a sugar-reduced or carbohydrate-reduced diet. J.M. Smucker's delicious line of No Sugar Added Fruit Spreads is sweetened with Sucralose, the only sweetener that's actually derived from sugar.

"The advantage of Sucralose over other artificial sweeteners is that it delivers a similar taste to that of sugar," Product Manager Peter Saikali points out. "So our No Sugar Added Fruit Spreads really match the tasty, wholesome fruit flavour that makes our regular brand the best loved jams in Canada and the U.S."

Sucralose has other advantages for people with diabetes. The body does not recognize it as a sugar or carbohydrate, so it does not influence carbohydrate metabolism, insulin secretion, fructose absorption, glucose absorption, glucose utilization and short- or long-term blood glucose control.

The Smucker's line of No Sugar Added Fruit Spreads includes everyone's favourite fruit flavours – Strawberry, Raspberry, Apricot, Orange and Blueberry. Each 15 mL serving (1 tbsp) has just 20 calories, 0 g fat and 5.4 g of carbohydrate. In Canadian Diabetes Association food value terms, that represents a 1/2 Fruits & Vegetables Choice rating.

"People with diabetes and consumers with low sugar needs can spread our No Sugar Added Fruit Spreads on thick, just the way they used to enjoy their jam, but without the added sugar," adds Mr. Saikali. For anyone who is sacrificing sugar, that's sweet news indeed.

Helping People with Diabetes Change: Stages of Change

By Julie Devlin, RN, CDE

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The Stages of Change model, also known as the Transtheoretical Model of Change (TTM), has become the focus of a unique program for diabetes educators in Canada. A small group of educators were motivated to pursue the development of this theory in their diabetes practice, after attending a 1994 seminar introducing James Prochaska and his original TTM work in smoking cessation.

The central hypothesis of the TTM is that not all individuals are prepared to take action to change their behavior at a given point in time. Further, individuals pass through stages varying in their characteristics related to self-efficacy and decisional balance. By knowing the individual's stage, helping professionals can design/select the strategy that is "The right thing for that person at that time".

Contemporary diabetes management is based on an implicit assumption that all those attending a diabetes education program are prepared to change. Many diabetes education/management programs have little to offer those individuals currently unwilling to attend diabetes education programs or to follow through on self-care behavioural recommendations. TTM offers these individuals and their care providers a new approach in addressing changing behaviours for diabetes care.

By studying how people changed behaviours, with or without help, a pattern of five stages has emerged, each defined by the person's intention to change within a given timeframe, along with descriptors or characteristics common to each of these stages.

The Stages of Change

Change of any kind comes in stages. Success is movement from one stage to the next. The stages are:

Precontemplation

When someone has no intention of changing a particular behavior.

Contemplation

When they are thinking about change but the barriers to change still outweigh the benefits.

Preparation

When the reason to change begins to outweigh the barriers and the subject starts making a plan to begin change in the next 30 days.

Action

The slipperiest stage, when the subject has changed the behavior but is at most risk of sliding back or recycling into an earlier stage. Support and encouragement can help keep the subject from losing confidence and slipping back.

Maintenance

When the new behavior has been successfully in place for six months or more. Here again support reduces the risk of recycling.

The Stages of Change Model may be used to guide any therapeutic intervention, whether it be an individual encounter, a one-page poster or an entire program of learning. With individuals, it may be used to guide the content, pace and style of your assessment process and individuals plan of care. With group classes, it may be used to develop stage-based objectives and plan appropriate teaching strategies to accomplish them. It may be used to develop teaching tools or handout materials that are appropriate for different learning objectives. In fact, the LifeScan Education Institute used the Stages of Change as a platform to develop the Test For Success teaching tool, which assists Diabetes Nurse Educators in teaching blood glucose management to their patients. In addition, the LifeScan Education Institute developed the poster "What Happens To Your Blood Sugars When?" that assists people in the precontemplation stage of the Stages of Change.

The TTM does not replace guidelines for good communication/education skills – it suggests that we could use them more effectively through a stages of change approach to assessment and planning. The programs have been a great success with over 30 workshops held in various provinces across Canada. For more information about this workshop or how to organize a workshop in your area, please contact the LifeScan Education Institute Coordinators at (604) 320-2908. To find out more about the Test For Success teaching tool or the precontemplation poster please contact your local sales representative.

Fibre 1*

General Mills has included a full sized sample of their Fibre 1* cereal. Fibre 1* currently offers the highest source of dietary fibre among high fibre cereals (Source: Survey, Chatelaine, June 2000). Fibre 1* is also low in fat, and cholesterol free. As you teach your clients to be label savvy you will probably want to point out that a half cup serving of Fibre 1* has 14 grams of fibre and, although it has no sugar added, aspartame gives it a palatable sweetness. The half cup (30g) serving has a Canadian Diabetes Association Food Choice Value of 1 Starch Choice. The two separately sealed packs guarantee freshness and crunch.

LIPID MANAGEMENT

In May 2000, a working group of Canadian experts updated the Canadian guidelines on the management and treatment of dyslipidemia¹. They made numerous changes from the previous guidelines that are important. The most significant, however, affects people with diabetes.

In these guidelines, individuals over the age of 30 who have diabetes mellitus (defined as a fasting blood glucose level of ≥ 7.0 mmol/L) have been moved into a new category. They are now considered to be at “very high risk” for CAD — placing them at the same risk level as people who have had a heart attack or stroke.

A recent study published in the U.K. has also shown that in diabetic patients, lipid management is even more important than glucose management for the reduction of cardiovascular risk². It was found that intensive blood glucose control in patients with type 2 diabetes reduced the incidence of retinopathy and nephropathy, but had less of an impact on CAD risk. It has been shown in a study published in the *New England Journal of Medicine* that type 2 diabetes increases the risk of CAD by a factor of two to four³. For this reason, the Canadian working group described lipid lowering and blood pressure control as “major priorities” for these patients.

The guidelines also recommend target lipid levels for people in various risk groups. They suggest that very high-risk patients, including people with diabetes, aim to keep LDL cholesterol levels below 2.5 mmol/L, triglyceride levels below 2.0 mmol/L and the ratio of total cholesterol to HDL cholesterol below 4.0.

The guidelines also now recommend that people with diabetes whose lipid levels are above their

targets immediately begin drug treatment in conjunction with diet and lifestyle changes, rather than first trying diet and lifestyle changes alone. This change underlines the need for aggressive lipid management in these very high-risk patients.

For patients with elevated LDL cholesterol levels, with or without abnormal triglyceride levels, the class of drugs called “statins” are recommended as the drugs of choice. Research has shown that in people with diabetes, a statin drug can reduce the likelihood of a cardiovascular event and may increase survival⁴. These drugs cause relatively few side effects and are all available in once-a-day tablet forms.

For further information on cholesterol and your heart, call: 1-877-4-LOW-LDL (1-877-456-9535).

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As Diabetes Educators, alerting your clients to the special care that people with diabetes need to take is all part of their diabetes management program. It's particularly important for them to take proper care of teeth and gums since studies have shown that people with diabetes tend to be three times more susceptible to gum disease.

Colgate Total* Toothpaste is the only toothpaste clinically proven to go beyond cavity protection to fight plaque, tartar, and gingivitis, the first stage of gum disease. Therefore, brushing with **Colgate Total***, flossing, eating a balanced diet, and making regular visits to your dentist are all important things to remember for proper oral health.

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ERECTILE DYSFUNCTION: A Common Concern for Men With Diabetes

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Diabetes, a medical condition that affects more than two million Canadians can also cause erectile difficulties (ED). About half of diabetic men between the ages of 40 and 50 have some degree of ED. By age 70, this figure is closer to 95 per cent. For these men and their sexual partners, loss of self-esteem, embarrassment and relationship difficulties are not uncommon – ED can cause significant personal and emotional stress that affects all aspects of their lives.

Yet, many men are still uncomfortable discussing ED with their physicians, and in some cases, their partners. It may surprise them to learn that the majority of Canadian family physicians have prescribed an ED treatment, reflecting their willingness and ability to diagnose and treat this condition. It also shows that men are not alone in their concern about ED.

“There is an increased incidence of ED among men with diabetes, which may be seen as a complication,” said Dr. Brewer Auld, urologist and Chair of the Canadian Male Sexual Health Council. “These men, however, can manage both their diabetes and their ED effectively – leading to a striking improvement in their well-being. With effective treatments readily available for ED, all men – including men with diabetes – are encouraged to talk to their doctor about their ED.”

For most Canadian adults, sexual health is an important part of their overall well-being. In fact, most men and women expect to enjoy a healthy sexual relationship, including the option of sexual intercourse, well into their older years. Men who receive effective treatment for ED are usually thrilled with their improved sexual activity.

What Is ED?

ED is typically defined as the persistent inability to attain and/or maintain an erection that is satisfactory for sexual performance. The easiest to recognize, of course is complete ED, which is the inability to achieve an erection in any circumstance. But ED is more precisely a condition that occurs in various

degrees. In fact, the majority of men with ED (82 per cent) have mild to moderate ED, which can be defined as intermittent and/or increasing loss of penile rigidity with an associated impact on sexual activity.

Regardless of its degree of severity, men should consider ED a legitimate medical concern deserving of treatment. ED is not an inevitable result of aging.

How Is ED Associated With Diabetes?

For men with diabetes, the blood vessel problems and nerve damage that may be present with diabetes can also cause a slow and progressive deterioration of erection quality over time.

ED may also be caused by factors such as smoking, obesity, excess alcohol use and stress. Scientists believe that these factors may also be associated with type 2 diabetes, the kind that affects 90 per cent of Canadians with diabetes. Removal of these contributing factors could be important in preventing or minimizing the physical and emotional impact of both diabetes and ED.

Can ED be Treated in Men with Diabetes?

The good news is that regardless of the cause, the majority of cases of ED are treatable. ED doesn't need to be a difficult subject to discuss, especially since today's treatment options can give new hope for restoring sexual functioning. It is encouraging for men and their partners to know that there are safe and effective treatments now available. Your doctor can help you to decide whether or not to treat your erectile dysfunction and identify the best treatment option for you.

For more information on ED in men with diabetes or ED in general, call 1-800-951-2033 (an ED information line answered by a nurse) or visit www.yoursexualhealth.com.

Sexual Health Inventory for Men (SHIM) questionnaires have been included in this package to facilitate self diagnosis of erectile dysfunction within individuals that consult with you.

Yves Veggie Cuisine

Yves Veggie Cuisine, a Vancouver-based company, would like to introduce you to its wide variety of soy-based meat alternatives. Yves vegetarian meat products are made with soy, and are cholesterol and preservative free. Since all of Yves products are pre-cooked, they take only minutes to prepare - just heat them up and serve them! You'll find Yves Veggie Cuisine products in the produce section of your local grocery or health food store.

For a quick and tasty dinner, try cooking with Yves Veggie Ground Round, a versatile yet easy-to-prepare alternative to ground meat. Not only is this great tasting product a good source of protein, it's low fat, cholesterol free, preservative free, and contains 3 grams of fibre per serving. Veggie Ground Round comes in three delicious flavours - Original, Italian, and Mexican. Try it in one of your favourite recipes - lasagna, pasta sauce, chili, tacos, shepherd's pie or Sloppy Joes.

The Good Veggie Burger makes a great lunch or dinner. The 75-gram patty is a good source of dietary fibre and contains 12 grams of protein, 7 grams of carbohydrates, and only 4 grams of fat. Yves Veggie Cuisine burgers are equally tasty whether prepared on a BBQ or stove top.

To offer kids a quick and nutritious snack, try Yves Veggie Chick'n Nuggets. They are baked and not fried, like traditional nuggets. This makes them a perfect low fat and cholesterol free treat. Like all of Yves products, Veggie Chick'n Nuggets take mere minutes to warm up in the oven or on stove top.

Try the recipes ideas in the enclosed Yves Veggie Cuisine, GOOD COOK BOOK and visit our web site at www.yvesveggie.com. We are confident your clients will value your recommendations for preparing these simple, nutritious meals. Good health and bon appetit!

